

# PREA Facility Audit Report: Final

**Name of Facility:** Rio Grande Processing and Detention Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 08/10/2022

**Date Final Report Submitted:** 12/28/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
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.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Kendra Prisk	<b>Date of Signature:</b> 12/28/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Prisk, Kendra
<b>Email:</b>	2kconsultingllc@gmail.com
<b>Start Date of On-Site Audit:</b>	08/02/2022
<b>End Date of On-Site Audit:</b>	08/03/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Rio Grande Processing and Detention Center
<b>Facility physical address:</b>	1001 San Rio Boulevard, Laredo, Texas - 78046
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Bobby Thompson
<b>Email Address:</b>	bthompson@geogroup.com
<b>Telephone Number:</b>	956-718-4700

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Bobby Thompson
<b>Email Address:</b>	bthompson@geogroup.com
<b>Telephone Number:</b>	956-718-4700

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Oscar Magana
<b>Email Address:</b>	omagana@geogroup.com
<b>Telephone Number:</b>	O: 956-718-4700
<b>Name:</b>	Richard Talamantez
<b>Email Address:</b>	rtalamantez@geogroup.com
<b>Telephone Number:</b>	O: 956-718-4700

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Monica Solis
<b>Email Address:</b>	msolis@geogroup.com
<b>Telephone Number:</b>	956-718-4700

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	1917
<b>Current population of facility:</b>	942
<b>Average daily population for the past 12 months:</b>	928
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	18-77
<b>Facility security levels/inmate custody levels:</b>	Medium Risk Facility
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	318
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	8
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	The GEO Group, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	4955 Technology Way, Boca Raton, Florida - 33431
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Jose Gordo
<b>Email Address:</b>	jgordo@geogroup.com
<b>Telephone Number:</b>	5618930101

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

<b>SUMMARY OF AUDIT FINDINGS</b>	
<p>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.</p> <p>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.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
45	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:

2022-08-02

2. End date of the onsite portion of the audit:

2022-08-03

#### 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:

Just Detention International and BCFS Health and Human Services

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:

1917

15. Average daily population for the past 12 months:

942

16. Number of inmate/resident/detainee housing units:

883

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**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	883
<b>38. 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:</b>	5
<b>39. 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:</b>	2
<b>40. 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:</b>	2
<b>41. 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:</b>	3
<b>42. 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:</b>	0

<p><b>43. 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:</b></p>	<p>13</p>
<p><b>44. 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:</b></p>	<p>1</p>
<p><b>45. 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:</b></p>	<p>2</p>
<p><b>46. 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:</b></p>	<p>19</p>
<p><b>47. 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:</b></p>	<p>0</p>
<p><b>48. 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):</b></p>	<p>The facility could not identify how many LEP inmates* there were on the first day of the on-site portion of the audit.</p> <p>*Inmate and detainee are used interchangeably within this document.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. 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:</b></p>	<p>318</p>

<p><b>50. 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:</b></p>	<p>0</p>
<p><b>51. 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:</b></p>	<p>8</p>
<p><b>52. 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:</b></p>	<p>No text provided.</p>

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>31</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input checked="" type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>



<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The auditor ensured a geographically diverse sample among interviewees. The following detainees were selected from the housing units: two from H1-A; two from H1-B; two from H1-C; one from H2-A; two from H2-B; three from H2-C; three from H3-A; one from H3-B; one from H3-C, three from H3-D, three from H6-A; one from H6-B (observation/quarantine); five from H7; one from H8 and one from medical observation. The housing units that detainees were not interviewed from were empty during the on-site portion of the audit (H1-D and H2-D).</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. 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):</b></p>	<p>24 of the detainees interviewed were male, six were female and one was a transgender female. Three of the detainees interviewed were black, four were white and 24 were Hispanic. With regard to age, five were between eighteen and 25; twelve were 26-35; four were 36-45; five were 46-55 and five were over the age of 56. Detainees selected for the targeted interviews were selected at random across varying factors, when possible.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>15</p>

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".

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>61. 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:</b></p>	<p>1</p>
<p><b>62. 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:</b></p>	<p>2</p>
<p><b>63. 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:</b></p>	<p>2</p>
<p><b>64. 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:</b></p>	<p>4</p>

<p><b>65. 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:</b></p>	<p>2</p>
<p><b>66. 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:</b></p>	<p>1</p>
<p><b>67. 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:</b></p>	<p>3</p>
<p><b>68. 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:</b></p>	<p>5</p>
<p><b>69. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>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).</b></p>	<p>The auditor also confirmed through a review of housing documentation for detainees at high risk of victimization and detainees who reported sexual abuse that zero were involuntarily segregated.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>Targeted interviews from the following categories were not conducted as there were zero detainees identified during the on-site portion of the audit that fell into those categories: youthful detainees and detainees in segregated housing for high risk of victimization. The auditor confirmed through the population report that there were zero youthful detainees. The auditor also confirmed through a review of housing documentation for detainees at high risk of victimization and detainees who reported sexual abuse that zero were involuntarily segregated.</p>
<h2 style="text-align: center;">Staff, Volunteer, and Contractor Interviews</h2>	
<h3>Random Staff Interviews</h3>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>15</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>Race, gender and ethnicity</p>

<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the random interviews. Staff for the random interviews varied across gender, race, rank, post assignments and shift. Security staff mainly make up three shifts, first shift works from 5:30am-2:00pm, second shift works from 1:30pm-10:00pm and third shift works from 9:30pm-6:00am. Five random staff were interviewed from each of the three shifts. With regard to the demographics of the random staff interviewed; nine were male and six were female. One was white and fourteen were Hispanic. Twelve were Correctional Officers, one was a Sergeant and one was a Lieutenant.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>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.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>26</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

**80. 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

	<input checked="" type="checkbox"/> Intake staff  <input checked="" type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	Mailroom staff
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes  <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	The facility does not house youthful detainees and as such there were zero staff interviewed who work with or supervise youthful detainees. Additionally, the agency prohibits cross gender strip and visual body cavity searches and there were zero exigent circumstances where these searches were conducted and as such no interviews were conducted.



# 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.

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

Yes

No

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

**85. 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

**86. 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

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

Yes

No

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

Yes

No

**89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

The on-site portion of the audit was conducted on August 2-4, 2022. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected detainees and staff for interview as well as documents to review. The auditor conducted a tour of the facility on August 2, 2022. The tour included all areas associated with United States Marshall Service (USMS) detainees at the Rio Grande Processing Center to include; housing units, laundry, intake, visitation, chapel, food service, health services, recreation, administration and outside buildings. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for detainees in housing units and other factors as indicated in the appropriate standard findings. It should be noted that the facility houses Immigration and Custom Enforcement (ICE) detainees, however this side of the facility is audited separately during an ICE PREA audit. Because the auditor was not auditing the ICE detainees, the auditor did not tour the ICE detainee housing units. USMS detainees do not have access to these housing units as these two populations remain separate.

The auditor observed PREA information posted throughout the facility. Each housing unit had the Zero Tolerance Poster on the wall and/or bulletin board. The poster included information on reporting, the zero tolerance policy and victim advocacy. Reporting information included the internal hotline (\*77), the external reporting mechanism (\*518) and other methods including reporting to staff. The poster also included the phone number (\*99) and the mailing address for victim advocacy services. Posted information was observed to be at adequate height however the font was small and the auditor determined that visually impaired detainees and detainees trying to obtain information discretely would have a difficult time viewing

the information. Posters were observed in both English and Spanish. Information was also observed in the intake area, visitation, front entrance and other common areas. The auditor also observed two additional PREA postings in each Case Manager's office. The postings included information on PREA, how to report, procedures and ways to stay safe. In addition to the Zero Tolerance Poster, the information is also available to detainees through the USMS Detainee Handbook. The auditor observed the USMS Detainee Handbook on the detainee tablet system in English and Spanish. Informal conversation with staff and detainees confirmed that the PREA information had been posted for quite some time. Detainees indicated that the postings were recently replaced with updated information, but that there has always been postings up. Third party reporting information was observed in the visitation area and in the front lobby via the Zero Tolerance Poster. The auditor observed that the third party information on the poster was inaccurate and advised third parties to report to the victim advocacy service.

During the tour the auditor confirmed the facility follows the staffing plan. There were at least three security staff and one non-security staff assigned to each housing building (four housing units per building). The male segregated housing unit and the female segregated housing unit had adequate staff based on their size (smaller units). Program, work and education areas included non-security staff and a roving security staff member. A few of the program, work and common areas had a security staff member assigned in addition to the roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. The auditor did not observe any blind spots and confirmed that the physical plant of the housing units provided an adequate line of sight. Informal conversation with staff confirmed that the

staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds at least every 30 minutes and supervisors (Sergeant and Lieutenant) make rounds at least once a shift. Informal conversation with detainees also confirmed that Correctional Officer make rounds "all the time", however they indicated they never see the supervisors.

During the tour the auditor observed cameras in housing units and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. A review of the cameras confirmed that there were no concerns with cross gender viewing or privacy in bathroom, shower and strip search areas. Cameras are monitored in central control and administrative staff and security threat group staff also have access. Additionally, each housing unit control center has access to monitor the cameras in their specific building.

With regard to cross gender viewing, the auditor confirmed that each male general population housing unit provided adequate privacy to detainees through a raised wall barrier. The female housing unit provided privacy through shower curtains in addition to the raised wall barrier. The segregated housing units provided privacy in the cells through doors with windows. The male segregated housing unit shower had a door with expanded metal and lattice type material. The female segregated housing unit shower had an extended wall barrier and all only female staff are assigned to the female housing units. The auditor observed that holding cells with toilets provided privacy through raised half walls, opaque half windows and/or mattress type material barriers. Informal conversation with staff and detainees confirmed that detainees have privacy when showering, using the restroom and changing clothes. During the tour the

auditor viewed the strip search areas in intake, visitation, and the segregated housing units. The intake area provided privacy through raised walls and a curtain. Female detainees are not strip searched prior to or after visitation, however the male detainees are and strip searches are conducted behind a solid door. Strip searches in the segregated housing units are done in the cells. A review of the cameras confirmed that there were no concerns with cross gender viewing or privacy in bathroom, shower and strip search areas. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement upon entry into each of the housing units. In the male housing units, male staff entered prior to the auditor and announced in both English and Spanish. The auditor determined that the announcement was not very loud and was done very quickly in both English and Spanish and as such it was difficult to understand what the staff were saying. In the female housing areas, the opposite gender announcement was exceptional. Male staff do not enter the female detainee area without first calling on the radio. The female staff then ensure all detainees are out of the bathroom and shower areas prior to male entry into the housing units. Informal conversation with staff and detainees indicated that the opposite gender announcement is made.

Detainee classification files are paper while medical and mental health documents are electronic. During the tour the auditor spoke with health service staff and confirmed medical and mental health care records are electronic and only medical and mental health care staff have access to the records. Correctional Officer and other security staff do not have access to the medical records system (EMR). Classification files are paper and are maintained in records. Records is staffed during administrative business hours and after hours the door is locked. Records staff indicated that only high level security

staff (Major or above) can sign out detainee files. They confirmed Correctional Officers are unable to sign out detainee files. The auditor reviewed detainee files in records and confirmed that they contained personal information, criminal history information, risk screening documents and mental health referrals. Information related to sexual abuse allegations is maintained in investigative files located in the PCM's office and the investigative office. Both areas are secure with very limited access. Additionally, information is entered into the electronic PREA Portal database. This database has very limited access, investigators and administrative staff.

During the tour the auditor observed that detainees are able to place outgoing mail in any of the drop boxes around the facility, including the drop boxes in each housing unit. Each drop box is locked and mailroom staff are the only individuals with access to the boxes. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. Detainees have the ability to purchase writing materials through commissary and the facility has a policy for indigent detainees. I-60 (request form) and grievance forms are available by request through staff. Detainees in segregated housing are provided out of cell time daily via recreation and/or showers. Drop boxes are located both by the recreation door and the showers. Detainees stated that outgoing mail is placed unsealed in the locked drop boxes and that staff pick up the mail daily. The interview with the mailroom staff indicated that outgoing mail is placed in drop boxes around the facility by the detainees. The boxes are locked and only mailroom staff have a key to the box. She stated she picks up the mail at 8am each morning. The mail room staff confirmed that all mail has to have a return name and address and all mail is to remain unsealed unless it is legal mail. She stated they scan the outgoing mail for any

contraband and any threats to the security of the facility. She further stated that incoming mail is opened by mailroom staff and scanned for any threats or contraband. Any legal mail is opened in front of the detainee. The staff indicated all detainees have to buy writing material through commissary but there is a process for indigent detainees. She stated any letters to the victim advocate, the USMS and/or the OIG would be treated as special mail/legal mail.

The auditor observed the intake process through a demonstration. Detainees are provided PREA information at intake via the USMS Detainee Handbook. The handbook is available in both English and Spanish. PREA information was observed in each of the holding cells and on the walls throughout intake. The intake staff member confirmed the USMS Detainee Handbook has information on the zero tolerance policy and ways to report sexual abuse and sexual harassment at the facility. The staff member indicated that the USMS Detainee Handbook is provided to each detainee along with their clothing and property. Staff stated if the detainee does not speak English or Spanish they are able to translate the information via LanguageLine.

The auditor was provided a demonstration of the initial risk assessment. The staff escorted the auditor to one of the private offices in intake and advised it was where the risk screening was conducted. The staff advised the auditor that he was going to ask questions and that they were asked to every detainee and were used to help classify the detainee. The staff had the paper risk screening and began to ask the questions as written on the form. The staff stated that if a file accompanies the detainee, which most of the time one does not, he would review any of the information in the file and utilize it for the risk screening. The staff member indicated that if there are any yes responses on the risk screening he sends an email to the PCM and



medical for follow-up. The staff indicated that if the detainee spoke a language other than English or Spanish he would call the translation line and have them interpret for him.

The auditor called the internal PREA hotline (\*77) and left a message to test functionality. Detainees are advised to select English or Spanish upon contact with the hotline. The auditor received confirmation the same day the call was placed (August 2, 2022) that the call was received. The PCM and facility Compliance Manager have a message system in a locked office. The PCM reviews the messages daily from the system and the Compliance Manager has a notification sent to his phone when a call is received. The auditor was able to listen to the message that was left and confirmed functionality.

Detainees have access to the phones most of the day, with the exception of count time. The internal PREA hotline is accessible on all detainee phones and does not require a pin number, however it is monitored and recorded. All detainees also have access to tablets. Tablets are shared among detainees but are accessible 24 hours a day, including to those detainees in segregated housing. Additionally, tablets provide information in English and Spanish and have accommodations for hearing and vision impaired detainees. During the tour the auditor had a detainee illustrate how to submit information on the tablet. Detainees can submit a request to a staff member on the tablet and can report PREA within the request. The facility was unable to provide confirmation that this test report was received and the PCM indicated that it may have been sent incorrectly. On August 10, 2022 the facility had an inmate submit a second test report via the tablet to confirm functionality. The auditor received documentation the same day from the PCM confirming the tablet report was received and as such the tablet system is a functional reporting mechanism.

Additionally, the auditor submitted an I-60 (detainee request) through the drop box during the tour. The auditor received confirmation the following date that the request was received by the mailroom and forwarded to the PCM. Detainees in segregated housing have access to phones and tablets. Telephone access is typically daily, but no more than every other day and tablet access is daily. All detainees, including those in segregated housing are able to submit a written report by placing a grievance or I-60 in one of the drop boxes.

The auditor also tested the outside reporting mechanism via the \*518 (the \*88 was not working). The detainee is prompted to select English or Spanish to proceed with reporting to the Office of the Inspector General. The auditor reached a live person via the external reporting hotline. The staff advised that he would take the complaint and forward it to his supervisor. He stated any sexual abuse allegation is treated as high priority. The staff confirmed detainees are able to remain anonymous upon request. The auditor inquired on how the information is provided back to the facility, however the staff member was unaware and advised that he would have his supervisor contact the auditor. On the final on-site day, August 4, 2022, the auditor again called the external reporting mechanism in an attempt to place a test allegation. The supervisor advised that they only take complaints and that they did not have information on how the information is processed. The supervisor advised that they cannot take test complaints related to PREA audits and that they were advised by the OIG to direct all PREA auditors to the Department of Human Services OIG. The supervisor advised that she was unable to provide the auditor contact information, but could take the auditors information and forward it to the OIG. At the time of the interim report the auditor still had not heard from the OIG. The OIG hotline is accessible through all detainee

phones and is not monitored or recorded and does not require a pin number.

Additionally during the tour, the auditor also asked staff to advise how they submit a written report. Staff indicated they would document the information on an inter-office communication (IOC) form which is available in each of the housing building's offices. The staff indicated they would then submit the IOC to the supervisor. Staff also stated they could bypass the supervisor and submit the IOC to the Warden, Major or PCM. The auditor observed blank IOCs in the housing units. Informal conversation with detainees indicate they can report through the hotline, staff or via a grievance. Staff stated that detainees can report through the hotline and through them.

The auditor tested the victim advocacy hotline (\*99) during the tour. The auditor reached a live person who advised that there are counselors available to provide services to detainees when needed. Prior to reaching the live person, the line prompts the detainee to select English or Spanish to proceed. A TTY/ TDD phone is available for any hearing impaired detainees, however this would be provided on a regular phone rather than a detainee phone. The call to the victim advocate does not require a pin and is free, but the line is recorded.

The auditor tested the third party reporting mechanism by sending an email to the provided email address on March 26, 2022. The auditor received confirmation on April 27, 2022 that the test was received. Additionally, on May 11, 2022 the auditor contacted the PREA number on the public website. A live person answered the "PREA hotline" and advised she would take the information from the caller and would send an email to the Facility Administrator[1]at the facility where the incident took place. She stated she would also copy the PC and the PREA analyst

responsible for that facility.

The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. The auditor observed that detainees are placed in a holding cell with a television. The television plays the orientation video, which includes PREA information, on a loop in both English and Spanish. Detainees are issued a radio upon intake and are able to listen to the audio that corresponds to the video while waiting in the holding cell. A review of the video indicates that it includes general information related to the zero tolerance policy; definitions and prohibited behaviors, including examples; prevention information; signs staff are trained to look for; actions to take if a victim of sexual abuse; ways to report; availability of victim advocates and information related to investigations. The staff advised that staff can read the information to any detainee with a cognitive disability. The staff stated hearing impaired detainees can read the information on the television and vision impaired detainees can listen to the information via the radio. The televisions in the male holding cells were 49 inches with adequate font and visibility. The televisions on the female side were significantly smaller (approximately 24 inches) and less visible.

The auditor conducted the majority of the specialized staff interviews via phone on July 26-27, 2022. Random staff interviews, the remaining specialized staff interviews and detainee interviews were conducted on August 2-3, 2022. All staff and detainee interviews were conducted in a private office setting. During detainee interviews the auditor utilized LanguageLine for the LEP detainee interviews and other random interviews. The auditor was provided the call in number as well as the client ID.

LanguageLine is accessible through staff only. However, hotlines and the victim advocacy number have English and Spanish options,

	<p>documents are available in English and Spanish and the majority of staff are bilingual, all which assist with accommodations for LEP detainees.</p> <p>[1] Facility Administrator and Warden are used interchangeably within this document.</p>
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## 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.

**90. 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

**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

During the audit the auditor requested personnel and training files of staff, detainee files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The facility has 318 staff assigned. The auditor reviewed a random sample of 30 personnel and/or training files that included six individuals hired within the past twelve months, five staff with five year backgrounds and three staff recently promoted. The sample included a variety of job functions and post assignments, including supervisors and line staff. Additionally, personnel and/or training files for seven contractor, two volunteers and eight medical and mental health care staff were reviewed.

Detainee Files. A total of 38 detainee files were reviewed although some files were only reviewed for a specific area the auditor was reviewing and some files fell into more than one category of the review. All 38 detainee files were of those that arrived within the previous twelve months, six were LEP detainees, six were disabled detainees, one was a transgender or intersex detainee, six were identified with prior sexual victimization and two had a history of prior abusiveness.

Medical and Mental Health Records. During the previous twelve months, there were six detainees that reported sexual abuse or sexual harassment at the facility. The auditor reviewed medical and mental health records of the detainee victims as well as mental health documents for the six detainees who disclosed victimization during the risk screening and the two detainees identified with prior sexual abusiveness.

Grievances. The facility advised they had one grievance filed in the previous twelve months. The auditor reviewed the grievance as well as

the grievance log and sample grievances. Additionally, the auditor reviewed a grievance identified during a detainee interview.

Hotline Calls. The facility has an internal hotline. There were 422 calls to the hotline during the previous twelve months. Of those calls, one was sexual abuse or sexual harassment related. The auditor reviewed the information and determined the allegation was investigated and deemed unfounded. The auditor tested the hotline while on-site to confirm functionality.

Incident Reports. The auditor reviewed the incident reports for nine allegations, including two that did not rise to the level of PREA. The auditor also reviewed the serious incident log and a sample of additional incident reports. All allegations reported, to include verbal, written and third party were documented by staff in a written report (IOC, email or electronic report).

Investigation Files. During the previous twelve months, there were eight allegations reported at the facility. Two of the allegations did not rise to the level of PREA. The six sexual abuse and sexual harassment allegations were referred for administrative investigation. At the time of the on-site portion of the audit, two of the investigations were still open. It should be noted the investigations were completed they were just not yet approved by the Corporate Office, which is required before investigations can be deemed closed. There were two investigations referred to outside law enforcement and one referred for prosecution. The auditor reviewed all the available information for the eight investigations, including the two that did not rise to the level of PREA.

# 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.

### 92. 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
<b>Inmate-on-inmate sexual abuse</b>	2	0	2	0
<b>Staff-on-inmate sexual abuse</b>	1	0	1	0
<b>Total</b>	3	0	3	0



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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	3	0	3	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	3	0	3	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	1	1	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	1	0
<b>Total</b>	1	1	1	0

**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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	1	0	2	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	1	0	2	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

3

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
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**Inmate-on-inmate sexual abuse investigation files**

<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>2</p>
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<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
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<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
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**Staff-on-inmate sexual abuse investigation files**

<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
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<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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**Sexual Harassment Investigation Files Selected for Review**

<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>3</p>
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<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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**Inmate-on-inmate sexual harassment investigation files**

<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>3</p>
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<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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## Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

0

112. 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)

113. 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)

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

There were zero staff sexual harassment allegations reported during the previous twelve months.

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

115. 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

## Non-certified Support Staff

116. 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

121. 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.



<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. GEO Policy 5.1.2 – Zero Tolerance Policy Toward Sexual Abuse and Harassment</li> <li>3. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li>4. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE)</li> <li>5. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li>6. GEO Policy 900.17 – Rio Grande Processing Center Crimes Committed Within the Facility</li> <li>7. The GEO Group Organizational Chart</li> <li>8. Facility Organizational Chart</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the PREA Coordinator</li> <li>2. Interview with the PREA Compliance Manager</li> </ol> <p>Findings (By Provision):</p> <p>115.11 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassments and the policy outlines how it will implement the agency’s approach to preventing, detecting and responding to sexual abuse and sexual harassment. The PAQ further indicated that the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. The agency has policies outlining their approach to preventing, detecting and responding to sexual abuse and sexual harassment, 5.1.2, 5.1.2-A and 5.1.2-E. Additionally, the facility has a policy, 1300.05, that outlines its' approach to preventing, detecting and responding to sexual abuse and sexual harassment. 5.1.2-A</p>

(page 5) and 1300.05 (page 5) state the agency/facility has a zero tolerance policy toward all forms of sexual abuse and sexual harassment. 5.1.2-A (pages 3-5) and 1300.05 (pages 3-5) note the definitions of prohibited behaviors regarding sexual abuse and sexual harassment and page 1 (5.1.2), pages 10-11 (5.1.2-E) and pages 15 and 28 describe sanctions for those found to have participated in prohibited behaviors. The policies outline the strategies on preventing, detecting and responding to such sexual abuse and sexual harassment. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, detainee education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and detainees, incident reviews and data collection. The policies are consistent with the PREA standards and outline the agency/facility's approach to sexual safety.

115.11 (b): The PAQ stated the agency employs or designates an upper-level, agency wide PREA Coordinator that has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The agency's organizational chart reflects that the PC position is an upper-level agency wide position. The PC is the PREA Director and the position reports to the Vice President of Contract Compliance. The interview with the PC indicated that she has enough time to manage all of his PREA related responsibilities. She stated the corporate PREA team consists of five PREA Compliance Managers and a PREA data specialist. She indicated here are also three regional PREA Coordinators for the Secure Services division and two PREA Coordinators that assist with the Reentry Services division. Furthermore, each of the PREA Compliance Managers on the team have oversight assignments of approximately 20 facilities each and investigative oversight for each facility and serve as the main point of contact for all PREA related questions. The PC stated there are 83 PREA Compliance Managers that report to her, 48 in Secure Services and 35 in Reentry. The PC stated that the agency conducts internal audits to identify any issues with compliance on an annual basis. She stated the results of the internal audits are thoroughly reviewed during the post audit workshop and if an issues is identify they create corrective action plan. She further stated that in conjunction with the PREA Compliance Mangers, the agency utilizes the PRC for the most up-to- date guidance regarding the standards.

115.11 (c): The PAQ stated that the facility has designated a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PAQ referred to the organizational chart and indicated the PCM reports to a staff member in the PREA office. Further clarification with facility staff indicated the PCM reports to the Facility Administrator. The facility's

organizational chart confirmed the PREA Compliance Manager reports to the Facility Administrator. The interview with the PREA Compliance Manager indicated he has enough time to manage all of his PREA related responsibilities. He stated he coordinates the facility's PREA compliance through staff training, department head meetings, unannounced rounds, a review of the PREA grievances, by working closely with the PREA investigators, through the annual assessment and by completing the after action reviews and conducting monitoring. He further stated that if he identified an issue complying with a PREA standard he would first notify the Facility Administrator and address the issue(s) during the Department Head meetings. He stated he would also seek guidance from the Corporate PC and monitor to ensure compliance.

Based on a review of the PAQ, 5.1.2, 5.1.2-A, 5.1.2-E, 1300.05, 900.17, the agency's organization chart, the facility's organizational chart and information from the interviews with the PC and PCM, this standard appears to be compliant.

115.12	Contracting with other entities for the confinement of inmates
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> </ol> <p>Findings (By Provision):</p> <p>115.12 (a): The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its inmates. The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency’s inmates and does not contract with other entities for the confinement of inmates in their care.</p> <p>115.12 (b): The PAQ indicated that this standard is not applicable as the agency does not contract for the confinement of its inmates. The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency’s inmates and does not contract with other entities for the confinement of inmates in their care. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its inmates and as such an interview was not conducted.</p> <p>Based on the review of the PAQ this standard appears to be not applicable and as such compliant.</p>

115.13	Supervision and monitoring
	<p data-bbox="310 176 984 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 586 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 467 350">Documents:</p> <ol data-bbox="310 390 1425 898" style="list-style-type: none"> <li data-bbox="310 390 688 422">1. Pre-Audit Questionnaire</li> <li data-bbox="310 457 1425 527">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li data-bbox="310 562 1349 632">3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li data-bbox="310 667 602 699">4. The Staffing Plan</li> <li data-bbox="310 735 1019 766">5. Annual PREA Facility Assessment – Attachment A</li> <li data-bbox="310 802 662 833">6. Daily Staffing Rosters</li> <li data-bbox="310 869 906 900">7. Documentation of Unannounced Rounds</li> </ol> <p data-bbox="310 1003 456 1035">Interviews:</p> <ol data-bbox="310 1075 1198 1304" style="list-style-type: none"> <li data-bbox="310 1075 721 1106">1. Interview with the Warden</li> <li data-bbox="310 1142 976 1173">2. Interview with the PREA Compliance Manager</li> <li data-bbox="310 1209 850 1241">3. Interview with the PREA Coordinator</li> <li data-bbox="310 1276 1198 1308">4. Interview with Intermediate-Level or Higher-Level Facility Staff</li> </ol> <p data-bbox="310 1411 651 1442">Site Review Observations:</p> <ol data-bbox="310 1482 1133 1575" style="list-style-type: none"> <li data-bbox="310 1482 570 1514">1. Staffing Levels</li> <li data-bbox="310 1549 1133 1581">2. Video Monitoring Technology or Other Monitoring Devices</li> </ol> <p data-bbox="310 1684 613 1715">Findings (By Provision):</p> <p data-bbox="310 1818 1446 1963">115.13 (a): 5.1.2-A, page 7 states that each facility shall develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect individuals in a GEO facility or program against sexual abuse. 1300.05, page 7 states the Rio Grande Processing Center shall develop and document</p>

a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect individuals in the facility against sexual abuse. The PAQ indicated that current staffing is based on 1900 inmates, which is just under the facility's capacity. The facility employs 318 staff. Security staff mainly make up three shifts, first shift works from 5:30am-2:00pm, second shift works from 1:30pm-10:00pm and third shift works from 9:30pm-6:00am. A review of the 2022 staffing plan indicates that each shift has a Shift Supervisor and an Assistant Shift Supervisor. Numerous Correctional Officers are assigned across the three shifts in different posts including: control, perimeter, housing buildings, rovers, segregated housing, health services and intake. Additionally Correctional Officers are assigned among the three shifts in other areas including food service, maintenance, visitation, recreation and public entry. The staffing plan further illustrates the numerous staff that work non-shift or first shift (non-security) in food service, maintenance, business/support and executive office. During the tour the auditor confirmed the facility follows the staffing plan. There were at least three security staff and one non-security staff assigned to each housing building (four housing units per building). The male segregated housing unit and the female segregated housing unit had adequate staff based on their size (smaller units). Program, work and education areas included non-security staff and a roving security staff member. A few of the program, work and common areas had a security staff member assigned in addition to the roving security staff member. In areas where security staff were not directly assigned, routine security checks were required. The auditor did not observe any blind spots and confirmed that the physical plant of the housing units provided an adequate line of sight. Informal conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds at least every 30 minutes and supervisors (Sergeant and Lieutenant) make rounds at least once a shift. The interview with the Warden indicated that the facility has a staffing plan and it is created upon initial contract with the client. He stated it considers the detainee and that it was produced through the contract with the client (USMS). He confirmed that the staffing plan has adequate staffing levels to protect detainees from sexual abuse and that the plan was developed based on the type of detainee they have and the type of levels of housing at the facility has. He stated the staffing plan evolves as needed, though there has not been any staffing plan changes since he arrived seven months ago. The Warden confirmed that the staffing plan considers video monitoring technology and that they just completed a major upgrade to the DVR system. He confirmed that the staffing plan is documented in the contract with the client. The Warden further confirmed that all required components under this provision are included in the development and modification of the staffing plan. He stated the staffing plan is based on the contract requirements, ACA requirements, NCCHS requirements and PREA requirements. He stated they have not had any finding of inadequacy related to staffing and that staffing is monitored daily via the staffing plan by facility leadership and the client. The Warden stated the facility has males and female detainees among two contracts, USMS and ICE. Based on these populations they staff to ensure that the populations do not have contact with one another. Additionally, they staff based on controlled movements due to the different populations. He indicated that supervisory staff (a Lieutenant and a Sergeant) are on each shift and unannounced rounds are conducted by supervisors and Duty Officer

level staff. He confirmed that staffing on the day shift is higher than the night shift due to controlled movement and programs occurring from 8am to 5pm. The Warden stated that they check for compliance with the staffing plan daily through the information related to mandatory posts and overtime being sent to the Warden and the Majors. The interview with the PCM confirmed that the facility staffing plan takes into consideration the required components under this provision. He stated that procedures are based the client contract (USMS) and that the facility is certified through ACA, NCCHS and PREA. He stated that staff is utilized for any overtime and that they conducted unannounced PREA rounds on all shifts and document any concerns during the rounds. He indicated that they do an annual assessment related to the physical plant. The PCM confirmed that they take into consideration security levels of the detainees and the different populations (ICE and USMS). He also confirmed there are more staff on the day shifts than the night shifts due to detainee movement.

115.13 (b): The PAQ indicated that this provision is not applicable as there were no deviations from the staffing plan and there are never deviations from the staffing plan. Further communication with facility staff confirmed that they do not collapse or not fill posts on the staffing plan. 5.1.2-A, page 7 and 1300.05 page, 7 state that in circumstances where the staffing plan is not complied with the facility shall document and justify all deviations from the plan. A review of daily rosters for five randomly selected dates confirmed that there were no deviations from the staffing plan as all posts were filled. The rosters documented those who were working overtime in order to comply with the staffing plan. The interview with the Warden confirmed that they have not had any deviations from the staffing plan. He stated they fill all posts through overtime.

115.13 (c): The PAQ indicated that at least once a year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are needed. 5.1.2-A, page 7 and 1300.05, page 7 state that facilities shall assess, determine and document no less frequently than once each year, whether adjustments are needed to: the staffing plan; the facility's deployment of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan. Policies further indicate that the staffing plan, to include all deviations and the Annual PREA Facility Assessment, shall be completed and submitted to the local PREA Compliance Manager and Corporate PREA Coordinator annually as determined by each division. The staffing plan was most recently reviewed on December 29, 2021 by the Facility Administrator, Assistant Facility Administrator of Programs, Assistant Facility Administrator of Operations, the Chief of Security, the Case Manager Coordinator, the Mental Health Provider and the Health Services Administrator. It was further reviewed on March 9, 2022 by the agency PC. The plan was reviewed to ensure all required components under provision (a) were incorporated as well as was reviewed in order to assess, determine and document whether any adjustments were needed to the

staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence. The prior staffing plan review was completed on August 24, 2020. The interview with the PREA Coordinator confirmed the staffing plan is reviewed annually and that she is consulted regarding any necessary adjustments. She stated each facility is required to conduct an annual PREA facility assessment which requires them to review their staffing plan and all components of the physical plant to include blind spots and areas where staff and detainees can be isolated. She indicated that completed assessments are forwarded to her and she reviews and consults with appropriate divisional leadership related to any of the recommendations for equipment, cameras, additional staffing, etc. The PC stated that the staffing plan is then either approved or denied, signed and sent back to the facility.

115.13 (d): 5.1.2-A, page 7 states that the facilities shall implement a policy and practice requiring department heads, facility management staff and supervisors to conduct and document unannounced rounds within their respective areas to identify and deter employee sexual abuse and sexual harassment. Such policy and practice will be implemented no less than once per week for U.S. Corrections and Detention and no less than once per month for Residential Reentry for all shifts. Policy further states that 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. 1300.05, page 7 states the Rio Grande Processing Center will require all department heads, facility management staff and supervisors, or designee to conduct weekly rounds and document unannounced rounds. While conducting these rounds, supervisor will observe cross-gender viewing, gender announcement, staff-detainee communication, and ensure PREA signs are posted in housing areas and holding rooms. Shift Supervisors and Assistant Shift Supervisors will conduct daily rounds for all shifts. Policies further state that staff members are prohibited from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. A review of the PAQ supplemental documentation showed two examples for housing unit 5. The documentation showed that unannounced rounds were completed by the Shift Supervisors on each shift. An additional review of documentation for five days (specific random dates requested by the auditor) of unannounced rounds in the housing units indicated that unannounced rounds were made each day across all three shifts, with the exception of nine instances. There were nine instances where unannounced rounds were not made (two in housing unit 5 and seven in housing unit 8) on that specific day, however a review of records confirmed that unannounced rounds were subsequently made on at least one other day during the same week. Informal conversation with staff confirmed that the staffing during the audit was typical and housing units are not overcrowded. Staff stated they make rounds at least every 30 minutes and supervisors (Sergeant and Lieutenant) make rounds at least once a shift. Informal conversation with detainees also confirmed that Correctional Officer make rounds "all the time", however they never see the supervisors. Interviews with intermediate-level or higher-level



supervisors indicated that they make unannounced rounds and that they document the rounds in the log books and/or through the Department Head sign-in sheets. All three staff stated that they ensure staff don't notify other staff of the unannounced rounds by doing them at different times and not following a specific pattern. The staff further advised that staff are notified during training and briefings as well as through policy that notifying other staff of the rounds is prohibited.

Based on a review of the PAQ, 5.1.2-A, 1300.05, the staffing plan, daily rosters, the Annual PREA Facility Assessment, documentation of unannounced rounds, observations made during the tour and interviews with the Warden, PC, PCM and intermediate-level or higher-level staff, this standard appears to be compliant.

115.14	Youthful inmates
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"><li>1. Pre-Audit Questionnaire</li><li>2. Population Age Report</li></ol> <p>Findings (By Provision):</p> <p>115.14 (a): The PAQ indicated that no youthful inmates are housed at the facility. The population age report further confirmed the facility does not house anyone under the age of eighteen.</p> <p>115.14 (b): The PAQ indicated that no youthful inmates are housed at the facility. The population age report further confirmed the facility does not house anyone under the age of eighteen.</p> <p>115.14 (c): The PAQ indicated that no youthful inmates are housed at the facility. The population age report further confirmed the facility does not house anyone under the age of eighteen.</p> <p>Based on a review of the PAQ and the population age report, this standard appears to be not applicable and as such compliant.</p>

115.15	Limits to cross-gender viewing and searches
	<p data-bbox="310 176 984 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 586 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 469 350">Documents:</p> <ol data-bbox="310 388 1425 835" style="list-style-type: none"> <li data-bbox="310 388 688 420">1. Pre-Audit Questionnaire</li> <li data-bbox="310 457 1425 527">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li data-bbox="310 564 1349 634">3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li data-bbox="310 672 688 703">4. Search Training Records</li> <li data-bbox="310 741 1097 772">5. Prison Rape Elimination Act (PREA) Training Curriculum</li> <li data-bbox="310 810 662 842">6. Staff Training Records</li> </ol> <p data-bbox="310 938 456 970">Interviews:</p> <ol data-bbox="310 1008 821 1102" style="list-style-type: none"> <li data-bbox="310 1008 748 1039">1. Interview with Random Staff</li> <li data-bbox="310 1077 821 1108">2. Interview with Random Detainees</li> </ol> <p data-bbox="310 1209 651 1241">Site Review Observations:</p> <ol data-bbox="310 1278 1049 1373" style="list-style-type: none"> <li data-bbox="310 1278 1049 1310">1. Observations of Privacy in Bathrooms and Showers</li> <li data-bbox="310 1348 964 1379">2. Observation of Cross Gender Announcement</li> </ol> <p data-bbox="310 1480 618 1512">Findings (By Provision):</p> <p data-bbox="310 1549 1425 1927">115.15 (a): The PAQ indicated that the facility conducts cross gender strip and cross gender visual body cavity searches of inmates and that there have been zero searches of this kind in the previous twelve months. Further communication with the PCM indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches and policy prohibits them. 5.1.2-A, page 17 states cross-gender strip searches are prohibited except in exigent circumstances. Additionally, it states cross-gender visual body cavity searches are prohibited except in exigent circumstances and shall only be performed by offsite medical practitioners. 1300.05, page 16 states cross-gender strip searches are prohibited except in exigent circumstances or when performed by medical practitioners.</p>

115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. It further indicated that the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. 5.1.2-A, page 17 states facilities shall not permit cross-gender pat-down searches of female individuals in a GEO facility or program, absent exigent circumstances. It further states that facilities shall not restrict female individuals in a GEO facility or program access to regularly available programming or other outside opportunities in order to comply with this provision. 1300.05, page 16 states the Rio Grande Processing Center shall not permit cross-gender pat-down searches of female detainees in the Rio Grande Processing Center, absent exigent circumstances. The Rio Grande Processing 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. The PAQ indicated there were zero pat-down searches of female inmates that were conducted by male staff. Interviews with fifteen random staff confirmed all fifteen were unaware of a time that a female detainee was restricted from going somewhere because there was not a female staff member available to conduct a search. Staff stated that there is always a female staff member and only female staff work with the female detainees. Interviews with six female detainees indicated that none had been restricted from access to regularly available programming in order to comply with this provision. All six females stated that there is always a female staff member working and only females work in the housing unit. The interview with the one transgender female detainee indicated she has also not been restricted access in order to comply with this provision.

115.15 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. It also confirms that all cross gender pat searches of female inmates are required to be documented. 5.1.2-A, page 17 states that the facilities shall document and justify all cross gender strip searches and cross gender visual body cavity searches of individuals in a GEO facility or program. 1300.05, page 16 states the Rio Grande Processing Center shall document and justify all cross gender pat down searches of female detainees. It also states that the Rio Grande Processing Center shall document and justify all cross gender strip searches and cross gender visual body cavity searches of detainees. A review of a sample of search records confirmed that all strip searches are documented. Further review confirmed that all seven of the search records reviewed documented a female staff member conducted a strip search of a female detainee.

115.15 (d): The PAQ indicated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts,

buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. 5.1.2-A, page 17 states each facility shall implement policies and procedures which allow individuals in a GEO facility or program 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. Policy further states that facility policies and procedures shall require employees of the opposite gender to announce their presence when entering housing units or any area where individuals in a GEO facility or program are likely to be showering, performing bodily functions or changing clothes. 1300.05, page 16 states the Rio Grande Processing 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. It further states that the Rio Grande Processing Center requires employees of the opposite gender to announce their presence when reporting to duty or when entering a housing unit or any area where detainees are likely to be showering, performing bodily functions or changing clothes. Policy also states that detainees who are placed on constant observation status by mental health providers shall be provided visual supervision by an officer of the same gender. During the tour the auditor confirmed that each male general population housing unit provided adequate privacy to detainees through a raised wall barrier. The female housing unit provided privacy through shower curtains in addition to the raised wall barrier. The segregated housing units provided privacy in the cells through doors with windows. The male segregated housing unit shower had a door with expanded metal and lattice type material. The female segregated housing unit shower had an extended wall barrier and all only female staff are assigned to the female housing units. The auditor observed that holding cells with toilets provided privacy through raised half walls, opaque half windows and/or mattress type material entrance barriers. Informal conversation with staff and detainees confirmed that detainees have privacy when showering, using the restroom and changing clothes. During the tour the auditor viewed the strip search areas in intake, visitation, and the segregated housing units. The intake area provided privacy through raised walls and a curtain. Female detainees are not strip searched prior to or after visitation, however the male detainees are and strip searches are conducted behind a solid door. Strip searches in the segregated housing units are done in the cells. A review of the cameras confirmed that there were no concerns with cross gender viewing or privacy in bathroom, shower and strip search areas. With regard to the opposite gender announcement, the auditor heard the opposite gender announcement upon entry into each of the housing units. In the male housing units, male staff entered prior to the auditor and announced in both English and Spanish. The auditor determined that the announcement was not very loud and was done very quickly in both English and Spanish and as such it was difficult to understand what the staff were saying. In the female housing areas, the opposite gender announcement was exceptional. Male staff do not enter the female detainee area without first calling on the radio. The female staff then ensure all detainees are out of the bathroom and shower areas prior to male entry into the housing units. Informal conversation with staff and detainees indicated that the opposite gender announcement is made. Interviews with 31 detainees indicated that 30 had privacy from opposite gender staff when showering,

using the restroom and changing clothes. All fifteen staff interviewed confirmed that detainees have privacy when showering, using the restroom and changing their clothes. Staff stated there are walls and curtains (female unit) for privacy and they also announce to ensure privacy. Additionally, all fifteen staff indicated that an announcement is made when an opposite gender staff member enters a housing unit. One staff member stated that they make the announcement three times in both English and Spanish. Sixteen of the 31 detainees stated that opposite gender staff announce prior to entering the housing areas. It should be noted that all six of the female detainees confirmed that male staff announce prior to entering the housing units.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and that no searches of this nature have occurred within the previous twelve months. 5.1.2-A, page 17 states facilities shall not search or physically examine a transgender or intersex individual in a GEO facility or program solely to determine their genital status. If the genital status is unknown, it may be determined during private conversation with the individual, by reviewing medical records, or by learning that information as part of a broader medical examination conducted in private by a medical practitioner. 1300.05, page 16 states the Rio Grande Processing Center shall not search or physically examine a transgender or intersex individual in the facility solely to determine their genital status. If the genital status is unknown, it may be determined during private conversation with the individual, by reviewing medical records, or by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Page 17 further outlines transgender and intersex identification procedures at intake and during searches. Interviews with fifteen staff indicated that thirteen were aware of a policy prohibiting searching a transgender or intersex detainee for the sole purpose of determining the detainees' genital status. The interview with the transgender detainee further confirmed that she was never searched for the sole purpose of determining her genital status.

115.15 (f): The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex inmates. 5.1.2-A, page 17 states security staff shall be trained to conduct cross-gender pat-down searches and searches of transgender and intersex individuals in a GEO facility or program in a professional and respectful manner. 1300.05, page 16 states security staff shall be trained to conduct cross gender pat down searches and searches of transgender and intersex individuals in the Rio Grande Processing Center in a professional and respectful manner. Page 17 further outlines transgender and intersex identification procedures at intake and during searches. A review of the Prison Rape Elimination Act (PREA) training curriculum confirms that slides 98-120 outline how to conduct cross gender searches and searches of transgender and intersex inmates. The training discusses trauma, consistency, exigent circumstances, pronouns,

respectful communication, prohibited actions and acceptable options for transgender searches. Additionally, the training includes viewing the PREA Resource Center's video on cross gender searches and transgender and intersex inmate searches. A review of fourteen security staff training records indicated that all fourteen received the search training during their annual PREA training. All fifteen staff interviewed stated that they had received training on how to conduct cross gender pat searches and searches of transgender detainees. The staff indicated they receive this training when they first start working and then annually thereafter.

Based on a review of the PAQ, 5.1.2-A, 1300.05, PREA training curriculum, staff training records, observations made during the tour as well as information from interviews with random staff, random detainees and the transgender detainee indicates this standard appears to require corrective action. During the tour the auditor heard the opposite gender announcement upon entry into each of the housing units. In the male housing units, male staff entered prior to the auditor and announced in both English and Spanish. The auditor determined that the announcement was not very loud and was done very quickly in both English and Spanish and as such it was difficult to understand what the staff were saying. Sixteen of the 31 detainees stated that opposite gender staff announce prior to entering the housing areas. It should be noted that all six of the female detainees confirmed that male staff announce prior to entering the housing units. As such, action is necessary to alleviate the inconsistent information related to the opposite gender announcement.

#### Corrective Action

The facility will need to provide refresher education with staff on the opposite gender announcement requirement. Once completed the facility will need to provide the auditor with confirmation the training was completed.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Training Memorandum

## 2. Training Attendance Records

On November 4, 2022 the facility provided a copy of the training memo, dated August 5, 2022, to all staff advising that a refresher education with staff on the opposite gender announcement requirement must be conducted. The memo stated that the opposite gender announcement should be conducted loudly and clearly in English and Spanish, prior to opposite gender staff entering the dorm. The memo further stated that staff are required to repeat the announcement twice to ensure all detainees are aware of the announcement. The facility provided fifteen training attendance records with multiple signatures across all areas of the facility (i.e. security, case management, laundry, etc.) confirming that all staff were re-trained on the opposite gender announcement.

Based on the documentation provided the facility has corrected this standard.



<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li>3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li>4. Language Line Service, Inc. Agreement</li> <li>5. USMS Detainee Handbook (English and Spanish)</li> <li>6. Zero Tolerance Poster (English and Spanish)</li> <li>7. Prison Rape Elimination Act (PREA) Training Curriculum</li> <li>8. Staff Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Agency Head Designee</li> <li>2. Interview with LEP Detainees</li> <li>3. Interview with Disabled Detainees</li> <li>4. Interview with Random Staff</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of PREA Posters</li> </ol> <p>Findings (By Provision):</p> <p>115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates an equal opportunity to participate in or benefit from all aspects of</p>

the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. 5.1.2-A, page 12 states facilities shall ensure that individuals in a GEO facility or program with disabilities have an equal opportunity to participate in or benefit from the company's efforts to prevent, detect and response to sexual abuse and sexual harassment. Policy further states that GEO shall ensure that all of its facilities provide written materials to every individual in a GEO facility or program in formats or through methods that ensure effective communication with individual with a disability, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. 1300.05, page 12 states the facility shall ensure that detainee in the Rio Grande Processing Center with disabilities (i.e. those who are deaf, hard of hearing, blind, have low vision, intellectual psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the facilities efforts to prevent, detect and respond to sexual abuse and sexual harassment. The Rio Grande Processing Center shall ensure that it provides written materials to every detainee in the facility in formats or through methods that ensure effective communication with individual with a disability, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. A review of the USMS Detainee Handbook and Zero Tolerance Poster confirmed that PREA information is available in adequate size font and colors. The Zero Tolerance Poster also has a corresponding "stop" hand imagine. Communication with the PCM indicated that detainees with a hearing impairment have access to a text telephone device (TTY) and/or telecommunication device for the deaf (TDD) as well as a Global Tel Link (GTL) tablet. The PCM also stated that detainees with special needs utilized medical staff for assistance. Additionally, the PREA training curriculum covers accommodations for LEP and disabled inmates on slides 44-45. The interview with the Agency Head Designee indicated that in all of GEO's facilities have developed PREA education material in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. He stated that they have developed posters, pamphlets, videos, large print material, etc. as well as provide TTY phones, access to a language line and designated staff interpreters to ensure that effective communication of PREA procedures is available to the housed individuals. The Agency Head Designee stated that GEO also reaches out to community based resources (i.e. local colleges or organizations) that might be willing to assist. Interviews with four LEP detainees and six disabled detainees confirmed that all ten had received information in a format that they could understand. It should be noted that the majority of the ten indicated that they only received information through signage and the USMS Detainee Handbook. A review of staff training records confirmed that all nineteen (security and non-security) had received the PREA training. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had the Zero Tolerance Poster on the wall and/or bulletin board. The poster included information on reporting, the zero tolerance policy and victim advocacy. Reporting information included the internal hotline (\*77), the external reporting mechanism (\*518) and other methods including reporting to staff. The poster also included the phone number (\*99) and the mailing address for victim advocacy services. Posted information was observed to be at adequate height however the font was small and the auditor determined that visually impaired detainees and detainees trying to obtain information discretely would have a difficult

time viewing the information. Posters were observed in both English and Spanish. In addition to the Zero Tolerance Poster, the information is also available to detainees through the USMS Detainee Handbook. The auditor observed the USMS Detainee Handbook on the detainee tablet system in both English and Spanish. The auditor observed that the opposite gender announcement was made in both English and Spanish by staff. Additionally, the reporting hotlines and the victim advocacy hotline provided the option to proceed in English or Spanish.

115.16 (b): The PAQ stated that the agency has established procedures to provide inmates with limited English proficiency 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. 5.1.2-A, page 12 states facilities shall ensure that individuals in a GEO facility or program with disabilities have an equal opportunity to participate in or benefit from the company's efforts to prevent, detect and response to sexual abuse and sexual harassment. Policy further states that GEO shall ensure that all of its facilities provide written materials to every individual in a GEO facility or program in formats or through methods that ensure effective communication with individual with a disability, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. 1300.05, page 12 states the facility shall ensure that detainee in the Rio Grande Processing Center with disabilities (i.e. those who are deaf, hard of hearing, blind, have low vision, intellectual psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the facilities efforts to prevent, detect and respond to sexual abuse and sexual harassment. The Rio Grande Processing Center shall ensure that it provides written materials to every detainee in the facility in formats or through methods that ensure effective communication with individual with a disability, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. The facility has a contract with LanguageLine Services, Inc. to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP detainee. The contract was signed on February 23, 2022. A review of the USMS Detainee Handbook and Zero Tolerance Poster confirmed that information is available in English and Spanish. The interview with the Agency Head Designee indicated that in all of GEO's facilities have developed PREA education material in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. He stated that they have developed posters, pamphlets, videos, large print material, etc. as well as provide TTY phones, access to a language line and designated staff interpreters to ensure that effective communication of PREA procedures is available to the housed individuals. The Agency Head Designee stated that GEO also reaches out to community based resources (i.e. local colleges or organizations) that might be willing to assist. Interviews with four LEP detainees and six disabled detainees confirmed that all ten had received information in a format that they could understand. It should be noted that the majority of the ten indicated that they only received information through signage and the USMS Detainee Handbook. During the tour the auditor observed PREA information

posted throughout the facility. Each housing unit had the Zero Tolerance Poster on the wall and/or bulletin board. The poster included information on reporting, the zero tolerance policy and victim advocacy. Reporting information included the internal hotline (\*77), the external reporting mechanism (\*518) and other methods including reporting to staff. The poster also included the phone number (\*99) and the mailing address for victim advocacy services. Posted information was observed to be at adequate height however the font was small and the auditor determined that visually impaired detainees and detainees trying to obtain information discretely would have a difficult time viewing the information. Posters were observed in both English and Spanish. In addition to the Zero Tolerance Poster, the information is also available to detainees though the USMS Detainee Handbook. The auditor observed the USMS Detainee Handbook on the detainee tablet system in both English and Spanish. The auditor observed that the opposite gender announcement was made in both English and Spanish by staff. Additionally, the reporting hotlines and the victim advocacy hotline provided the option to proceed in English or Spanish. During detainee interviews the auditor utilized LanguageLine for the LEP detainee interviews and other random interviews. The auditor was provided the call in number as well as the client ID. LanguageLine is accessible through staff only. However, reporting hotlines and the victim advocacy hotline have English and Spanish options. Documents are also available in English and Spanish and the majority of staff are bilingual, which assist with accommodations for LEP detainees.

115.16 (c): The PAQ stated that agency policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. The PAQ stated that the facility does not document the limited circumstances. Further communication with the PCM indicated that the PAQ indicated they do not document instances because they would never another inmate interpret, read or provide assistance. 5.1.2-A, page 12 indicates that individuals in a GEO facility or program 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 responder duties or the investigation of the individual's allegations. Any use of these interpreters under these circumstances shall be justified and fully documented in the written investigative report. 1300.05, page 12 states detainees in the Rio Grande Processing 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 responder duties, or the investigation of the individual's allegation. The Rio Grande Processing Center is equipped with a Language Line that would assist staff in the event that the facility cannot provide a translator. The PAQ expressed that there were zero instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with fifteen staff indicated that twelve were aware of a policy that prohibits the use of detainee interpreters, translator, readers or other types of detainee assistants for sexual abuse allegations. None of the fifteen were aware of a time that a detainee was utilized to assist another detainee for a sexual

abuse allegation. A few staff indicated that they are not allowed to translate themselves even with regard to sexual abuse allegations and that they are required to utilize the language service. Interviews with four LEP detainees and six disabled detainees confirmed that all ten had received information in a format that they could understand confirming none had assistance via another detainee. It should be noted that the majority of the ten indicated that they only received information through signage and the USMS Detainee Handbook.

Based on a review of the PAQ, 5.1.2-A, 1300.05, the Language Line Service, Inc. Agreement, the USMS Detainee Handbook, the Zero Tolerance Poster, the PREA training curriculum, staff training records, observations made during the tour as well as interviews with the Agency Head Designee, random staff, disabled detainees and LEP detainees indicates that this standard appears to be compliant.

#### Recommendation

The auditor recommends that the agency (GEO) update their current policy related to the requirements under this standard to include LEP detainees (policy only addresses detainees with a disability).

<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<p data-bbox="310 176 987 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 589 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 472 350">Documents:</p> <ol data-bbox="310 388 1429 898" style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li>3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li>4. Employment Questionnaire</li> <li>5. PREA Disclosure and Authorization Form Annual Performance Evaluation</li> <li>6. Personnel Files of Staff</li> <li>7. Contractor Background Files</li> </ol> <p data-bbox="310 1003 456 1035">Interviews:</p> <ol data-bbox="310 1073 867 1104" style="list-style-type: none"> <li>1. Interview with Human Resource Staff</li> </ol> <p data-bbox="310 1209 618 1241">Findings (By Provision):</p> <p data-bbox="310 1346 1446 1965">115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. 5.1.2-A, page 8 states that GEO facilities are prohibited from hiring or promoting any anyone (who may have contact with inmates in the facility) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a confinement setting or in the community. Additionally, page 16 states that GEO facilities are prohibited from contracting with anyone (who may have contact with inmates) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging or sexual abuse in confinement settings or in the community. 1300.05, page 7 states that the Rio Grande Processing</p>

Center is prohibited from hiring or promoting anyone (who may have contact with detainees 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. A review of the Employment Questionnaire confirms that employees are asked to answer yes or no to the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (Please note that sexual abuse in this setting includes sexual acts with the consent of the inmate, detainee, resident, etc.)?", "Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated of engaging in 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?". A review of personnel files for six staff who were hired in the previous twelve months indicated that all six had a criminal background records check completed prior to hire. All six had also completed the Employment Questionnaire. Additionally, a review of the five contractor files confirmed all five had a criminal background records check completed prior to enlisting their services.

115.17 (b): The PAQ indicated that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. 5.1.2-A, page 8 states facilities shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates. Page 16 states that the facility shall consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates. 1300.05, page 8 states the Rio Grande Processing 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. The interview with the Human Resource Staff member confirmed that sexual harassment is considered in determining whether to hire or promote anyone, or enlist the services of any contractor who may have contact with detainees. She stated a question related to sexual harassment is part of the GEO application process. She stated this is asked up on hire and through the promotional process.

115.17 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with inmates, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. 5.1.2-A, pages 8 states that each facility 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.

Background checks shall be repeated for all employees at least every five years. 1300.05, page 8 states the Rio Grande Processing Center shall conduct criminal background record checks and make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. The PAQ indicated that 68 people had a criminal background records check and this confirms that 100% of those hired in the previous twelve months had a criminal background record check completed. A review of six personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed. Of the six, only one had any prior institutional employers and documentation confirmed that the agency was contacted but did not respond to the request. The Human Resource staff member confirmed that a criminal background check is completed for all newly hired employees who may have contact with detainees and that all prior institutional employers are contacted related to incidents of sexual abuse. She stated the criminal background records check is part of the hiring process and they also complete a criminal background records check prior to promotions. Additionally, she confirmed that if the staff member discloses that they had prior institutional employment they order, through Accurint, a check of any PREA allegations during employment.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. 5.1.2-A, page 16 states that each facility 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. The PAQ stated that there were 68 contracts for services where criminal background checks were completed. Further communication with the PCM indicated that the facility has two contracts (GTL and Keefe Group) that encompasses eight total contracts. The PCM stated all eight have had a criminal background records check. A review of five contractor files indicated all five had a criminal background records check completed prior to enlisting their services. The Human Resource staff member confirmed that contractors have a criminal background records check completed prior to enlisting their services.

115.17 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with inmates or that a system is in place for otherwise capturing such information for current employees. 5.1.2-A, page 8 states that each facility 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. Background checks shall be repeated for all employees at least every five years. Additionally, page 16 states that each



facility 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. 1300.05, page 8 states that background checks shall be repeated for all employees, contractors and volunteers at least every five years. A review of five staff that were hired prior to 2017 and two contractors hired prior to 2017 indicated that all seven had a criminal background records check completed at least every five years. All five of the staff were documented with an annual criminal background records check, exceeding the requirement of this provision. The interview with Human Resources indicated that criminal background records checks are completed through Accurant Career Screening. She stated Accurant goes back seven years to verify employment and education and they also check the sexual offender registry and criminal history. She stated the background check is very thorough. She further stated that after the Accurant information is returned the facility then forwards it to the United States Marshall Service to complete a National Crime Information Center (NCIC) check. The Human Resource staff member confirmed that they complete annual criminal background records checks and they also complete a five year review that goes through the USMS.

115.17 (f): 5.1.2-A, page 8 states that GEO shall ask all applicants and employees who may have contact with individuals in a GEO facility or program directly about previous sexual abuse misconduct as part of its hiring and promotional processes, and during annual performance reviews for current employees. GEO shall impose upon employees a continuing affirmative duty to disclose any such conduct. 1300.05, page 8 states the Rio Grande Processing Center shall ask all applicants and employees who may have contact with individuals in a GEO facility or program directly about previous sexual abuse misconduct as part of its hiring and promotional processes, and during annual performance reviews for current employees. The Rio Grande Processing Center shall also impose upon employees a continuing affirmative duty to disclose any such conduct. A review of the Employment Questionnaire confirms that employees are asked to answer yes or no to the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (Please note that sexual abuse in this setting includes sexual acts with the consent of the inmate, detainee, resident, etc.)?", "Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated of engaging in 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?". Additionally, the PREA Disclosure and Authorization Form Annual Performance Evaluation indicates that it includes the same questions and is utilized during annual employee performance reviews. A review of personnel files

indicated that all six new hires had completed the Employment Questionnaire. Additionally, a review files for the five staff who were employed prior to 2017 confirmed that all five had completed the PREA Disclosure and Authorization Form Annual Performance Evaluation the previous two years during the annual review. The three staff who were promoted during the previous twelve months also completed the PREA Disclosures and Authorization Form prior to their promotion. The interview with the Human Resource staff confirmed that individuals are asked these questions on the application, which is completed prior to hire and prior to a promotion. She further confirmed that employees have a continuing duty to disclose any such previous misconduct and that this is outlined in policy and in the employee handbook.

115.17 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. 5.1.2-A, page 8 states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. 1300.05, page 8 states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination.

115.17 (h): 5.1.2-A, page 8 and 1300.05, page 8 state that unless prohibited by law, GEO shall 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 the employee has applied to work. The interview with the Human Resource staff member confirmed that information is provided to employers related to a former employee and any substantiated sexual abuse or sexual harassment allegations through the Corporate Office.

Based on a review of the PAQ, 5.1.2-A, 1300.05, the Employment Questionnaire, PREA Disclosure and Authorization Form Annual Performance Evaluation a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard required appears to be compliant.

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<p data-bbox="310 176 984 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 586 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 469 350">Documents:</p> <ol data-bbox="310 388 1349 659" style="list-style-type: none"> <li data-bbox="310 388 688 420">1. Pre-Audit Questionnaire</li> <li data-bbox="310 457 1349 522">2. GEO Policy 1300.05 - Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li data-bbox="310 560 574 592">3. Camera Listing</li> <li data-bbox="310 630 672 661">4. DVR Upgrade Proposal</li> </ol> <p data-bbox="310 764 456 795">Interviews:</p> <ol data-bbox="310 833 927 926" style="list-style-type: none"> <li data-bbox="310 833 927 865">1. Interview with the Agency Head Designee</li> <li data-bbox="310 900 721 932">2. Interview with the Warden</li> </ol> <p data-bbox="310 1035 651 1066">Site Review Observations:</p> <ol data-bbox="310 1104 1182 1197" style="list-style-type: none"> <li data-bbox="310 1104 1182 1136">1. Observations of Absence of Modification to the Physical Plant</li> <li data-bbox="310 1173 967 1205">2. Observations of Video Monitoring Technology</li> </ol> <p data-bbox="310 1308 615 1339">Findings (By Provision):</p> <p data-bbox="310 1442 1430 1938">115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. 1300.05, page 8 states that the Rio Grande Processing 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 the GEO facility or program from sexual abuse. During the tour, the auditor did not observe any renovations, modifications or expansions. The interview with the Agency Head Designee indicates that GEO is the world leader in providing sound and effective security measures in the facilities it manages and operates. In every facility acquired by the company, GEO thoroughly assess the institutions for needed security enhancements in both physical plant construction and for procedure enhancements in the area of safety and security. He stated enhancements are routinely made by some of the top correctional professionals in the correctional field.</p>

When modifications are made by GEO to existing institutions, or when GEO designs and constructs new facilities, GEO's design/construction team work closely with experienced operational personnel to significantly improve the safety of all GEO institutions. GEO has a team who routinely utilize operational expertise when designing/modifying facilities. Security and safety of the inmates and staff is at the forefront of every decision made by the company. The Agency Head Designee confirmed that GEO fully understands the intent and language within the PREA guidelines and does everything possible to design and run facilities which protect inmates from abuse. Since the release of the federal PREA standards GEO has allocated funds for privacy modifications, camera upgrades, etc. and will continue to consider these enhancements during new construction projects as well. The interview with the Warden confirmed that there have not been any substantial expansions or modifications since the last PREA audit.

115.18 (b): The PAQ indicated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 1300.05, page 8 states that the Rio Grande Processing 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 the GEO facility or program from sexual abuse. A review of the camera listing confirmed that the facility has over 250 cameras and they are strategically placed in housing, work and program areas. Additionally, a review of the DVR upgrade proposal confirmed that the it included information related to inclusions, exclusions, scope of work and general discussion related to the need, including to upgrade for a clearer and court quality video. The interview with the Agency Head Designee indicated that GEO routinely uses new technology to assist in better monitoring of the staff and inmates within its facilities. GEO routinely adds or improves camera coverage within its prisons, jails, reentry and youth facilities. New technology is added to screening areas to control contraband and assist in maintaining the safety of our facilities. He further stated that corporate operations' staff routinely meet with vendors to look for more efficient and effective ways to bolster security and safety within our facilities. The Warden confirmed that when the facility installs or updates video monitoring technology they consider how the technology will protect detainees from sexual abuse. He stated that they have recently had a major upgrade to their DVR system and that all 200 plus cameras are currently operational. He stated that they plan to start replacing the cameras to improve the quality and allow wider lenses for better coverage. He indicated that cameras are utilized to eliminate any blind spots or provide better coverage for supervision. During the tour the auditor observed cameras in housings units and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. Cameras are monitored in central control and administrative staff and security threat group staff also have access. Additionally, each housing unit control center has access to monitor the cameras in their specific housing building.

	<p>Based on a review of the PAQ, 1300.05, camera listings, DVR upgrade proposal, observations during the tour and information from interviews with the Agency Head Designee and Warden indicate that this standard appears to be compliant.</p>
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115.21	Evidence protocol and forensic medical examinations
	<p data-bbox="310 176 984 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 586 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 469 350">Documents:</p> <ol data-bbox="310 388 1438 1045" style="list-style-type: none"> <li data-bbox="310 388 688 420">1. Pre-Audit Questionnaire</li> <li data-bbox="310 457 1349 527">2. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li data-bbox="310 564 1438 634">3. GEO Policy 900.17 – Rio Grande Processing Center Crimes Committed Within the Facility</li> <li data-bbox="310 672 1162 703">4. Memorandum of Understanding with Laredo Medical Center</li> <li data-bbox="310 741 1344 810">5. Memorandum of Understanding with Methodist Healthcare System of San Antonio</li> <li data-bbox="310 848 1385 917">6. Memorandum of Understanding with Baptist Children Family Services (BCFS) Health and Human Services</li> <li data-bbox="310 955 656 987">7. Investigative Reports</li> <li data-bbox="310 1024 786 1056">8. PREA Survey Portal Documents</li> </ol> <p data-bbox="310 1152 456 1184">Interviews:</p> <ol data-bbox="310 1222 1084 1383" style="list-style-type: none"> <li data-bbox="310 1222 748 1253">1. Interview with Random Staff</li> <li data-bbox="310 1291 976 1323">2. Interview with the PREA Compliance Manager</li> <li data-bbox="310 1360 1084 1392">3. Interview with Detainees Who Reported Sexual Abuse</li> </ol> <p data-bbox="310 1488 615 1520">Findings (By Provision):</p> <p data-bbox="310 1623 1430 1927">115.21 (a): The PAQ indicated that the agency/facility is responsible for conducting administrative and criminal investigations. Further communication with the PCM indicated the facility does not conduct criminal investigations, rather the Laredo Police Department conducts criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 1300.05, page 25 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</p>

administrative proceeding and criminal prosecution. A review of 1300.05 and 900.17 confirm that they outline a uniform evidence protocol. 900.17 includes initial response crime scene management, evidentiary chain of custody and the investigative process. 1300.05 includes first responder duties, including securing the scene and preserving the evidence, medical and mental health duties/needs, including a forensic medical examination and protective measures after the reported allegation. Interviews with fifteen random staff indicate that all fifteen were aware of and understood the agency's protocol on obtaining usable physical evidence. Additionally, twelve of the fifteen staff stated they knew who was responsible for conducting sexual abuse investigations. Most staff named the PCM and another specially trained staff member. A few staff also stated that local law enforcement would also be responsible.

115.21 (b): The PAQ indicated that the protocol is not developmentally appropriate for youth as they do not house youthful inmates. The PAQ did state that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. A review of 1300.05 and 900.17 confirm that they outline a uniform evidence protocol. 900.17 includes initial response crime scene management, evidentiary chain of custody and the investigative process. 1300.05 includes first responder duties, including securing the scene and preserving the evidence, medical and mental health duties/needs, including a forensic medical examination and protective measures after the reported allegation.

115.21 (c): The PAQ indicated that the facility offers inmates who experience sexual abuse access to forensic medical examination at an outside facility. The PAQ further stated that forensic exams are offered without financial cost to the victim and that when possible, examinations are conducted by SAFE or SANE. The PAQ noted that when SAFE or SANE are not available that a qualified medical practitioner performs forensic examinations. 1300.05, page 25 states the Rio Grande Processing Center will offer all individuals in a GEO facility or program who experience sexual abuse access to forensic medical examinations with the victim's consent and without cost to the individual. Policy further states that examinations will be performed by Sexual Assault Nurse Examiners (SANEs) or Sexual Assault Forensic Examiners (SAFE). A qualified medical practitioner may perform the examination if a SAFE or SANE is not available. The Rio Grande Processing Center will document its efforts to provide a SAFE or SANE. The facility has an MOU with the Laredo Medical Center which states that the Laredo Medical Center agrees to provide emergency room, inpatient and outpatient services to detainees in the Rio Grande Processing Center. The MOU was signed February 18, 2022. The facility also has an MOU with Methodist Healthcare System of San Antonio for forensic nurse examiner services. A review of the MOU indicates it was executed April 10, 2017. The MOU states that the Methodist Specialty & Treatment Hospital (MSTH) campus agrees to provide medical forensic examination for persons thirteen years of age or older making an outcry of sexual assault, and for

the removal of physical evidence from any aged person suspected of having committed an act of sexual assault/abuse. The MOU further states that if the patient chooses to exercise his/her right to have a victim advocate present during the examination one will be provided by the Rape Crisis Center in San Antonio. The victim advocate will be notified by the forensic nurse examiner upon the patients arrival. The PAQ stated that there were zero forensic exams conducted in the previous twelve months. During the on-site portion of the audit, the auditor identified that a recent sexual abuse allegation (reported July 15, 2022 after the PAQ was submitted) involved a detainee being transported to the Laredo Medical Center for a forensic medical examination. The detainee declined all services at the hospital and was returned to the facility, where he declined all medical services as well. The auditor contacted the Laredo Medical Center related to forensic medical examinations. The staff member advised that they conduct forensic medical examinations through the Emergency Room and all examinations are conducted by an on-call SANE. He stated that the process for forensic medical examinations is the same for detainees as it is for citizens. The auditor also contacted Methodist Healthcare Hospital related to forensic medical examinations. The staff member advised that they have a specialty building where the SANE program is housed. The staff member indicated that most individuals are transported from the Emergency Room after medical clearance to the specialty building (which is located next to the Emergency Room) for the forensic medical examination. She stated all nurses in the SANE program are SANE/SAFE. The staff did state they could provide a forensic medical examination at the Emergency Room if the situation deemed necessary. The staff member confirmed that there is no difference in a forensic medical examination of a detainee, with the exception that the detainee may be cuffed during the examination, if necessary. Further communication with the hospital staff member also indicated that they contact the local rape crisis center prior to conducting a forensic medical examination. She stated a victim advocate is provided for forensic medical examinations, unless the individual refuses the services.

115.21 (d): The PAQ indicated that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and efforts are documented. The PAQ further stated that when a rape crisis center is not available, the facility provides a qualified-staff member from a community-based organization or a qualified agency staff member. The facility has an MOU with BCFS Health and Human Services. The MOU was signed on March 25, 2022. The MOU states that BCFS will accept referrals from Rio Grande Processing Center or otherwise ensure survivors are connected with appropriate services. The MOU further states that BCFS will provide referred survivors with services as specified in the Domestic Violence Program, which may include advocacy, crisis intervention, emergency care, case management services to support the victim and referrals to legal assistance in civil and criminal cases, education and collaboration with law enforcement and other community agencies and other supportive services. The interview with the PCM confirmed that the facility makes available to the victim a victim advocate from a rape crisis center after a report of sexual abuse. The PCM stated that the facility also



provides access to victim advocates through a hotline and mailing address. He further stated the facility affords an advocate for detainees who are transported to the hospital for a forensic medical examination. The PCM confirmed the facility has an MOU with BCFS to provide advocacy services and detainees can seek the help they need that way. Interviews with detainees who reported sexual abuse indicated that two reported sexual harassment rather than sexual abuse. The one detainee who reported sexual abuse stated that he was asked if he wanted to contact an advocate/ emotional support person. He stated he said yes and that the person came and asked him what happened. The detainee stated he thought it was a medic. The auditor tried to clarify but the detainee had a cognitive disability and did not completely understand what the auditor was asking. A review of documentation indicated that the facility documents whether the detainee is offered a victim advocate after a report of sexual abuse through the PREA Survey Portal. A review of documentation for three detainees who reported sexual abuse during the previous twelve months indicated all three were documented with being offered a victim advocate.

115.21 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process. 1300.05, page 25 states a victim advocate will be made available to accompany the victim through examinations and investigatory interviews. Facilities shall attempt to secure services from a rape crisis center that is no part of the criminal justice system. Policy further states that the Rio Grande Processing Center may not utilize facility employees as victim advocates unless the following documentation exists: documentation is on file that no other alternative are available in the community; and documentation exists that validate designated employees have been screened for appropriateness to serve in this role and have received education concerning sexual assault and forensic examination issues in general. The facility has an MOU with BCFS Health and Human Services. The MOU was signed on March 25, 2022. The MOU states that BCFS will accept referrals from Rio Grande Processing Center or otherwise ensure survivors are connected with appropriate services. The MOU further states that BCFS will provide referred survivors with services as specified in the Domestic Violence Program, which may include advocacy, crisis intervention, emergency care, case management services to support the victim and referrals to legal assistance in civil and criminal cases, education and collaboration with law enforcement and other community agencies and other supportive services. The MOU also indicates that BCFS will accompany survivors of sexual assault, family violence, intimate partner violence, or stalking for forensic/ medical exams and other off-site appointments as needed. The facility also has an MOU with Methodist Healthcare System of San Antonio for forensic nurse examiner services. A review of the MOU indicates it was executed April 10, 2017. The MOU states that the Methodist Specialty & Treatment Hospital (MSTH) campus agrees to provide medical forensic examination for persons thirteen years of age or older making an outcry of sexual assault, and for the removal of physical evidence from any aged person suspected of having committed an act of sexual assault/abuse. The

MOU further states that if the patient chooses to exercise his/her right to have a victim advocate present during the examination one will be provided by the Rape Crisis Center in San Antonio. The victim advocate will be notified by the forensic nurse examiner upon the patients arrival. The interview with the PCM confirmed that if requested by a victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and support the victim through the forensic medical examination and investigatory interviews. He stated the facility has an MOU with BCFS advocates to provide services so all detainees can seek the help they need through the organization. The PCM confirmed BCFS is a local rape crisis center. The auditor contacted BCFS and the staff confirmed that they have an MOU with the facility and they have received referrals for services from detainees in the past. She further stated they do provide accompaniment during forensic medical examinations, however due to COVID-19 protocols and restrictions they have not provided accompaniment since the MOU was executed (2020). Communication with the Methodist Healthcare Hospital staff indicated that they contact the local rape crisis center prior to conducting a forensic medical examination. Staff stated a victim advocate is provided for forensic medical examinations, unless the individual refuses the services. Interviews with detainees who reported sexual abuse indicated that two reported sexual harassment rather than sexual abuse. The one detainee who reported sexual abuse stated that he was asked if he wanted to contact an advocate/emotional support person. He stated he said yes and that the person came and asked him what happened. The detainee stated he thought it was a medic. The auditor tried to clarify but the detainee had a cognitive disability and did not completely understand what the auditor was asking. A review of documentation indicated that the facility documents whether the detainee is offered a victim advocate after a report of sexual abuse through the PREA Survey Portal. A review of documentation for three detainees who reported sexual abuse during the previous twelve months indicated all three were documented with being offered a victim advocate.

115.21 (f): The PAQ indicated that if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has not requested that the responsible agency follow the requirements of paragraph 115.21 (a) through (e) of this standard. Further communication with the PCM indicated that the Laredo Police Department is responsible for conducting criminal investigations. A review of an email dated October 21, 2021 confirms that the facility reached out to the Laredo Police Department to attempt to establish an MOU with regard to investigating crimes within the facility, such as PREA. The Laredo Police Department did not respond to the email related to the MOU.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): 1300.05, page 25 states that the Rio Grande Processing Center may not

utilize facility employees as victim advocates unless the following documentation exists: documentation is on file that no other alternative are available in the community; and documentation exists that validate designated employees have been screened for appropriateness to serve in this role and have received education concerning sexual assault and forensic examination issues in general.

Based on a review of the PAQ, 1300.05, 900.17, the MOU with Laredo Medical Center, the MOU with Baptist Children Family Services (BCFS) Health and Human Services, investigative reports, PREA Survey Portal Documents and information from interviews with random staff, detainees who reported sexual abuse and the PREA Compliance Manager indicates that this standard appears to be compliant.

<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="310 176 984 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 586 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 469 350">Documents:</p> <ol data-bbox="310 388 1425 766" style="list-style-type: none"> <li data-bbox="310 388 688 420">1. Pre-Audit Questionnaire</li> <li data-bbox="310 457 1170 489">2. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE)</li> <li data-bbox="310 527 1425 594">3. GEO Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li data-bbox="310 632 1349 699">4. GEO Policy 1300.05 - Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li data-bbox="310 737 656 768">5. Investigative Reports</li> </ol> <p data-bbox="310 869 456 900">Interviews:</p> <ol data-bbox="310 938 927 1037" style="list-style-type: none"> <li data-bbox="310 938 927 970">1. Interview with the Agency Head Designee</li> <li data-bbox="310 1008 813 1039">2. Interview with Investigative Staff</li> </ol> <p data-bbox="310 1142 615 1173">Findings (By Provision):</p> <p data-bbox="310 1276 1442 1934">115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. each facility shall have a policy in place to ensure that all allegations of sexual abuse are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. 5.1.2-E, page 1 states that each facility shall have a policy in place to ensure that all allegations of sexual abuse are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Page 2 further states that an administrative or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment at GEO facilities. 1300.05, page 5 states the Rio Grande Processing Center will ensure all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. It further states that in the event that the law enforcement agency declines the investigation, the Facility Administrator will assign the investigation to a facility investigator. The PAQ</p>

indicated that there were five allegations of sexual abuse and/or sexual harassment reported within the previous twelve months and all five resulted in an administrative investigation. The PAQ further stated that one of the five allegations received during the previous twelve months was still an open case. The interview with the Agency Head Designee indicated that it is a requirement by corporate and by local facility policies to ensure an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. He further stated that based on the 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). The Agency Head Designee stated that GEO has designated staff at each facility that have received PREA specialized investigations training. GEO also utilizes local, state or federal agencies to investigate PREA allegations based on client contract requirements. Regardless of who does the investigation, 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. A review of documentation indicated there were eight allegations reported during the previous twelve months, two of which did not rise to the level of PREA. All eight allegations, including the two that did not rise to the level of PREA, were forwarded for investigation. Six of the eight investigations were completed (approved by GEO Corporate) at the time of the on-site portion of the audit.

115.22 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or make publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 5.1.2-E, page 1 states that each facility shall have a policy in place to ensure that all allegations of sexual abuse are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The policy states that the facility shall document all referrals. GEO shall publish its corporate investigations policy on its website. 1300.05, page 5 states the Rio Grande Processing Center will ensure all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. It further states that in the event that the law enforcement agency declines the investigation, the Facility Administrator will assign the investigation to a facility investigator. A review of the GEO Group website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.geogroup.com/PREA>. A review of documentation indicated there were eight allegations reported during the previous twelve months, two of which did not rise to the level of PREA. All eight allegations, including the two that did not rise to the level of PREA, were forwarded for investigation. Two of the investigations were forwarded to the Laredo Police

Department and one was forwarded through the USMS to the US Attorney's Office. Both the Laredo Police Department and the US Attorney's Office declined to investigate and as such all investigations were conducted at the facility level. The interviews with the facility investigators confirmed that the agency has a policy that requires all allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigation. They stated that facility staff conduct administrative investigations and criminal investigations are referred to the client and the local police department.

115.22 (c): 5.1.2-E, page 1 states that each facility shall have a policy in place to ensure that all allegations of sexual abuse are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The policy states that the facility shall document all referrals. GEO shall publish its corporate investigations policy on its website. 1300.05, page 5 states the Rio Grande Processing Center will ensure all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. It further states that in the event that the law enforcement agency declines the investigation, the Facility Administrator will assign the investigation to a facility investigator. A review of the GEO Group website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.geogroup.com/PREA>.

115.22 (d): The auditor is not required to audit this provision.

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, 5.1.2-E, 5.1.2-A, 1300.05, investigative reports, the agency's website and information obtained via interviews with the Agency Head Designee and the investigators, this standard appears to be compliant.

<b>115.31</b>	<b>Employee training</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li>3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li>4. Prison Rape Elimination Act (PREA) Training Curriculum</li> <li>5. Staff Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Random Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.31 (a): The PAQ stated that the agency trains all employees who may have contact with inmates on the following matters: the agency’s zero tolerance policy, how to fulfill their responsibilities under the agency’s sexual abuse and sexual harassment policies and procedures, the inmates’ right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. 5.1.2-A, page 13 states all employees, contractors and volunteers shall receive training on GEO’s sexually abusive behavior prevention and intervention program prior to assignment. Each facility shall train employees who may have contact with individuals in a GEO facility or program on; its zero tolerance policy; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; right to be free from sexual abuse and sexual harassment; right to be free from retaliation from reporting sexual abuse and sexual harassment; dynamics of sexual abuse and sexual</p>	

harassment in confinement; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with individuals in a GEO facility or program; how to communicate effectively and professionally with individuals in a GEO facility or program, including LGBTI or Gender Non-conforming individuals; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. 1300.05, page 13 states all employees, contractors and volunteers shall receive written documented training from the training administrator on the Rio Grande Processing Center's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. The facility will train all employees who may have contact with detainees in a GEO facility or program on: its zero tolerance policy; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; detainees right to be free from sexual abuse and sexual harassment; the right of the detainees and employees to be free from retaliation from reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with detainees; how to communicate effectively and professionally with detainees, including LGBTI or Gender Non-conforming individuals; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. A review of the PREA training curriculum confirms that the training includes: the agency's zero tolerance policy (slides 8-10); how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 11-16), the inmates' right to be free from sexual abuse and sexual harassment (slides 8-10), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (slide 42), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 17-41), the common reactions of sexual abuse and sexual harassment victims (slides 62-66 and slides 74-78), how to detect and respond to signs of threatened and actual sexual abuse (slides 59-74), how to avoid inappropriate relationship with inmates (slides 79-90), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (slides 98-120) and how to comply with relevant laws related to mandatory reporting (slides 48-58). A review of nineteen staff training records (fourteen security and five non-security) indicated that 100% of those reviewed received PREA training. Interviews with fifteen random staff confirmed all fifteen had received PREA training. Staff stated they receive training when they first start with the facility and then at least annually. A few staff indicated that training is conducted quarterly. All fifteen staff confirmed the required topics under this provision were discussed during the training. They indicated that topics that they remembered the most included what to do if someone reports sexual abuse, including first responder duties and how detainees can report, to include the hotline.

115.31 (b): The PAQ indicated that training is tailored to the gender of the inmate at



the facility and that employees who are reassigned to facilities with opposite gender are given additional training. Further communication with the PCM indicated that all inmates at the facility are male and as such training is tailored toward male inmates and they would not transfer to another facility with female inmates. 5.1.2-A, page 13 states employee training shall be tailored to the gender of the individual in the GEO facility or program at the employee's facility, and employees shall receive additional training if transferring facilities that house individuals of different genders. 1300.05, page 13 states employee training shall be tailored to the gender of the detainee assigned to the Rio Grande Processing Center, and employees shall receive additional training if transferring between facilities that house detainees of different genders. A review of the PREA training curriculum indicates that it covers both male and female reactions to sexual abuse as well as male and female trauma and how that affects sexual abuse.

115.31 (c): The PAQ stated that staff are trained annually and that in between trainings staff are provided information through briefings, meetings and drills. 5.1.2-A, page 13 and 1300.05, page 13 state PREA refresher training shall be conducted each year thereafter for all employees. Refresher training shall include updates to sexual abuse and sexual harassment policies. A review of documentation indicated that fifteen of the nineteen staff had received training the last two years and the four that did not have training every two years were new hires. It should be noted that the agency conducts training annually, rather than every two years. Fourteen of the fifteen staff were documented with training annually, rather than every two years, exceeding the requirement of this provision.

115.31 (d): The PAQ stated that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. 5.1.2-A, page 14 states unless client mandate requires electronic verification, employees shall document through signatures on the PREA Basic Training Acknowledgement form and they understand the training they have received. 1300.05, page 13 states employees shall document through signature the PREA Basic Training Acknowledgement form and they understand the training they have received. This form shall be used to document Pre-Service and Annual In-service PREA training. In addition to the PREA Basic Training Acknowledgment form, staff who complete the PREA training online rather than in a classroom setting are required to complete a post training quiz. The staff member's score is recorded in the electronic database confirming their understanding. A review of a sample of nineteen staff training records indicated that all had completed the post training quiz.

Based on a review of the PAQ, 5.1.2-A, 1300.05, the PREA Training Curriculum, a review of a sample of staff training records as well as interviews with random staff indicate that the facility exceeds this standard. The facility provides sexual abuse and

	<p>sexual harassment training to all staff annually. The training includes all the required elements under this standard and is detailed in the explanation of prevention, detection, response, how to avoid inappropriate relationships with inmates, the dynamics of sexual abuse and how to communicate with LGBTI inmates. Staff are required to complete a post training quiz to ensure they have a clear understanding of PREA. Additionally, all staff, regardless of the gender of the detainee at the facility, receive training that discusses both male and female reactions as well as male and female trauma.</p>
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<b>115.32</b>	<b>Volunteer and contractor training</b>
	<p data-bbox="310 176 984 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 586 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 469 350">Documents:</p> <ol data-bbox="310 388 1425 835" style="list-style-type: none"> <li data-bbox="310 388 688 420">1. Pre-Audit Questionnaire</li> <li data-bbox="310 457 1425 527">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li data-bbox="310 564 1349 634">3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li data-bbox="310 672 1097 703">4. Prison Rape Elimination Act (PREA) Training Curriculum</li> <li data-bbox="310 741 695 772">5. Contractor Training Files</li> <li data-bbox="310 810 683 842">6. Volunteer Training Files</li> </ol> <p data-bbox="310 938 456 970">Interviews:</p> <ol data-bbox="310 1008 1357 1039" style="list-style-type: none"> <li data-bbox="310 1008 1357 1039">1. Interview with Volunteers or Contractors who have Contact with Detainees</li> </ol> <p data-bbox="310 1142 615 1173">Findings (By Provision):</p> <p data-bbox="310 1276 1442 1934">115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. 5.1.2-A, page 13 states all employees, contractors and volunteers shall receive training on GEO’s sexually abusive behavior prevention and intervention program prior to assignment. 1300.05, page 13 states all employees, contractors and volunteers shall receive written documented training from the training administrator on the Rio Grande Processing Center’s Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. Page 14 states that the facility shall ensure that all volunteers who have contact with detainee in the Rio Grande Processing Center are trained on their responsibilities under GEO’s sexual abuse and harassment prevention, detection and response policies and procedures. Volunteers who have contact with detainees shall receive annual PREA refresher training. Page 15 states the facility shall ensure that all contractors who have contact with detainee in the Rio Grande Processing Center are trained on their responsibilities under GEO’s sexual abuse and harassment prevention, detection and response policies and procedures. Contractors who have contact with detainees shall receive annual PREA refresher</p>

training. All volunteers and contractors are required to take the PREA training under Standard 115.31. A review of the PREA training curriculum confirms that the training includes: the agency's zero tolerance policy (slides 8-10); how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 11-16), the inmates' right to be free from sexual abuse and sexual harassment (slides 8-10), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (slide 42), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 17-41), the common reactions of sexual abuse and sexual harassment victims (slides 62-66 and slides 74-78), how to detect and respond to signs of threatened and actual sexual abuse (slides 59-74), how to avoid inappropriate relationship with inmates (slides 79-90), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (slides 98-120) and how to comply with relevant laws related to mandatory reporting (slides 48-58). The PAQ indicated that zero volunteers and contractors had received PREA training. The PAQ stated that volunteers have not received training in the previous two years due to COVID-19. Further communication with the PCM indicated that the facility has not have volunteers due to COVID-19 but the eight contracts received PREA training. A review of seven contractor training records and two volunteer training records indicated that all nine had received PREA training. Five of the seven contractors were documented with receiving training annually over the previous two years. It should be noted the facility has not had volunteers for the previous two years due to COVID-19. The records reviewed by the auditor were those from 2020, prior to COVID-19. The interviews with the contractors confirmed that they had received training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection and response policies and procedures.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that all volunteers and contractors who have contact with inmates have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 5.1.2-A, page 15 states volunteers and contractors who have contact with individuals in a GEO facility or program shall receive annual PREA refresher training. 1300.05, page 13 states all employees, contractors and volunteers shall receive written documented training from the training administrator on the Rio Grande Processing Center's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. Page 14 states that the facility shall ensure that all volunteers who have contact with detainee in the Rio Grande Processing Center are trained on their responsibilities under GEO's sexual abuse and harassment prevention, detection and response policies and procedures. Volunteers who have contact with detainees shall receive annual PREA refresher training. Page 15 states the facility shall ensure that all contractors who have contact with detainee in the Rio Grande Processing Center are trained on their responsibilities under GEO's sexual abuse and harassment prevention, detection and response policies and procedures.

Contractors who have contact with detainees shall receive annual PREA refresher training. All volunteers and contractors are required to take the PREA training under Standard 115.31. A review of the PREA training curriculum confirms that the training includes: the agency's zero tolerance policy (slides 8-10); how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (slides 11-16), the inmates' right to be free from sexual abuse and sexual harassment (slides 8-10), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (slide 42), the dynamics of sexual abuse and sexual harassment in a confinement setting (slides 17-41), the common reactions of sexual abuse and sexual harassment victims (slides 62-66 and slides 74-78), how to detect and respond to signs of threatened and actual sexual abuse (slides 59-74), how to avoid inappropriate relationship with inmates (slides 79-90), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (slides 98-120) and how to comply with relevant laws related to mandatory reporting (slides 48-58). A review of seven contractor training records and two volunteer training records indicated that all nine had received PREA training. Five of the seven contractors were documented with receiving training annually over the previous two years. It should be noted the facility has not had volunteers for the previous two years due to COVID-19. The interviews with the contractors indicated they had training via a video. The video goes over PREA and responding to sexual abuse. Both contractors stated they were required to take a test at the end of the training. The contractors confirmed that the training included information on the zero-tolerance policy and how and who to report the information to.

115.32 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. 1300.05, page 14 states volunteers shall document through signatures on the PREA Basic Training Acknowledgment form that they understand the training they have received. This form shall be used to document annual PREA refresher training. Page 15 further states contractors shall document through signatures that they understand the training they received. In addition, contractors or volunteers who complete the PREA training online are required to complete a post training quiz. A review of training documents for seven contractors and two volunteers indicated that 100% of those reviewed had signed the PREA Basic Training Acknowledgement or the Volunteer Training and/or completed the post training quiz.

Based on a review of the PAQ, 5.1.2-A, 1300.05, the PREA Training Curriculum, a review of a sample of contractor and volunteer training records as well as the interviews with the contractor indicates that the facility appears to meet this standard.

<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li>3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li>4. LanguageLine Service, Inc. Agreement</li> <li>5. PREA Video</li> <li>6. USMS Detainee Handbook</li> <li>7. Zero Tolerance Poster</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Intake Staff</li> <li>2. Interview with Random Detainees</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Intake Area</li> <li>2. Observations of PREA Posters</li> </ol> <p>Findings (By Provision):</p> <p>115.33 (a): The PAQ stated that inmates receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. 5.1.2-A, page 12 states within 24 hours of arrival, U.S. Corrections and Detention Facilities shall provide each individual in a GEO facility or program with written information on the company’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicion of sexual abuse or sexual harassment. 1300.05, page 12 states as part of the</p>

admission/orientation program, all detainees will receive PREA orientation by staff on sexual abuse and sexual harassment within 24 hours of arrival. This information is communicated orally and in writing, in a language clearly understood by the offender. The information will include: prevention/intervention; self-protection; reporting sexual abuse and harassment and treatment and counseling. Policy further states that within 24 hours of arrival, the classification 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 suspicion 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. A review of the USMS Detainee Handbook (pages 19-22) and the Zero Tolerance Poster confirmed that they included information on the zero tolerance policy, how to report, and the outside victim advocacy services. The USMS Detainee Handbook also included definitions, prevention information and treatment information. The PAQ indicated that 6320 inmates received information on the zero tolerance policy and how to report at intake. This is equivalent to over 100% of the number of detainees the facility reported they received during the previous twelve months. Further communication with the PCM indicated that the 6320 number was incorrect and that 5918 detainees arrived during the previous twelve months and 100% (5918) had received PREA information at intake. A review of 38 detainee files of those received within the previous twelve months indicated that all 38 were documented with receiving PREA information at intake. All 38 detainees signed the Detainee Orientation Acknowledgment form confirming they received the USMS Detainee Handbook. The auditor observed the intake process through a demonstration. Detainees are provided PREA information at intake via the USMS Detainee Handbook. The handbook is available in both English and Spanish. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had the Zero Tolerance Poster on the wall and/or bulletin board. The poster included information on reporting, the zero tolerance policy and victim advocacy. Reporting information included the internal hotline (\*77), the external reporting mechanism (\*518) and other methods including reporting to staff. The poster included the phone number (\*99) and the mailing address for victim advocacy services. Posted information was observed to be at adequate height however the font was small and the auditor determined that visually impaired detainees and detainees trying to obtain information discretely would have a difficult time viewing the information. Posters were observed in both English and Spanish. Information was also observed in the intake area, visitation, front entrance and other common areas. The auditor also observed two additional PREA postings in each Case Manager's office. The postings included information on PREA, how to report, procedures and ways to stay safe. In addition to the Zero Tolerance Poster, the information is also available to detainees through the USMS Detainee Handbook. The auditor observed the USMS Detainee Handbook on the detainee tablet system in English and Spanish. Informal conversation with staff and detainees confirmed that the PREA information had been posted for quite some time. Detainees indicated that the postings were recently replaced with updated information, but that there has always been postings up. PREA information was observed in each of the holding cells and on the walls throughout

intake. The intake staff member confirmed the USMS Detainee Handbook has information on the zero tolerance policy and ways to report sexual abuse and sexual harassment at the facility. The staff member indicated that the USMS Detainee Handbook is provided to each detainee along with their clothing and property. Staff stated if the detainee does not speak English or Spanish they are able to translate the information via LanguageLine. The interviews with intake staff confirmed that detainees receive information on the zero-tolerance policy and how to report allegations of sexual abuse upon intake. The staff stated that the facility has a zero-tolerance form (USMS Detainee Handbook) that is given to all detainees upon arrival. The staff also stated that detainees view a PREA video upon arrival at the facility in addition to receiving the packet. Both staff confirmed that all detainees that come into the facility get the packet and view the video. The form has information on rights and how to report. All detainees sign that they receive the packet. 25 of the 31 detainees interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies. Most of the detainees advised this information was received through either the USMS Detainee Handbook or through the information posted in the housing units.

115.33 (b): 5.1.2-A, page 12 states within 30 days of intake, U.S. Corrections, Detention, and Community Confinement facilities shall provide a comprehensive education to all individuals in a GEO facility or program, either in person or through video. Policy further states the comprehensive education shall include information on the individual's 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. 1300.05, page 12 states within 30 days of intake, the facility shall provide a comprehensive education to all detainees in the Rio Grande Processing Center, either in person or through video. The comprehensive education shall include information on detainees 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 facility indicated that a PREA video is played on a loop in all intake cells in both English and Spanish. The facility also indicated that the LanguageLine is utilized for all detainees that speak any other language. Detainees sign an orientation acknowledgment form upon completion. The PAQ indicated that 2834 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to over 100% of those that arrived in the previous twelve months and stayed for 30 days or more. A review of 38 detainee files indicated that all 38 signed the Detainee Orientation Acknowledgment form indicating they watched the Rio Grande Processing Center video orientation and the Prison Rape Elimination Act video. During the tour the auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. The auditor observed that detainees are placed in a holding cell with a television. The television plays the orientation video, which includes PREA information, on a loop in both English and Spanish. Detainees are issued a radio upon intake and are able to listen to the audio that corresponds to the video while waiting in the holding cell. A review of the video indicates that it includes general information



related to the zero tolerance policy; definitions and prohibited behaviors, including examples; prevention information; signs staff are trained to look for; actions to take if a victim of sexual abuse; ways to report; availability of victim advocates and information related to investigations. The staff advised that staff can read the information to any detainee with a cognitive disability. The staff stated hearing impaired detainees can read the information on the television and vision impaired detainees can listen to the information via the radio. The televisions in the male holding cells were 49 inches with adequate font and visibility. The television on the female side were significantly smaller (approximately 24 inches) and less visible. The interviews with the intake staff indicated that all detainees that arrive at the facility are given a packet with PREA information and view a PREA video. The staff stated that each holding cell in intake has a television that they use to play the PREA video. Detainees are provided a radio upon arrival and can utilize these to listen to the PREA video. The staff indicated the video is available in English and Spanish. Staff stated they also have staff translator and LanguageLine that they can utilize if the detainee speaks another language. The staff also stated that they have a TTY/TDD phone for any detainees with hearing impairments. The staff further stated they would read the information to any detainees with a vision impairment. Both staff stated the detainees receive the video and information within 24 hours of arrival. Nine of the 31 detainees interviewed indicated that they were informed of their right to be free from sexual abuse, ways to report sexual abuse and their right to be free from retaliation for reporting sexual abuse. Most of the nine detainees indicated they received the information in-person with staff when they arrived.

115.33 (c): The PAQ indicated that of those who were not educated within 30 days of intake, all inmates were not subsequently educated. Further clarification from the PCM indicated that this provision should have read that all current inmates have received PREA education within 30 days of arrival at the facility. The facility is a detention center (jail) and there have been no inmates there since prior to the release of the standards. Additionally, it stated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation from reporting such incidents and on any agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. 5.1.2-A, page 12 states individuals in a GEO facility or program shall receive education upon transfer to a different facility if the policy and procedures differ from the previous facility. 1300.05, page 12 states all current detainees in Rio Grande Processing Center who have not received such education shall receive this comprehensive education within one year of the effective date of the PREA standards. Policy further states that detainees shall receive education upon transfer to a different facility if policy and procedures are different from the previous facility. A review of the USMS Detainee Handbook (pages 19-22) and the Zero Tolerance Poster confirmed that they included information on the zero tolerance policy, how to report, and the outside victim advocacy services. The USMS Detainee Handbook also included definitions, prevention information and treatment information. A review of

38 detainee files indicated that all 38 signed the Detainee Orientation Acknowledgment form indicating they watched the Rio Grande Processing Center video orientation and the Prison Rape Elimination Act video. There were zero detainees that arrived at the facility prior to 2013. The interviews with the intake staff indicated that all detainees that arrive at the facility are given a packet with PREA information and view a PREA video. The staff stated that each holding cell in intake has a television that they use to play the PREA video. Detainees are provided a radio upon arrival and can utilize these to listen to the PREA video. The staff indicated the video is available in English and Spanish. Staff stated they also have staff translator and LanguageLine that they can utilize if the detainee speaks another language. The staff also stated that they have a TTY/TDD phone for any detainees with hearing impairments. The staff further stated they would read the information to any detainees with a vision impairment. Both staff stated the detainees receive the video and information within 24 hours of arrival. During the tour the auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. The auditor observed that detainees are placed in a holding cell with a television. The television plays the orientation video, which includes PREA information, on a loop in both English and Spanish. Detainees are issued a radio upon intake and are able to listen to the audio that corresponds to the video while waiting in the holding cell. A review of the video indicates that it includes general information related to the zero tolerance policy; definitions and prohibited behaviors, including examples; prevention information; signs staff are trained to look for; actions to take if a victim of sexual abuse; ways to report; availability of victim advocates and information related to investigations. The staff advised that staff can read the information to any detainee with a cognitive disability. The staff stated hearing impaired detainees can read the information on the television and vision impaired detainees can listen to the information via the radio. The televisions in the male holding cells were 49 inches with adequate font and visibility. The televisions on the female side were significantly smaller (approximately 24 inches) and less visible.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for inmates who are LEP, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. The PAQ also stated that the agency has established procedures to provide disabled inmates 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. 5.1.2-A, page 13 states education shall be provided in formats accessible to all individuals in a GEO facility or program, including those with disabilities and those who are limited English proficient. 1300.05, page 12 states in the facility, education will be provided in formats accessible to all detainees at the Rio Grande Processing Center, including those with disabilities and those who are limited English proficient. The facility has a contract with LanguageLine Services, Inc. to provide translation services for detainees who are LEP. This is a service the facility can call that will translate information between the staff member and LEP detainee. The contract was signed on February 23, 2022. A review of the USMS Detainee Handbook and Zero Tolerance Poster confirmed that PREA information

is available in adequate size font, bright colors and in Spanish. The Zero Tolerance Poster also has a corresponding "stop" hand imagine. A review of the Detainee Orientation Acknowledgment indicates that detainees initial that they received the Rio Grande Detention Center Detainee Handbook (denotes whether it was received in English or Spanish). They also initial that they watched the PREA video and the orientation video. The form is in both English and Spanish and has a section for the staff to indicate whether LanguageLine Services, Inc. was utilized. The detainee and staff member both sign the bottom of the form when completed. During the tour the auditor had the facility conduct a mock demonstration of the PREA education process for those transferred from another facility. The auditor observed that detainees are placed in a holding cell with a television. The television plays the orientation video, which includes PREA information, on a loop in both English and Spanish. Detainees are issued a radio upon intake and are able to listen to the audio that corresponds to the video while waiting in the holding cell. The staff advised that staff can read the information to any detainee with a cognitive disability. The staff stated hearing impaired detainees can read the information on the television and vision impaired detainees can listen to the information via the radio. The televisions in the male holding cells were 49 inches with adequate font and visibility. The televisions on the female side were significantly smaller (approximately 24 inches) and less visible. A review of documentation for six LEP detainees and six disabled detainees indicated that they all signed that they received comprehensive PREA education through the orientation video and PREA video. The Detainee Orientation Acknowledgment form is in both English and Spanish. Interviews with four LEP detainees and six disabled detainees indicated that all ten had received PREA information in a format that they could understand. Further communication with the detainees confirmed that they were either provided a USMS Detainee Handbook and/or they saw the posters. None of the detainees stated they were provided comprehensive education in person or through video.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. 5.1.2-A, page 13 states in all facilities, individuals in a GEO facility or program shall sign for receipt of written material and participation in comprehensive education sessions which shall be retained in their individual file. 1300.05, page 12 states in the facility, detainees will sign for receipt of written material and participation in comprehensive education sessions which shall be retained in their individual file. A review of the Detainee Orientation Acknowledgment indicates that detainees initial that they received the Rio Grande Detention Center Detainee Handbook (denotes whether it was received in English or Spanish). They also initial that they watched the PREA video and the orientation video. The form is in both English and Spanish and has a section for the staff to indicate whether the LanguageLine was utilized. The detainee and staff member both sign the bottom of the form when completed. A review of 38 total detainee files indicate that all 38 signed an acknowledgement form indicating that they had received PREA education.

115.33 (f): The PAQ indicated that key information shall be provided to inmates on a continuous basis through readily available handbooks, brochures, or other written materials. 5.1.2-A, page 13 states key information shall be provided to individuals in a GEO facility or programs on a continuous basis through readily available, handbooks, brochures, or other written materials. 1300.05, page 12 states key information shall be provided to detainees on a continuous basis through readily available handbooks, brochure or other written materials. A review of documentation indicates that the facility has PREA information via the USMS Detainee Handbook and the Zero Tolerance Poster. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had the Zero Tolerance Poster on the wall and/or bulletin board. The poster included information on reporting, the zero tolerance policy and victim advocacy. Reporting information included the internal hotline (\*77), the external reporting mechanism (\*518) and other methods including reporting to staff. The poster included the phone number (\*99) and the mailing address for victim advocacy services. Posted information was observed to be at adequate height however the font was small and the auditor determined that visually impaired detainees and detainees trying to obtain information discretely would have a difficult time viewing the information. Posters were observed in both English and Spanish. Information was also observed in the intake area, visitation, front entrance and other common areas. The auditor also observed two additional PREA postings in each Case Manager's office. The postings included information on PREA, how to report, procedures and ways to stay safe. In addition to the Zero Tolerance Poster, the information is also available to detainees through the USMS Detainee Handbook. The auditor observed the USMS Detainee Handbook on the detainee tablet system in English and Spanish. Informal conversation with staff and detainees confirmed that the PREA information had been posted for quite some time. Detainees indicated that the postings were recently replaced with updated information, but that there has always been postings up.

Based on a review of the PAQ, 5.1.2-A, 1300.05, the LanguageLine Service Agreement, the PREA video the USMS Detainee Handbook, the Zero Tolerance Poster, detainee files, observations made during the tour as well information obtained during interviews with intake staff and random detainees indicate that this standard appears to require corrective action. During the tour the auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. The auditor observed that detainees are placed in a holding cell with a television. The television plays the orientation video, which includes PREA information, on a loop in both English and Spanish. Detainees are issued a radio upon intake and are able to listen to the audio that corresponds to the video while waiting in the holding cell. The televisions in the male holding cells were 49 inches with adequate font and visibility. The televisions in the female holding cells were significantly smaller (approximately 24 inches) and less visible. The interviews with the intake staff indicated that all detainees that arrive at the facility are given a packet with PREA information and view a PREA video. The staff stated that each holding cell in intake has a television that they use to play the PREA video. Detainees are provided a radio upon arrival and can

utilize these to listen to the PREA video. Nine of the 31 detainees interviewed indicated that they were informed of their right to be free from sexual abuse, ways to report sexual abuse and their right to be free from retaliation for reporting sexual abuse. Based on the observation and information provided the auditor determined that the comprehensive PREA education process was inadequate. It was not facilitated and did not ensure presentation of key sexual safety information was received and understood by detainees. Additionally, posted PREA information was observed to be at adequate height however the font was small and the auditor determined that visually impaired detainees and detainees trying to obtain information discretely would have a difficult time viewing the information.

#### Corrective Action

The facility will need to develop a process for comprehensive PREA education, whether in person or through video, that is more structured and allows for the detainees to fully obtain and comprehend the required information (to include zero tolerance, right to be free from sexual abuse and sexual harassment, right to be free from retaliation from reporting, reporting mechanisms and victim advocacy). The facility will need to provide the auditor with a process memo on the comprehensive PREA education process. Appropriate staff should be trained on the process and documentation should be provided to the auditor confirming the training. All detainees at the facility will need to be provided comprehensive PREA education and documentation confirming this was completed will need to be provided to the auditor. Additionally, the facility will need to provide evidence of the new comprehensive PREA education process (i.e. a demonstration video). The facility will also need to provide training to all appropriate staff on proper documentation of translation for detainee education. In addition to the education process, the facility will need to update their Zero Tolerance Poster and enlarge it prior to posting.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Comprehensive PREA Education Facilitator Guide
2. Video Demonstrating Comprehensive PREA Education

### 3. Memorandum Related to Comprehensive PREA Education

On November 4, 2022 the facility provided the comprehensive PREA education guide. This guide is a script for staff to read to the detainees. It talks about important facility information and the video they viewed (PREA What You Need to Know). The guide spells out the zero tolerance policy, rights under PREA and the different reporting methods, including: verbally to staff, the outside reporting entity, the PREA hotline, written and via the tablet. Additionally, the guide goes over medical and mental health assistance, including how to contact the victim advocacy organization via phone and mail. The guide then has a place for the staff to sign as well as the detainee to sign. On the same date the facility provided the auditor with a video demonstrating the process. In the video the staff is one-on-one with the detainee and the staff member is reading from the guide. The staff member discusses all information in the guide.

On December 27, 2022 the facility provided a process memo outlining that detainees will be provided comprehensive PREA education at the 30 day reassessment by their case manager in a language that they understand. The memo stated that LanguageLine will be utilized if necessary. The facility provided an emailed assurance that all detainees were provided comprehensive PREA education during the corrective action period.

Based on the documentation provided the facility has corrected this standard.

<b>115.34</b>	<b>Specialized training: Investigations</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li>3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li>4. PREA Specialized Training Investigating Sexual Abuse in Facility Settings</li> <li>5. Investigator Training Records</li> <li>6. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Investigative Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.34 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 5.1.2-A, page 14 and 1300.05, page 14 state investigators shall be trained in conducting investigations of sexual abuse in a confinement setting. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. 1300.05, page 14 further states that investigators shall receive this specialized training in addition to the training mandated for employees in Pre-Service and In-Service. Facilities shall maintain documentation of this specialized training in the employee file. Policy also states that where the facility does not conduct sexual abuse investigations and an outside agency is responsible for investigating these type incidents, the facility shall request documentation from the agency that it has provided such training to its investigators who conduct such investigations. A review of documentation indicated there are five facility staff that completed the Specialized Training: Investigating Sexual Abuse in a Confinement (Facility) Setting. The auditor reviewed eight investigations (including two that did not</p>	

rise to the level of PREA) and all investigations were completed by two of the five staff documented with the specialized training. The interviews with the facility investigators indicated they received specialized training in conducting sexual abuse investigation in a confinement setting. One investigator stated she received classroom training back in 2013 and that the training covered first responder duties, report writing, investigations and what to do. She further stated it discussed talking to victims, evidence collection and referring criminal investigations to the police department. The second investigator stated that she had the first training over ten years ago and then had it again online a few years later. She indicated the training discussed the basics on interviewing, what to look for, first responder duties, report writing and gathering statements.

115.34 (b): 5.1.2-A page 14 and 1300.05, page 14 state that the specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. A review of the PREA Specialized Training Investigating Sexual Abuse in a Facility Setting training curriculum confirms that the training includes information on techniques for interviewing sexual abuse victims (trauma and how it affects victims, and interviewing and interrogating techniques), proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting (to include the forensic medical examination process) and the criteria and evidence to substantiate a case for administrative action or prosecution referral. A review of documentation indicated there are five facility staff that completed the Specialized Training: Investigating Sexual Abuse in a Confinement Setting. The auditor reviewed eight investigations (including two that did not rise to the level of PREA) and all investigations were completed by two of the five staff documented with the specialized training. The interviews with the facility investigators confirmed that the required topics were covered in the training.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that five facility investigators have completed the required training. 5.1.2-A, page 14 states facilities shall maintain documentation of this specialized training. 1300.05, page 14 states that investigators shall receive this specialized training in addition to the training mandated for employees in Pre-Service and In-Service. Facilities shall maintain documentation of this specialized training in the employee file. A review of documentation indicated there are five facility staff that completed the Specialized Training: Investigating Sexual Abuse in a Confinement Setting. The auditor reviewed eight investigations (including two that did not rise to the level of PREA) and all investigations were completed by two of the five staff documented with the specialized training.



115.34 (d): The auditor is not required to audit this provision.

Based on a review of the PAQ, 5.1.2-A, 1300.05, PREA Specialized Training Investigating Sexual Abuse in Facility Setting training curriculum, investigator training records, investigative reports as well as the interview with the investigator, indicates that this standard appears to be compliant.

<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li>3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li>4. GEO PREA Specialized Medical and Mental Health Training</li> <li>5. Medical and Mental Health Staff Training Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Medical and Mental Health Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.35 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. 5.1.2-A, page 14 and 1300.05, page 13 state that 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 suspicion of sexual abuse and sexual harassment. The policy states that training is to be completed during newly hired employee pre-service orientation. The training consists of GEO’s PREA Specialized Medical and Mental Health Training. A review of the curriculum indicated that it includes the following topics: how to detect and assess signs of sexual abuse and sexual harassment (pages 5-35), how to preserve physical evidence of sexual abuse (pages 37-57), how to respond effectively and professionally to victims of sexual abuse and sexual harassment (pages 59-68) and how and whom to report allegations or suspicion of sexual abuse and sexual harassment (pages 70-79). The PAQ indicated that the facility has eighteen medical and mental health staff and that 100% of these staff received the specialized training. A review of eight medical and mental health training records, to include three contracted medical staff, indicated that all eight had received the specialized training.</p>	

The interviews with medical and mental health care staff confirmed both have received the specialized training for medical and mental health care staff. The staff stated that the training covered how sexual abuse manifests itself, counseling, risk factors, how to treat a victim and how to proceed when an event of sexual abuse occurs. Both staff indicated the required components under this provision were covered in the specialized training.

115.35 (b): The PAQ indicated that agency medical staff do not perform forensic exams and as such this provision does not apply. Forensic exams are conducted at the local hospital. 5.1.2-A, page 14 and 1300.05, pages 13-14 state that facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Policy further states that forensic examinations shall be performed by a SANE or SAFE. Interviews with medical and mental health staff confirm that they do not perform forensic medical examinations and that detainees are transported to Laredo Medical Center.

115.35 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. 5.1.2-A, page 14 and 1300.05, page 14 state that the facility shall maintain documentation of this specialized training. A review of eight medical and mental health training records indicated that all eight had completed the specialized training and documentation was maintained that the training was completed via the electronic training database.

115.35 (d): 5.1.2-A, page 14 and 1300.05, page 13 state that medical and mental health care practitioners shall receive this specialized training in addition to the training mandated for employees or contractors depending upon their status at the facility. A review of eight medical and mental health staff training records indicated that all eight had received the PREA training (same for staff and contractors).

Based on a review of the PAQ, 5.1.2-A, 1300.05, GEO's PREA Specialized Medical and Mental Health Training curriculum, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears compliant.

Recommendation

During documentation review the auditor noted that three of the eight medical and mental health care staff had completed the specialized training in 2013 or 2014.

	<p>While the standard only requires that this training be completed once, the auditor recommends that those staff that completed the training near the release of the PREA standards be provided an updated refresher training.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li>3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li>4. PREA/SAAPI Risk Assessment</li> <li>5. PREA Vulnerability Reassessment Questionnaire</li> <li>6. Detainee Assessment and Reassessment Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Staff Responsible for Risk Screening</li> <li>2. Interview with Random Detainees</li> <li>3. Interview with the PREA Coordinator</li> <li>4. Interview with the PREA Compliance Manager</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Risk Screening Area</li> <li>2. Observations of Where Detainee Files are Located</li> </ol> <p>Findings (By Provision):</p> <p>115.41 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. 5.1.2-A, page 8 states that all individuals in a GEO facility or program shall be assessed during intake and upon transfer for their risk of being sexually abused by another individual in a GEO facility</p>

or program or being sexually abusive toward another individual in a GEO facility or program. 1300.05, page 8 states all detainees will be screened within twelve hours of their arrival at the facility for potential vulnerabilities or tendencies of acting out sexually aggressive behavior. All detainees shall be assessed during intake and upon transfer for their risk of being sexually abused by other detainees or being sexually abusive towards another detainee. The interviews with the staff responsible for the risk screening confirmed that detainees are screened for their risk of victimization and abusiveness upon admission to the facility. Interviews with 31 detainees that arrived within the previous twelve months indicated 29 were asked the risk screening questions when they first arrived at the facility. During the tour the auditor was provided a demonstration of the initial risk assessment. The staff escorted the auditor to one of the private offices in intake and advised it was where the risk screening was conducted. The staff advised the auditor that he was going to ask questions and that they were asked to every detainee and were used to help classify the detainee. The staff had the paper risk screening and began to ask the questions as written on the form. The staff stated that if a file accompanies the detainee, which most of the time one does not, he would review any of the information in the file and utilize it for the risk screening. The staff member indicated that if there are any yes responses on the risk screening he sends an email to the PCM and medical for follow-up. The staff indicated that if the detainee spoke a language other than English or Spanish he would call the translation line and have them interpret for him.

115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. 5.1.2-A, page 8 states that this screening shall take place within 24 hours of arrival at all facilities utilizing an objective screening instrument. Unless mandated by client contract, facilities shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment. Page 9 further states that in addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records which can assist them with risk assessment. 1300.05, page 8 states all detainees will be screened within twelve hours of their arrival at the facility for potential vulnerabilities or tendencies of acting out sexually aggressive behavior. All detainees shall be assessed during intake and upon transfer for their risk of being sexually abused by other detainees or being sexually abusive towards another detainee. The PAQ stated that 5414 inmates, or less than 100% of those that arrived in the previous twelve months that stayed over 72 hours, were screened for their risk of sexual victimization and risk of sexually abusing other inmates. Further communication with the PCM indicated that 5918 detainees arrived in the previous twelve months that stayed longer than 72 hours and all 5918 had an initial risk assessment completed. A review of 38 detainee files of those that arrived within the previous twelve months confirmed that all 38 were screened within 72 hours. Interviews with 31 detainees that arrived within the previous twelve months indicated 29 were asked the risk screening questions when they first arrived at the facility. The interviews with the staff who perform the risk screening confirmed that detainees are screened for their risk of victimization and abusiveness within 72 hours of arrival at

the facility. Staff indicated that detainee are screened within twelve hours.

115.41 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. 5.1.2-A, page 8 states that this screening shall take place within 24 hours of arrival at all facilities utilizing an objective screening instrument. Unless mandated by client contract, facilities shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment. 1300.05, page 8 states intake officers shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment. The facility utilizes the PREA/SAAPI Risk Assessment which is the approved risk assessment tool for the agency. A review of the PREA/SAAPI Risk Assessment confirmed that the assessment includes twelve questions for victimization and six questions for abusiveness. The yes responses are totaled and the number indicates whether the detainee is at risk of victimization or abusiveness.

115.41 (d): 5.1.2-A, page 9 states the intake screening shall consider, at minimum, the following criteria to assess individuals in a GEO facility or program risk for sexual victimization: mental, physical or developmental disability; age; physical build; previous incarcerations; if criminal history is exclusively nonviolent; prior convictions for sex offenses against an adult or child; if perceived to be LGBTI or Gender Nonconforming; if previously experienced sexual victimization; his/her own perception of vulnerability; and whether he or she is detained solely for civil immigration purposes. 1300.05, pages 8-9 state the intake screening shall consider, at minimum, the following criteria to assess individuals in the Rio Grande Processing Center for sexual victimization: mental, physical or developmental disability; age; physical build; previous incarcerations; if criminal history is exclusively nonviolent; prior convictions for sex offenses against an adult or child; if perceived to be LGBTI or Gender Nonconforming; if previously experienced sexual victimization; his/her own perception of vulnerability; and whether he or she is detained solely for civil immigration purposes. A review of the PREA/SAAPI Risk Assessment indicated it contained twelve questions including prior sexual victimization, the inmate's perception of vulnerability, age, physical stature (height and weight), disabilities, LGBTI identification, criminal history, prior sex offenses and civil immigration information. A review of the PREA/SAAPI Risk Assessment confirmed that it contains the components requirements under this provision. The staff who perform the risk screening indicated that the initial risk screening includes whether the individual has been sexually abused, if they have any prior sexual victimization, if they have ever perpetrated sexual abuse and what their current offense. The staff confirmed that all required elements under this provision are included in the initial risk screening. The staff stated they ask the detainees information and they also review anything that is brought in with from the courthouse or where they were transferred from.

115.41 (e): 5.1.2-A, page 9 and 1300.05, page 9 state the intake screening shall 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. A review of the PREA/SAAPI Risk Assessment confirmed that it contains six questions related to the requirements under this provision including: prior sexual offenses, history of domestic violence, violent criminal history, violent offenses while incarcerated, and prior sexual abuse perpetration. The staff who perform the risk screening indicated that the initial risk screening includes whether the individual has been sexually abused, if they have any prior sexual victimization, if they have ever perpetrated sexual abuse and what their current offense. The staff confirmed that all required elements under this provision are included in the initial risk screening. The staff stated they ask the detainees information and they also review anything that is brought in with from the courthouse or where they were transferred from.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 5.1.2-A, page 9 states facilities 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 a GEO facility or program risk for victimization or abusiveness based upon additional, relevant information received by the facility since the intake screening. Unless mandated by client contract, facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire to conduct the reassessment. 1300.05, page 9 states the Rio Grande Processing Center shall ensure that within a set time period, not to exceed 30 days from the arrival at the facility, staff shall reassess the individual's in the Rio Grande Processing Center for victimization or abusiveness based upon any additional relevant information received by the facility since the intake screening. Case Managers shall use the GEO PREA Vulnerability Reassessment Questionnaire to conduct the reassessment. A review of the PREA Vulnerability Reassessment Questionnaire confirmed that it includes questions related to LGBTI and/or gender nonconforming identification/identity, whether the inmate has been beaten up or threatened with being beaten up; whether the inmate has been forced or threatened to engage in sexual activity; and whether the inmate fears general population. Additionally, staff are instructed to complete a file review related to any infractions for sexual misconduct, grievances related to sexual assault and any other new information from external agencies since admission that would increase the likelihood of being vulnerable to victimization. The PAQ indicated that 5414, or over 100% of inmates entering the facility that stayed over 30 days were reassessed for their risk of sexual victimization and abusiveness within 30 days of their arrival. Further communication with the PCM indicated that 2834 detainees stayed longer than 30 days and all 2834 had a reassessment completed by a Case Manager. The interviews with the staff responsible for the risk screening indicated the detainees are reassessed within 30 days by Case Managers. Interviews with 31 detainees that arrived within the previous twelve months indicated eighteen had been asked the risk screening questions on more than one occasion. Most indicated that the questions were asked between three week to 30 days after they



arrived. A review of 38 detainee files (including the 31 that were interviewed) indicated that 32 had a reassessment completed via the PREA Vulnerability Reassessment Questionnaire. Of the 32, 31 were completed within 30 days of the detainees' arrival. The six detainees that did not have a reassessment had arrived within the last 30 days and the reassessment was not yet due.

115.41 (g): The PAQ indicated that policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. During the interim report period the facility updated their policy to include language under this provision. 1300.05, page 9 states at any point after the initial intake screening, a detainee may be reassessed for risk of victimization or abusiveness warranted by referral, request or incident of sexual abuse. The facility completes reassessments upon completion of the investigation. Victims are reassessed if the investigation is substantiated or unsubstantiated and perpetrators are reassessed when the investigation is substantiated. A review of documentation for the detainee victims of the three sexual abuse allegations indicated one was still open and as such a reassessment was not completed and one detainee was released from custody prior to the completed investigation. The facility did not have the detainee file for the one detainee that was still at the facility when the investigation was closed and as such the auditor did not receive documentation related to the risk screening at the time of the issuance of the interim report. The staff responsible for the risk screening confirmed that detainees are reassessed when warranted due to request, referral, incident of sexual abuse or receipt of additional information. Interviews with 31 detainees that arrived within the previous twelve months indicated eighteen had been asked the risk screening questions on more than one occasion. Most indicated that the questions were asked between three weeks to 30 days after they arrived. It should be noted that during documentation review, the auditor confirmed that all detainees that arrived over 30 days prior to the on-site portion of the audit had received a risk reassessment. During a review of documentation the auditor observed that the facility located information online related to an detainee's criminal history (the information was not provided as most detainees arrive without files related to criminal history or past history). The detainee was reassessed, referred to mental health for a follow-up and added to the PREA "At Risk" Log.

115.41 (h): The PAQ indicated that policy prohibits disciplining inmates for refusing to answer whether or not the inmate has mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. 5.1.2-A, page 9 states disciplining individuals in a GEO facility or program for refusing to answer or not providing complete information in response to certain screening questions is prohibited. 1300.05, page 9 states disciplining detainees in Rio Grande

Processing Center for refusing to answer or not providing complete information in response to certain screening questions is prohibited. The interviews with the staff responsible for the risk screening confirmed that detainees are not disciplined for refusing to answer risk screening questions.

115.41 (i): 5.1.2-A, page 9 states facilities shall implement appropriate controls on dissemination of response to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by employees or others individuals in a GEO facility or program. 1300.05, page 9 states the Rio Grande Processing Center shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by employees or other detainees. Sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions. Detainee classification files are paper while medical and mental health documents are electronic. During the tour the auditor spoke with health service staff and confirmed medical and mental health care records are electronic and only medical and mental health care staff have access to the records. Correctional Officer and other security staff do not have access to the medical records system (EMR). Classification files are paper and are maintained in records. Records is staffed during administrative business hours and after hours the door is locked. Records staff indicated that only high level security staff (Major or above) can sign out detainee files. They confirmed Correctional Officers are unable to sign out detainee files. The auditor reviewed detainee files in records and confirmed that they contained personal information, criminal history information, risk screening documents and mental health referrals. Information related to sexual abuse allegations is maintained in investigative files located in the PCM's office and the investigative office. Both areas are secure with very limited access. . Additionally, information is entered into the electronic PREA Portal database. This database has very limited access, investigators and administrative staff. The PREA Coordinator stated that only those who need to know to make housing, work and programming/ education decisions have access to the detainee's risk assessment. The PCM confirmed that the agency has outlined who should have access to the risk screening information in order to ensure sensitive information is not exploited. He stated only those with a need to know that are responsible for assignments have access. The staff who conduct the risk screening indicated the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited. The staff stated that information from the risk screening is only accessible for those with a need to know, including the PREA Compliance Manager, Case Managers and those who make housing, work and other assignments. The staff stated the information is maintained in the detainees file in records under lock and key.

Based on a review of the PAQ, 5.1.2-A, 1300.05, the PREA/SAAPI Risk Assessment, the PREA Vulnerability Reassessment Questionnaire, a review of detainee files,

observations made during the tour and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random detainees indicate that this standard appears to require corrective action. A review of documentation for the detainee victims of the three sexual abuse allegations indicated one was still open and as such a reassessment was not completed and one detainee was released from custody prior to the completed investigation. The facility did not have the detainee file for the one detainee that was still at the facility when the investigation was closed and as such the auditor did not receive documentation related to the risk screening at the time of the issuance of the interim report.

#### Corrective Action

The facility will need to provide documentation of the one detainee victim who was reassessed after his report of sexual abuse.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Investigative Report
2. Staff Training Document

On December 28, 2022 the facility provided the investigative report for the investigation that was open during the on-site portion of the audit. The investigation was deemed unfounded and as such a reassessment was not required. The facility provided the auditor with a training memo sent to all staff that complete risk assessments related to the updated policy language and the requirement for detainees to be reassessed when an allegation of sexual abuse is substantiated or unsubstantiated.

Based on the documentation provided the facility has corrected this standard.

115.42	Use of screening information
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li>3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li>4. PREA At Risk Log</li> <li>5. Transgender Housing Determinations</li> <li>6. Biannual Assessments</li> <li>7. LGBTI Detainee Housing Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Staff Responsible for Risk Screening</li> <li>2. Interview with PREA Coordinator</li> <li>3. Interview with PREA Compliance Manager</li> <li>4. Interview with Gay, Lesbian and Bisexual Detainees</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Location of Detainee Records.</li> <li>2. Housing Assignments of LGBTI Detainees</li> <li>3. Shower Area in Housing Units</li> </ol> <p>Findings (By Provision):</p> <p>115.42 (a): The PAQ stated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the</p>

goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. 5.1.2-A, page 10 states screening information from standard section D (1) shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers. 1300.05, page 10 states that screening information shall be used to determine housing, bed and work assignments within the facility in order to keep potential victims away from potential abusers. The interview with the PREA Compliance Manager indicated that every detainee is screened for their risk and that potential victim and abusers are identified and tracked. He stated the information from the risk screening is utilized for housing, work and program assignments. He stated the goal is to keep detainees safe. The interviews with the staff responsible for risk screening indicated that the information from the risk screening is utilized to track all victims and abusers through a list to ensure that victims and abusers are not housed together. The staff stated they make individual determinations to ensure the detainees' safety. The staff further stated the goal is to keep predators and victim separate. The facility utilizes the "PREA At Risk Log" to assist with determining appropriate housing assignments. The document lists LGBTI detainees, victims and perpetrators and their corresponding housing assignment. A review of documentation indicated that staff forward information from the risk screening related to high risk of victimization and abusiveness to the PCM. The PCM then tracks the detainee on the "PREA At Risk Log" to ensure high risk victims and high risk abusers are not housed together.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. 5.1.2-A, page 10 states screening information from standard section D (1) shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers. 1300.05, page 10 states that screening information shall be used to determine housing, bed and work assignments within the facility in order to keep potential victims away from potential abusers. The interviews with the staff responsible for risk screening indicated that the information from the risk screening is utilized to track all victims and abusers through a list to ensure that victims and abusers are not housed together. The staff stated they make individual determinations to ensure the detainees' safety. The staff further stated the goal is to keep predators and victims separate. The facility utilizes the "PREA At Risk Log" to assist with determining appropriate housing assignments. The document lists LGBTI detainees, victims and perpetrators and their corresponding housing assignment. A review of documentation indicated that staff forward information from the risk screening related to high risk of victimization and abusiveness to the PCM. The PCM then tracks the detainee on the "PREA At Risk Log" to ensure high risk victims and high risk abusers are not housed together.

115.42 (c): The PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case by case

basis. 5.1.2-A, page 10 and 1300.05, page 10 state in making housing and programming assignments for transgender or intersex individuals in a GEO facility or program, the facility shall consider on a case-by-case basis whether the placement would present management or security problems. Policy further outlines the guidelines for transgender and intersex inmate housing assignments by the Transgender Care Committee (TCC) including the use of segregation only as a last resort and criteria to consider related to housing. The interview with the PCM indicated the TCC committee, which includes the Facility Administrator, Chief of Security, Case Manager, Medical, Mental Health and PCM make recommendations on housing. He confirmed that housing and programming assignments consider the detainees health and safety and also any security or management problems the placement may cause. The interview with the transgender detainee indicated that she was asked about her safety by mental health care staff. She further stated that she did not feel LGBTI detainees are placed in one dedicated housing unit, wing or facility and that everyone is spread out all over the facility. A review of documentation confirmed that the transgender detainee was reviewed by the Transgender Care Committee (TCC) on May 3, 2022. The TCC reviewed the detainee and determined the detainee's preferred pronouns, housing preference, shower concerns and safety concerns.

115.42 (d): 5.1.2-A, page 11 states in all facilities, housing and programming assignments for each transgender and intersex individuals shall be reassessed every six months to determine any threats to safety experienced by the individual. 1300.05, page 11 states in the Rio Grande Processing Center, housing assignments for each transgender and intersex detainee shall be reassessed every six months to determine any threats to safety experienced by the detainees. The Rio Grande Processing Center shall use the GEO PREA Vulnerability Reassessment Questionnaire to conduct the six month reassessment. The interview with the PCM indicated that transgender and intersex detainee assessments are reviewed at least twice a year. The interviews with the staff responsible for the risk screening confirmed that transgender and intersex detainees are reviewed at least twice a year regarding their safety. A review of documentation indicated that the one transgender detainee arrived at the facility on April 25, 2022. The detainee had an initial assessment on April 25, 2022 and a reassessment on May 25, 2022. Additionally, the detainee was reviewed during the TCC meeting on May 3, 2022.

115.42 (e): 5.1.2-A, page 11 and 1300.05, page 11 state serious consideration shall be given to the individual's own views with respect to his/her own safety. The interviews with the PCM and the staff responsible for risk screening confirmed that the transgender and intersex detainees' own views with respect to his/her safety would be given serious consideration. The PCM stated that all detainees are asked this upon intake and then again at reassessment. The interview with the transgender detainee confirmed that she has been asked about how she feels with regard to her safety by mental health care staff.

115.42 (f): 5.1.2-A, page 11 and 1300.05, page 11 state transgender and intersex individuals in a GEO facility or program shall be given an opportunity to shower separately from other individuals. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex detainees are provided the opportunity to shower separately. The PCM stated that transgender and intersex detainees are able to shower in the medical unit. During the tour it was observed that showers in the general population male housing units had a raised wall barrier in front of the showers which would not provide adequate privacy for a transgender detainee in an open bay style unit. The female housing unit had the same raised wall barrier but also had shower curtains, which provides adequate privacy for transgender detainees. The shower in medical was a single person shower with a door and a small window that provides adequate privacy for transgender detainees. The interview with the transgender detainee confirmed that she is given the opportunity to shower separately.

115.42 (g): 5.1.2-A, page 11 states that LGBTI individuals in a GEO facility or program shall not be placed in housing units solely based on their identification as LGBTI, unless such a dedicated unit exists in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such individuals. 1300.05, page 11 states LGBTI detainees in the Rio Grande Processing Center shall not be placed in housing units solely based on their identification as LGBTI, unless such a dedicated unit exists in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such individuals. The interviews with the PC and PCM confirmed that the agency does not have a consent decree. The PC stated that no GEO facilities are under a consent decree or other legal judgment. She stated this practice is prohibited by policy and the facility considers each individuals own views about their safety as part of the initial PREA risk screening assessment. Interviews with the two LGB detainees indicated that both were unsure as to whether LGBTI detainees are housed together. The female detainee indicated that all females are in one housing unit as there is only one housing unit for them. The male detainee indicated he did not know where anyone was housed so he did not know. The interview with the transgender detainee indicated she did not feel that LGBTI detainees are placed in any specific facility, unit or wing based on their sexual preference and/or gender identity. A review of documentation indicated that LGBTI detainees were housed across seven different housing unit at the facility.

Based on a review of the PAQ, 5.1.2-A, 1300.05, PREA At Risk List, Transgender housing documents, biannual assessments, LGBTI detainee housing documents and information from interviews with the PC, PCM, staff responsible for the risk screenings and LGBTI detainees, indicates that this standard appears to require corrective action. A review of documentation indicated that staff forward information from the risk screening related to high risk of victimization and abusiveness to the PCM. The PCM

then tracks the detainee on the "PREA At Risk Log" to ensure high risk victims and high risk abusers are not housed together. While the facility utilizes the risk screening information for housing based on the PREA At Risk Log", there was not documentation confirming that the information is utilized to ensure safety in program, education and work assignments.

#### Corrective Action

The facility will need to ensure that they utilize the risk screening information for work and program assignments. The facility will need to update the "PREA At Risk Log" document to include work and programming assignments. This document can then be utilized to ensure appropriate assignments are made so high risk victims and high risk abusers do not work and program together, to the extent possible.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. PREA At Risk Log

On December 28, 2022 the facility provided the updated PREA At Risk Log, which included a column for work/program assignment. This updated spreadsheet confirmed that staff take into consideration work and programming assignments in addition to housing assignment when housing those at high risk of sexual victimization.

Based on the documentation provided the facility has corrected this standard.



<b>115.43</b>	<b>Protective Custody</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li>3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li>4. Housing Assignments of Detainees at High Risk of Victimization</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden</li> <li>2. Interview with Staff who Supervise Detainees in Segregated Housing</li> <li>3. Interviews with Detainees in Segregation for their Risk of Victimization</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations in the Segregation Unit</li> </ol> <p>Findings (By Provision):</p> <p>115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregation 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. The PAQ further stated there have been zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months for one to 24 hours awaiting completion of an assessment. 5.1.2-A, pages 18 state that involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the individual in a GEO facility or program. If the facility cannot conduct such assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while competing the assessment. Facilities shall utilize the</p>	

“Sexual Assault/Abuse Alternatives Assessment” form to document the assessment. The Warden confirmed that the agency has a policy that prohibits placing detainees at high risk of 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. A review of housing assignments for detainees at high risk of victimization indicated that none were placed in segregation due to their risk of victimization.

115.43 (b): 5.1.2-A, pages 18 states if segregated housing is used, the individuals shall have all possible access to programs and services which he/she is otherwise eligible and the facility shall document and justify any restrictions imposed. The interview with the staff who supervise inmates in segregated housing indicated that if an inmate was placed in involuntary segregated housing due to their risk of sexual victimization they would be provided access to program, privileges, education and work opportunities to the extent possible. The staff member stated any restrictions would be documented on the available alternative assessment form. During the tour the observed that the male and female segregated housing units had separate outdoor recreation areas for the detainees. Additionally, each unit had an indoor dayroom with a small library. Hearing rooms were located outside of each segregated housing unit and contained opaque half windows for confidentiality. Detainees have access to the telephone (rolling phone on a cart) and tablets while in segregated housing. They also have access to locked drop boxes during out of cell time (showers, recreation, etc.). The PREA information was observed posted next to the doors leading to the outdoor recreation area.

115.43 (c): 5.1.2-A, pages 18 state that involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the individual in a GEO facility or program. If the facility cannot conduct such assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while completing the assessment. Facilities shall utilize the “Sexual Assault/Abuse Alternatives Assessment” form to document the assessment. Policy further states that involuntary segregated housing shall not ordinarily exceed a period of 30 days. The interview with the Warden indicated that detainees would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated that they would find alternative housing as soon as possible and that detainee would not remain involuntarily segregated longer than 24 hours. The Warden further confirmed that they have not had any instances of detainee at high risk of victimization being placed in involuntary segregated housing. The interview with the staff who supervise detainees in segregated housing confirmed any use of involuntary segregated housing would only be made after an assessment of all available alternatives has been made and there are no other alternatives for separation from likely abusers. The staff member stated they would only be placed in involuntary segregated housing for the least amount of time necessary. There were no detainees in segregated housing

for their risk of victimization and as such no interviews were completed.

115.43 (d): The PAQ stated there have been zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months for one to 24 hours awaiting completion of an assessment. As such there were zero case files of detainees at risk of sexual victimization who were held in involuntary segregated housing that included both a statement of the basis for the facility's concern for the detainee's safety and the reason why alternative means of separation could not be arranged. There were no detainees at high risk of victimization that were involuntarily segregated over the previous twelve months.

115.43 (e): The PAQ indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. 5.1.2-A, pages 18 states that 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 needed. The interview with the staff who supervise detainees in segregated housing confirmed that any detainee that was involuntarily segregated would be reviewed at least every 30 days for continued need of placement in segregated housing. He stated this would be part of the classification review for segregated detainees.

Based on a review of the PAQ, 5.1.2-A, housing assignments for detainees at high risk of victimization, observations from the facility tour and information from the interviews with the Warden and staff who supervise detainees in segregated housing indicates that this standard appears to be compliant.

<b>115.51</b>	<b>Inmate reporting</b>
	<p data-bbox="310 176 984 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 586 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 469 350">Documents:</p> <ol data-bbox="310 388 1425 835" style="list-style-type: none"> <li data-bbox="310 388 688 420">1. Pre-Audit Questionnaire</li> <li data-bbox="310 457 1425 527">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li data-bbox="310 564 1349 634">3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li data-bbox="310 672 721 703">4. USMS Detainee Handbook</li> <li data-bbox="310 741 662 772">5. Zero Tolerance Poster</li> <li data-bbox="310 810 716 842">6. GEO Employee Handbook</li> </ol> <p data-bbox="310 938 456 970">Interviews:</p> <ol data-bbox="310 1008 976 1171" style="list-style-type: none"> <li data-bbox="310 1008 976 1039">1. Interview with the PREA Compliance Manager</li> <li data-bbox="310 1077 748 1108">2. Interview with Random Staff</li> <li data-bbox="310 1146 821 1178">3. Interview with Random Detainees</li> </ol> <p data-bbox="310 1274 651 1306">Site Review Observations:</p> <ol data-bbox="310 1344 1219 1375" style="list-style-type: none"> <li data-bbox="310 1344 1219 1375">1. Observation of PREA Reporting Information in all Housings Units</li> </ol> <p data-bbox="310 1476 615 1507">Findings (By Provision):</p> <p data-bbox="310 1610 1435 1955">115.51 (a): The PAQ stated that the agency has established procedures for allowing for multiple internal ways for inmates to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other inmates or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 5.1.2-A, page 19 states each facility shall provide multiple ways for individuals in a GEO facility or program to privately report sexual abuse and sexual harassment, retaliation by other individuals in a GEO facility or program or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such</p>

incidents. It further states facilities shall provide contact information to individuals detained solely for civil immigration purposes for relevant consular officials and officials at Department of Homeland Security. 1300.05, page 17 states the Rio Grande Processing Center has multiple ways for detainees in the facility to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. Policy further states 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 housing units and is located in the telephone postings. Detainees are provided the option to report any incident of sexual abuse to any staff member, including a designated staff member other than an immediate point of contact line officer. A review of the USMS Detainee Handbook and the Zero Tolerance Poster confirm that detainees can report multiple ways, including: to any staff member (housing unit officer, supervisor, case manager, chief of security, OIG, etc.), by calling the detainee PREA hotline (\*77), by filing an emergency grievance, by calling the OIG Hotline (\*88/\*518), by notifying the Baptist Child Family Services or through a third party (family, friends, etc.). Prior to the on-site portion of the audit, the facility updated the Zero Tolerance Poster. The victim advocacy information was moved from the reporting section to clarify that BCFS was not a reporting mechanism but an organization to provide victim advocacy services. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had the Zero Tolerance Poster on the wall and/or bulletin board. The poster included information on reporting, the zero tolerance policy and victim advocacy. Reporting information included the internal hotline (\*77), the external reporting mechanism (\*88/\*518) and other methods including reporting to staff. The poster also included the phone number (\*99) and the mailing address for victim advocacy services. Posted information was observed to be at adequate height however the font was small and the auditor determined that visually impaired detainees and detainees trying to obtain information discretely would have a difficult time viewing the information. Posters were observed in both English and Spanish. Information was also observed in the intake area, visitation, front entrance and other common areas. In addition to the Zero Tolerance Poster, the information is also available to detainees through the USMS Detainee Handbook. The auditor observed the USMS Detainee Handbook on the detainee tablet system in English and Spanish. Informal conversation with staff and detainees confirmed that the PREA information had been posted for quite some time. Detainees indicated that the postings were recently replaced with updated information, but that there has always been postings up. The auditor observed that detainees are able to place outgoing mail in any of the drop boxes around the facility, including the drop boxes in each housing unit. Each drop box is locked and mailroom staff are the only individuals with access to the boxes. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. Detainees have the ability to purchase writing materials through commissary and the facility has a policy for indigent detainees. I-60 (request form) and grievance forms are available by request through staff. Detainees in segregated housing are provided out of cell time daily via recreation and/or showers. Drop boxes are located both by the recreation door and the showers. Detainees stated that outgoing mail is placed unsealed in the locked drop boxes and that staff

pick up the mail daily. The interview with the mailroom staff indicated that outgoing mail is placed in drop boxes around the facility by the detainees. The boxes are locked and only mailroom staff have a key to the box. She stated she picks up the mail at 8am each morning. The mail room staff confirmed that all mail has to have a return name and address and all mail is to remain unsealed unless it is legal mail. She stated they scan the outgoing mail for any contraband and any threats to the security of the facility. She further stated that incoming mail is opened by mailroom staff and scanned for any threats or contraband. Any legal mail is opened in front of the detainee. The staff indicated all detainees have to buy writing material through commissary but there is a process for indigent detainees. She stated any letters to the victim advocate, the USMS and/or the OIG would be treated as special mail/legal mail. The auditor called the internal PREA hotline (\*77) and left a message to test functionality. Detainees are advised to select English or Spanish upon contact with the hotline. The auditor received confirmation the same day the call was placed (August 2, 2022) that the call was received. The PCM and facility Compliance Manager have a message system in a locked office. The PCM reviews the messages daily from the system and the Compliance Manager has a notification sent to his phone when a call is received. The auditor was able to listen to the message that was left and confirmed functionality. Detainees have access to the phones most of the day, with the exception of count time. The internal PREA hotline is accessible on all detainee phones and does not require a pin number, however it is monitored and recorded. All detainees also have access to tablets. Tablets are shared among detainees but are accessible 24 hours a day, including to those detainees in segregated housing. Additionally, tablets provide information in English and Spanish and have accommodations for hearing and vision impaired detainees. During the tour the auditor had a detainee illustrate how to submit information on the tablet. Detainees can submit a request to a staff member on the tablet and can report PREA within the request. The facility was unable to provide confirmation that this test report was received and the PCM indicated that it may have been sent incorrectly. On August 10, 2022 the facility had an inmate submit a second test report via the tablet to confirm functionality. The auditor received documentation the same day from the PCM confirming the tablet report was received and as such the tablet system is a functional reporting mechanism. Additionally, the auditor submitted an I-60 (detainee request) through the drop box during the tour. The auditor received confirmation the following date that the request was received by the mailroom and forwarded to the PCM. Detainees in segregated housing have access to phones and tablets. Telephone access is typically daily, but no more than every other day and tablet access is daily. All detainees, including those in segregated housing are able to submit a written report by placing a grievance or I-60 in one of the drop boxes. Interviews with 31 detainees indicated that 30 knew at least one method to report an allegation of sexual abuse or sexual harassment. Most stated they could report by verbally reporting to staff. Some stated they could report through the hotline, an I-60 (written document) and/or through the tablet. One detainee advised he was not sure how to report anything. It should be noted this detainee had a cognitive disability and the auditor was unable to get much information from the detainee even with prompts, rewording with very basic language and assistance from facility staff. The fifteen random staff interviewed stated that detainees can report through the hotline, to any

staff member, in writing through a request or a grievance and through the USMS.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report abuse or harassment to a public entity or office that is not part of the agency. The PAQ further indicate that the facility does not house inmates detained solely for civic immigration purposes. 5.1.2-A, page 19 states that facilities shall provide individuals in a GEO facility or program contact information on how to report abuse or harassment to a public or private entity or office that is not part of GEO and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request. 1300.05, page 18 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. This information is posted in the housing unit and is also in the detainee handbook that is issued to each detainee. A review of the USMS Detainee Handbook and the Zero Tolerance Poster confirm that detainees can report multiple ways, including: to any staff member (housing unit officer, supervisor, case manager, chief of security, OIG, etc.), by calling the detainee PREA hotline (\*77), by filing an emergency grievance, by calling the OIG Hotline (\*88/\*518), by notifying the Baptist Child Family Services or through a third party (family, friends, etc.). Prior to the on-site portion of the audit, the auditor advised the facility that the information related to the outside reporting mechanism was not clear as the documentation did not state that the OIG was the outside reporting entity and did not inform detainees that they can remain anonymous when reporting to the OIG. The facility updated their Zero Tolerance Poster prior to the on-site portion of the audit. The Zero Tolerance Poster was updated to indicate that reports can be made anonymously and at no cost by lifting the handset and following the directions related to the speed dials. The Zero Tolerance Poster stated that USMS detainees can call the OIG at \*88 or \*518 for outside reporting. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had the Zero Tolerance Poster on the wall and/or bulletin board. The poster included information on reporting, the zero tolerance policy and victim advocacy. Reporting information included the internal hotline (\*77), the external reporting mechanism (\*88/\*518) and other methods including reporting to staff. The poster also included the phone number (\*99) and the mailing address for victim advocacy services. Posted information was observed to be at adequate height however the font was small and the auditor determined that visually impaired detainees and detainees trying to obtain information discretely would have a difficult time viewing the information. Posters were observed in both English and Spanish. Information was also observed in the intake area, visitation, front entrance and other common areas. In addition to the Zero Tolerance Poster, the information is also available to detainees through the USMS Detainee Handbook. The auditor observed the USMS Detainee Handbook on the detainee tablet system in English and Spanish. The auditor tested the outside reporting mechanism via \*518 (the \*88 did not work). The detainee is prompted to select English or Spanish to proceed with reporting to the Office of the Inspector General. The auditor reached a live person via the external reporting hotline. The staff advised that he would take the

complaint and forward it to his supervisor. He stated any sexual abuse allegation is treated as high priority. The staff confirmed detainees are able to remain anonymous upon request. The auditor inquired on how the information is provided back to the facility, however the staff member was unaware and advised that he would have his supervisor contact the auditor. On the final on-site day, August 4, 2022, the auditor again called the external reporting mechanism in an attempt to place a test allegation. The supervisor advised that they only take complaints and that they did not have information on how the information is processed. The supervisor advised that they cannot take test complaints related to PREA audits and that they were advised by the OIG to direct all PREA auditors to the Department of Human Services OIG. The supervisor advised that she was unable to provide the auditor contact information, but could take the auditors information and forward it to the OIG. At the time of the interim report the auditor still had not heard from the OIG. The OIG hotline is accessible through all detainee phones and is not monitored or recorded and does not require a pin number. The interview with the PCM indicated that detainees can report through the Office of the Inspector General and that the facility has posters that have the number to reach the OIG. The PCM stated that the OIG will contact the USMS who will in turn contact the facility and relay the information so an investigation can be conducted. Interviews with 31 detainees indicated that eleven were aware of the outside reporting mechanism and eighteen knew they could report anonymously. Of the eleven that were aware of an outside reporting mechanism, seven stated this mechanism was their family.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document verbal reports immediately. 5.1.2-A, page 19 and 1300.05, page 18 state employees shall accept reports made verbally, in writing, anonymously and from third parties and shall properly document any verbal reports. The facility uploaded an example via the PAQ supplemental documents to illustrate that staff are required to document verbal reports via an inter-office communication. Interviews with 31 detainees confirmed that 30 knew they could report verbally to staff and 28 knew they could report in writing to staff. 23 were aware that they could report through a third party. Interviews with fifteen staff indicate detainees can report verbally, in writing, anonymously and through a third party. All fifteen staff stated that if they received a verbal report they would document it immediately/as soon as possible. Staff stated they complete a written report through a witness statement and/or inter-office communication. A review of the investigative reports indicated that five were reported verbally and one was reported in writing. One of the allegations that did not rise to the level of PREA was reported via a third party. Two of the detainee who reported verbally or in writing also reported again via the hotline. The five verbal reports were documented via the serious incident log electronically, through witnesses statements and/or through inter-office communication reports by staff. During the tour the auditor also asked staff to advise how they submit a written report. Staff indicated they would document the information on an inter-office



communication (IOC) form which is available in each of the housing building's offices. The staff indicated they would then submit the IOC to the supervisor. Staff also stated they could by pass the supervisor and submit the IOC to the Warden, Major or PCM. The auditor observed blank IOCs in the housing units. Informal conversation with detainees indicate they can report through the hotline, staff or via a grievance. Staff stated that detainees can report through the hotline and through them.

115.51 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of detainees. The PAQ stated that all staff receive PREA pre-service and in-service training which discussing reporting. 5.1.2-A, page 21 states employees reporting sexual abuse or sexual harassment shall be afforded the opportunity to report such information to the Chief of Security or Facility management privately, if requested. Page 12 of the GEO Employee Handbook states that complaints can be made orally, or in writing, directly to the employee hotline, which is an independent, professional service that may be contacted 24 hours a day, seven days a week on the internet at [www.reportlineweb.com/geogroup](http://www.reportlineweb.com/geogroup) or the toll free number 866-568-5425. Additionally, the PREA Poster has a section on employee reporting options and states that sexual abuse or sexual harassment can be directly reported to the employee hotline, which is an independent, professional service that may be contacted 24 hours a day, seven days a week on the internet at [www.reportlineweb.com/geogroup](http://www.reportlineweb.com/geogroup) or the toll free number 866-568-5425. Interviews with fifteen staff indicate that all fifteen were aware that they can privately report sexual abuse and sexual harassment of detainees. Staff stated they can report through the GEO hotline, to a supervisor through an inter-office communication or directly to the Corporate Office.

Based on a review of the PAQ, 5.1.2-A, 1300.05, the USMS Detainee Handbook, the GEO Employee Handbook, the Zero Tolerance Poster (old and updated), the PREA Poster, observations from the facility tour and interviews with the PCM, random inmates and random staff, this standard appears to require corrective action. While the facility has reporting information via the Zero Tolerance Poster and the USMS Detainee Handbook, the information for the outside reporting entity was not clear. There were two numbers \*518 and \*88. The \*88 did not work when tested. The updated information was also not completely clear on the OIG being the external reporting entity and the detainees ability to remain anonymous when contacting the OIG. Additionally, interviews with 31 detainees indicated that only eleven were aware of an outside reporting entity and most believe this to be their family. The auditor was also unable to confirm how information reported to the OIG is forwarded back to the facility as the staff person who responded on the \*518 number advised they could not take a "test" allegation for confirmation.

Corrective Action

The facility will need to update their Zero Tolerance Poster and the USMS Detainee Handbook with appropriate information related to the outside reporting entity, including the removal of \*88 as it does not work. The information should be clearer on the outside reporting entity and the ability to remain anonymous. Once updated the facility will need to provide the auditor the updated information. Photos should be provided to confirm the updated Zero Tolerance Posters were placed throughout the facility. Photos or other confirmation should also be provided that the updated USMS Detainee Handbook was uploaded to the tablets. All current detainees will need to be provided education on the information to ensure they are aware of the methods. Detainees should also be provided information during the education on how to access the updated USMS Detainee Handbook on the tablet. Confirmation of the education will need to be provided to the auditor. Additionally, all new arrivals should be provided this information during comprehensive PREA education. The facility will also need to assist the auditor with contacting the OIG in order to confirm the process and functionality of the outside reporting entity.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Updated Zero Tolerance Poster
2. Updated Detainee Handbook
3. Photos of Town Hall Meetings
4. Memorandum Related to the Updated Information
5. OIG Functionality Confirmation

On November 4, 2022 the facility provided the updated Zero Tolerance Poster as well as the updated Detainee Handbook. The auditor observed that both documents had the removal of the \*88 reporting mechanism. Both documents also spelled out that the Office of the Inspector General is not associated with GEO or the facility and as such is an outside reporting entity. The documents state that calls are not recorded or monitored and detainees can remain anonymous. On the same date the facility provided photos of the updated Zero Tolerance Poster around the facility. The posters

were enlarged for accommodations for disabled detainees. Additionally, the facility provided photos demonstrating facility staff informing detainees (via town halls) on the reporting methods, including the outside reporting entity.

On November 4, 2022 the facility provided the comprehensive PREA education guide. This guide is a script for staff to read to the detainee upon intake. It talks about important facility information and the video they viewed (PREA What You Need to Know). The guide spells out the zero tolerance policy, rights under PREA and the different reporting methods including: verbally to staff, the outside reporting entity, the PREA hotline, written and via the tablet. Additionally, the guide goes over medical and mental health assistance, including how to contact the victim advocacy organization via phone and mail.

On December 27, 2022 the facility provided a memo confirming that all detainees were educated on the updated information in the Detainee Handbook and Zero Tolerance Poster via town hall meetings. The memo further stated that all newly arriving detainees will be educated via their 30 day review by their case manager in the language they understand.

During the corrective action period the facility attempted to contact the OIG related to the auditor's message. The attempts were unsuccessful, however, during the corrective action period the facility spoke with staff at the OIG. The auditor called the OIG hotline during the corrective action period and left a message on December 18, 2022. On December 20, 2022 the auditor received a call back and voicemail from the Department of Homeland Security OIG hotline advising that they received the message and confirmed that inmates can report sexual abuse through the hotline. The call back confirmed functionality of the hotline.

Based on the documentation provided the facility has corrected this standard.

<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="310 176 984 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 586 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 469 350">Documents:</p> <ol data-bbox="310 388 1425 898" style="list-style-type: none"> <li data-bbox="310 388 688 420">1. Pre-Audit Questionnaire</li> <li data-bbox="310 457 1425 527">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li data-bbox="310 564 1349 634">3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li data-bbox="310 672 721 703">4. USMS Detainee Handbook</li> <li data-bbox="310 741 695 772">5. Sexual Abuse Grievance</li> <li data-bbox="310 810 565 842">6. Grievance Log</li> <li data-bbox="310 879 630 911">7. Sample Grievances</li> </ol> <p data-bbox="310 1003 456 1035">Interviews:</p> <ol data-bbox="310 1073 1084 1104" style="list-style-type: none"> <li data-bbox="310 1073 1084 1104">1. Interview with Detainees Who Reported Sexual Abuse</li> </ol> <p data-bbox="310 1205 615 1236">Findings (By Provision):</p> <p data-bbox="310 1339 1409 1451">115.52 (a): The PAQ indicated that the agency is not exempt from this standard. 5.1.2-A, pages 19-20 and 1300.05, pages 18-19 outline the sexual abuse grievance process.</p> <p data-bbox="310 1554 1446 1938">115.52 (b): The PAQ indicated that the agency has a policy that allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident alleged to have occurred. Additionally, it states that the policy does not require an inmate to use an informal grievance process. 5.1.2-A, page 19 and 1300.05, page 18 state there is no time limit on when an individual in a GEO facility or program may submit a grievance regarding an allegation of sexual abuse. Page 20 and page 18 further states individuals in a GEO facility or program are not required to use any informal grievance process or attempt to resolve with employees in an alleged incident of sexual abuse. A review of the USMS Detainee Handbook confirmed page 21 has information on sexual abuse grievances, including the information under</p>

this provision.

115.52 (c): The PAQ indicated that agency policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitted it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 5.1.2-A, page 19 and 1300.05, page 18 state that individuals in a GEO facility or program have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint. Such grievance is also not referred to a staff member who is the subject of the complaint. A review of the USMS Detainee Handbook confirmed page 21 has information on sexual abuse grievances, including the information under this provision.

115.52 (d):The PAQ indicated that the agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ also stated he agency always notifies the inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made. 5.1.2-A, page 20 and 1300.05, pages 18-19 state 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. If further states facilities may claim an extension of time to respond, of up to 70 days and shall notify the individual of the extension in writing. It also states that 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 PAQ indicated that there was one grievance of sexual abuse filed in the previous twelve months and the grievance reached a final decision within 90 days after being filed. A review of the grievance log confirmed there was only one grievance related to sexual abuse. The grievance was filed on October 20, 2021 and a response was issued on October 21, 2021 indicating the allegation was forwarded for investigation under case number 2021-189-05941. The case was closed unsubstantiated on January 14, 2022. The detainee was provided notification of the outcome of the investigation on the same date. The interview with detainee who reported sexual abuse indicated he did not report his allegation via a grievance and did not file a grievance related to sexual abuse. The two detainees who reported sexual abuse indicated one filed a grievance related to how the sexual harassment investigation was handled. A review of the grievance indicated that the allegation was that a sexual harassment investigation was not completed appropriately. The documentation confirms that an investigation into the grievance allegation was conducted and a response was provided to the detainee related to the grievance two days after it was submitted.

115.52 (e): The PAQ stated that agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. It also stated agency policy and procedure requires that if the inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. 5.1.2-A, page 19 and 1300.05, page 18 state third parties may assist individuals in a GEO facility or program in filing request for administrative remedies related to allegations of sexual abuse and may file such requests on behalf of individuals in a GEO facility or program. Policy further states 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. The PAQ indicated that there have not been any third-party grievances filed where the inmate declined to process it, in the previous twelve months. A review of the grievance log and eleven sample grievances confirmed there were no third-party grievances of sexual abuse filed within the previous twelve months.

115.52 (f): The PAQ stated the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. It further stated that agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. 5.1.2-A, page 20 and 1300.05, page 19 state individuals in a GEO facility or program may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision shall be provided within five calendar days. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months, one emergency grievance that had an initial response within 48 hours and zero that reached a final decision within five days. Further communication with the PCM indicated that all sexual abuse allegations are treated as emergency grievances. A review of the grievance log confirmed there was only one grievance related to sexual abuse. The grievance was filed on October 20, 2021 and a response was issued on October 21, 2021 indicating the allegation was forwarded for investigation under case number 2021-189-05941. The case was closed unsubstantiated on January 14, 2022. The detainee was provided notification of the outcome of the investigation on the same date. A review of the grievance log and the eleven sample grievances confirmed there were no grievances of imminent risk of sexual abuse filed within the previous twelve months.

115.52 (g): 5.1.2-A, page 20 and 1300.05, page 19 state individuals in a GEO facility or program may receive a disciplinary report for filing a grievance relating to alleged sexual abuse in bad faith. The PAQ indicated that zero inmates have been disciplined for filing a grievance in bad faith in the previous twelve months.

	<p>Based on a review of the PAQ, 5.1.2-A, 1300.05, the USMS Detainee Handbook, the sexual abuse grievance, the grievance log and sample grievances, this standard appears to be compliant.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<p data-bbox="310 176 984 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 586 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 469 350">Documents:</p> <ol data-bbox="310 388 1425 869" style="list-style-type: none"> <li data-bbox="310 388 688 420">1. Pre-Audit Questionnaire</li> <li data-bbox="310 457 1425 527">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li data-bbox="310 564 1349 634">3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li data-bbox="310 672 1386 741">4. Memorandum of Understanding with Baptist Children Family Services (BCFS) Health and Human Services</li> <li data-bbox="310 779 721 810">5. USMS Detainee Handbook</li> <li data-bbox="310 848 662 879">6. Zero Tolerance Poster</li> </ol> <p data-bbox="310 978 456 1010">Interviews:</p> <ol data-bbox="310 1047 821 1079" style="list-style-type: none"> <li data-bbox="310 1047 821 1079">1. Interview with Random Detainees</li> </ol> <p data-bbox="310 1178 615 1209">Findings (By Provision):</p> <p data-bbox="310 1314 1442 1934">115.53 (a): The PAQ indicated the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by; giving inmates mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations. The PAQ and the Statement of Fact confirmed that the facility does not detain inmates solely for civil immigration purposes. 5.1.2-A, pages 25-26 and 1300.05, page 24 state facilities (or the Rio Grande Processing Center) shall provide individuals in a GEO facility or program (or detainee) 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 organization It further states that facilities shall enable reasonable communication between individuals in a GEO facility or program and these organizations as well as inform individuals in a GEO facility or program of the extent to which GEO policy governs monitoring of their communication and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. A review of the USMS Detainee Handbook and the Zero Tolerance Poster confirm both had the mailing address to BCFS. The USMS Detainee Handbook</p>



also has the phone number to BCFS and advises detainees that outside community resources will offer additional crisis intervention/treatment and care, if necessary, or if requested. It states help can be found by contacting Baptist Child Family Services (mailing address and phone number provided). The Zero Tolerance Poster states that help is available to recover from the emotional effects of sexual assault and that mental health staff is available and victim advocates will also be made available upon request. The poster further states that BCFS Health and Human Services is a local community based provider which provides free, confidential services to individuals to help recover from the emotional effects of sexual abuse. The poster directs the detainee to submit a request to the Case Manager or the PCM to speak directly to an advocate and that the calls can be made at no cost to the detainee and will not be monitored. The Zero Tolerance Poster has the BCFS mailing address, however it is under the reporting section rather than the advocacy section. Prior to the on-site portion of the audit, the facility updated the Zero Tolerance Poster. The victim advocacy information was moved from the reporting section to clarify that BCFS was not a reporting mechanism but an organization to provide victim advocacy services. The Zero Tolerance Poster indicated that BCFS provides survivors of sexual abuse with emotional support services and services can be accessed by dialing toll free \*99 or in writing to 712 E. Gibbs, Del Rio, Texas 78840. The Zero Tolerance Poster also has information that refers the detainee to the USMS Detainee Handbook for information on reporting and limits to confidentiality for emotional support services. It also states that all calls made to these numbers are exempt from monitoring and are anonymous. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had the Zero Tolerance Poster on the wall and/or bulletin board. The poster included the phone number for victim advocacy (\*99) and the mailing address. Posted information was observed to be at adequate height however the font was small and the auditor determined that visually impaired detainees and detainees trying to obtain information discretely would have a difficult time viewing the information. Posters were observed in both English and Spanish. Information was also observed in the intake area, visitation, front entrance and other common areas. In addition to the Zero Tolerance Poster, the information is also available to detainees through the USMS Detainee Handbook. The auditor observed the USMS Detainee Handbook on the detainee tablet system in English and Spanish. The auditor tested the victim advocacy line (\*99) during the tour. The auditor reached a live person who advised that there are counselors available to provide services to detainees when needed. Prior to reaching the live person, the line prompts the detainee to select English or Spanish to proceed. A TTY/TDD phone is available for any hearing impaired detainees, however this would be provided on a regular phone rather than a detainee phone. The call to the victim advocate does not require a pin and is free, but the line is recorded. During the tour the auditor observed that detainees are able to place outgoing mail in any of the drop boxes around the facility, including the drop boxes in each housing unit. Each drop box is locked and mailroom staff are the only individuals with access to the boxes. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. Detainees have the ability to purchase writing materials through commissary and the facility has a policy for indigent detainees. I-60 (request form) and grievance forms are available by request through staff. Detainees in segregated housing are provided out of cell

time daily via recreation and/or showers. Drop boxes are located both by the recreation door and the showers. Detainees stated that outgoing mail is placed unsealed in the locked drop boxes and that staff pick up the mail daily. The interview with the mailroom staff indicated that outgoing mail is placed in drop boxes around the facility by the detainees. The boxes are locked and only mailroom staff have a key to the box. She stated she picks up the mail at 8am each morning. The mail room staff confirmed that all mail has to have a return name and address and all mail is to remain unsealed unless it is legal mail. She stated they scan the outgoing mail for any contraband and any threats to the security of the facility. She further stated that incoming mail is opened by mailroom staff and scanned for any threats or contraband. Any legal mail is opened in front of the detainee. The staff indicated all detainees have to buy writing material through commissary but there is a process for indigent detainees. She stated any letters to the victim advocate, the USMS and/or the OIG would be treated as special mail/legal mail. Interviews with 31 detainees indicated six were aware of outside emotional support services and fourteen were provided a mailing address and phone number to a local, state or national rape crisis center. The three detainees who reported sexual abuse (two sexual harassment and one sexual abuse) indicated they were not provided contact information for a local, state or national rape crisis center.

115.53 (b): The PAQ stated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs inmates about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. 5.1.2-A, page 26 and 1300.05, page 24 state that facilities (or the Rio Grande Processing Center) shall enable reasonable communication between individuals in a GEO facility or program and these organizations as well as inform individuals in a GEO facility or program (or detainee) of the extent to which GEO policy governs monitoring of their communication and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The USMS Detainee Handbook advises detainees that outside community resources will offer additional crisis intervention/treatment and care, if necessary, or if requested. It states help can be found by contacting Baptist Child Family Services (mailing address and phone number provided). It further states that BCFS complies with Texas mandated reporting law and are therefore obliged to report allegation to law enforcement concerning vulnerable populations. Pages 7-9 outline telephone procedures and states that all family calls are subject to being monitored and if the detainee wishes to make an unmonitored call to court, a legal representative or for the purpose of obtaining legal representation, they can contact a staff member. Pages 9-12 further discuss the mail procedures, including that detainees who have legal mail or special correspondence to send, shall report to the mail call with their envelope unsealed and the contents will be verified, inspected for contraband and then sealed in the presence of a staff member. It also states that all incoming mail will be opened and examined for restricted materials, contraband and money prior to delivery. The Zero Tolerance Poster states that help is available to

recover from the emotional effects of sexual assault and that mental health staff is available and victim advocates will also be made available upon request. The poster further states that BCFS Health and Human Services is a local community based provider which provides free, confidential services to individuals to help recover from the emotional effects of sexual abuse. The poster directs the detainee to submit a request to the Case Manager or the PCM to speak directly to an advocate and that the calls can be made at no cost to the detainee and will not be monitored Prior to the on-site portion of the audit, the facility updated the Zero Tolerance Poster. The victim advocacy information was moved from the reporting section to clarify that BCFS was not a reporting mechanism but an organization to provide victim advocacy services. The Zero Tolerance Poster indicated that BCFS provides survivors of sexual abuse with emotional support services and services can be accessed by dialing toll free \*99 or in writing to 712 E. Gibbs, Del Rio, Texas 78840. The Zero Tolerance Poster also has information that refers the detainee to the USMS Detainee Handbook for information on reporting and limits to confidentiality for emotional support services. It also states that all calls made to these numbers are exempt from monitoring and are anonymous. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had the Zero Tolerance Poster on the wall and/or bulletin board. The poster included the phone number for victim advocacy (\*99) and the mailing address. Posted information was observed to be at adequate height however the font was small and the auditor determined that visually impaired detainees and detainees trying to obtain information discretely would have a difficult time viewing the information. Posters were observed in both English and Spanish. Information was also observed in the intake area, visitation, front entrance and other common areas. In addition to the Zero Tolerance Poster, the information is also available to detainees though the USMS Detainee Handbook. The auditor observed the USMS Detainee Handbook on the detainee tablet system in English and Spanish. The auditor tested the victim advocacy line (\*99) during the tour. The auditor reached a live person who advised that there are counselors available to provide services to detainees when needed. Prior to reaching the live person, the line prompts the detainee to select English or Spanish to proceed. A TTY/TDD phone is available for any hearing impaired detainees, however this would be provided on a regular phone rather than a detainee phone. The call to the victim advocate does not require a pin and is free, but the line is recorded. During the tour the auditor observed that detainees are able to place outgoing mail in any of the drop boxes around the facility, including the drop boxes in each housing unit. Each drop box is locked and mailroom staff are the only individuals with access to the boxes. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. Detainees have the ability to purchase writing materials through commissary and the facility has a policy for indigent detainees. I-60 (request form) and grievance forms are available by request through staff. Detainees in segregated housing are provided out of cell time daily via recreation and/or showers. Drop boxes are located both by the recreation door and the showers. Detainees stated that outgoing mail is placed unsealed in the locked drop boxes and that staff pick up the mail daily. The interview with the mailroom staff indicated that outgoing mail is placed in drop boxes around the facility by the detainees. The boxes are locked and only mailroom staff have a key to the box. She stated she picks up the mail at 8am each morning. The mail room

staff confirmed that all mail has to have a return name and address and all mail is to remain unsealed unless it is legal mail. She stated they scan the outgoing mail for any contraband and any threats to the security of the facility. She further stated that incoming mail is opened by mailroom staff and scanned for any threats or contraband. Any legal mail is opened in front of the detainee. The staff indicated all detainees have to buy writing material through commissary but there is a process for indigent detainees. She stated any letters to the victim advocate, the USMS and/or the OIG would be treated as special mail/legal mail. Interviews with 31 detainees indicated six were aware of outside emotional support services and fourteen were provided a mailing address and phone number to a local, state or national rape crisis center. Of the fourteen detainees that advised they were provided contact information, ten stated they thought it was on the poster or in the handbook but they did not know any details about the organization, such as when to call, whether it was free and whether it was confidential. Detainees are not detained solely for civil immigration purposes on the USMS side of the facility, therefore that part of the provision does not apply. It should be noted that the Immigration Customs Enforcement (ICE) side does hold individuals solely for immigration purposes, however a separate PREA audit is conducted for the ICE side.

115.53 (c): The PAQ indicated that the agency or facility maintains a memorandum of understanding or other agreement with community service providers that are able to provide detainees with emotional services related to sexual abuse. 1300.05, page 25 states that the Rio Grande Processing 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. The Rio Grande Processing Center will maintain copies of agreements or documents showing unsuccessful attempt to enter into such agreements. The facility has an MOU with BCFS Health and Human Services. The MOU was signed on March 25, 2022. The MOU states that BCFS will accept referrals from Rio Grande Processing Center or otherwise ensure survivors are connected with appropriate services. The MOU further states that BCFS will provide referred survivors with services as specified in the Domestic Violence Program, which may include advocacy, crisis intervention, emergency care, case management services to support the victim and referrals to legal assistance in civil and criminal cases, education and collaboration with law enforcement and other community agencies and other supportive services.

Based on a review of the PAQ, 1300.05, the MOU with BCFS, the USMS Detainee Handbook, the Zero Tolerance Poster, observations from the facility tour as well as information from interviews with random detainees and detainees who reported sexual abuse indicates that the standard appears to be require corrective action. While the USMS Detainee Handbook and the Zero Tolerance Poster contains contact information for BCFS and outlines policies for detainee mail and telephone calls, the documentation is not clear on how mail to BCFS is treated. Additionally, the information was not clear on when detainees can contact BCFS and the level of

monitoring of the contact. Interviews with 31 detainees indicated six were aware of outside emotional support services and fourteen were provided a mailing address and phone number to a local, state or national rape crisis center. Of the fourteen detainees that advised they were provided contact information, ten stated they thought it was on the poster or in the handbook but they did not know any details about the organization, such as when to call, whether it was free and whether it was confidential. As such, the auditor determined most that detainees were unaware of BCFS, their services, how to contact them and the logistics to the contact.

#### Corrective Action

The facility will need to update the Zero Tolerance Poster and the USMS Detainee Handbook to include appropriate information on victim advocacy, to include how to contact the organization, the level of monitoring of the communication, available time to contact the organization, any costs associated with the services and level of confidentiality related to mandatory reporting laws for victim advocates. The documentation should indicate whether mail to the victim advocate is treated like special/legal mail and how detainees can make an unmonitored and unrecorded call (i.e. setting up a legal type call). Once the materials are updated the facility will need to provide the documents to the auditor for confirmation. Additionally, photos should be provided to confirm the updated Zero Tolerance Posters were placed throughout the facility. Documentation should also be provided that the updated USMS Detainee Handbook was added to the tablet system. All current detainees should be provided education on information to ensure they are aware and understand. Detainees should also be provided information during the education on how to access the updated USMS Detainee Handbook on the tablet. Confirmation of the education will need to be provided to the auditor. Additionally, all new arrivals should be provided this information during comprehensive PREA education.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Updated Zero Tolerance Poster
2. Updated Detainee Handbook

3. Photos of Town Hall Meeting

4. Memorandum Related to Updated Information

On November 4, 2022 the facility provided the updated Zero Tolerance Poster as well as the updated Detainee Handbook. The documents note that most people need help to recover from emotional effects of sexual abuse and the facility has mental health staff and victim advocates are available upon request. Additionally, the updated documents advise detainees that the facility has partnered with BCFS to provide emotional support services. The documents give the hotline number as well as the mailing address. The documents indicate the calls are free and the mail is treated like legal mail. The documents also state that BCFS complies with Texas mandatory reporting laws and are obligated to report allegations to law enforcement concerning vulnerable populations. The Zero Tolerance Poster further advises calls can also be set up through a case manager and that calls to the victim advocacy hotline are not monitored or recorded. The poster also states that a consent is required if the detainee wants to report sexual abuse to BCFS as they are not a reporting mechanism. On the same date the facility provided photos of the updated Zero Tolerance Poster around the facility. The posters were enlarged for accommodations for disabled detainees. Additionally, the facility provided photos demonstrating facility staff informing detainees (via town halls) on the victim advocacy information.

On November 4, 2022 the facility provided the comprehensive PREA education guide. This guide is a script for staff to read to the detainee upon intake. It talks about important facility information and the video they viewed (PREA What You Need to Know). The guide spells out the zero tolerance policy, rights under PREA and the different reporting methods including: verbally to staff, the outside reporting entity, the PREA hotline, written and via the tablet. Additionally, the guide goes over medical and mental health assistance, including how to contact the victim advocacy organization via phone and mail.

On December 27, 2022 the facility provided a memo confirming that all detainees were educated on the updated information in the Detainee Handbook and Zero Tolerance Poster via town hall meetings. The memo further stated that all newly arriving detainees will be educated via their 30 day review by their case manager in the language they understand.

Based on the documentation provided the facility has corrected this standard.

<b>115.54</b>	<b>Third-party reporting</b>
	<p data-bbox="310 176 984 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 586 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 469 350">Documents:</p> <ol data-bbox="310 390 1425 695" style="list-style-type: none"> <li data-bbox="310 390 688 422">1. Pre-Audit Questionnaire</li> <li data-bbox="310 457 1425 531">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li data-bbox="310 562 1349 636">3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li data-bbox="310 667 662 699">4. Zero Tolerance Poster</li> </ol> <p data-bbox="310 804 615 835">Findings (By Provision):</p> <p data-bbox="310 940 1446 1833">115.54 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. The PAQ indicated that a third party can report in person, over the phone, in writing and/or anonymously. The PAQ stated that the information on how to report is found publicly on the agency website. 5.1.2-A, page 20 and 1300.05, page 19 state that 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 individuals in a GEO facility or program. A review of the agency’s website confirms that third parties can report to the PREA Coordinator via phone, in writing or by email. Contact information and reporting direction are found at <a href="https://www.geogroup.com/prea">https://www.geogroup.com/prea</a>. The auditor sent an email to the provided email address on March 26, 2022 in order to test the functionality of the third party reporting method. The auditor received confirmation on April 27, 2022 that the test was received. Additionally, on May 11, 2022 the auditor contacted the PREA number on the public website. A live person answered the “PREA hotline” and advised she would take the information from the caller and would send an email to the Facility Administrator (Warden) at the facility where the incident took place. She stated she would also copy the PC and the PREA analyst responsible for that facility. During the tour the auditor observed the Zero Tolerance Poster in visitation and in the front entrance area. The information contained on the poster was not the appropriate information for the third party reporting mechanism. The poster had BCFS as the third party reporting mechanism.</p>

Based on a review of the PAQ, 5.1.2-A, 1300.05, the agency's website and the functional tests of the third party reporting mechanisms, this standard appears require corrective action.

#### Corrective Action

The facility will need to update the Zero Tolerance Poster with the correct third party reporting mechanism. Once updated the facility will need to re-post in common areas accessible to third parties, including family and friends (i.e. visitation and front entrance). The updated Zero Tolerance Poster as well as photos of the postings in visitation and the front entrance will need to be provided to the auditor.

#### Recommendation

The auditor recommends that the agency develop a timely method to respond to emailed allegations.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Updated Zero Tolerance Poster
2. Photos of Poster Around the Facility

On November 4, 2022 the facility provided a copy of the updated Zero Tolerance Poster. The poster include the appropriate third party reporting method (the Corporate PREA Office). The poster provided the phone number to the Corporate PREA Office for third parties to contact.

On December 27, 2022 the facility provided photos of the updated Zero Tolerance Poster in visitation and at the front entrance.



	Based on the documentation provided the facility has corrected this standard.
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115.61	Staff and agency reporting duties
	<p data-bbox="310 176 987 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 589 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 469 350">Documents:</p> <ol data-bbox="310 388 1429 699" style="list-style-type: none"> <li data-bbox="310 388 690 420">1. Pre-Audit Questionnaire</li> <li data-bbox="310 457 1429 527">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li data-bbox="310 564 1349 634">3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li data-bbox="310 672 657 699">4. Investigative Reports</li> </ol> <p data-bbox="310 804 456 835">Interviews:</p> <ol data-bbox="310 873 993 1100" style="list-style-type: none"> <li data-bbox="310 873 751 905">1. Interview with Random Staff</li> <li data-bbox="310 942 993 974">2. Interview with Medical and Mental Health Staff</li> <li data-bbox="310 1012 724 1043">3. Interview with the Warden</li> <li data-bbox="310 1081 855 1100">4. Interview with the PREA Coordinator</li> </ol> <p data-bbox="310 1205 617 1236">Findings (By Provision):</p> <p data-bbox="310 1341 1446 1961">115.61 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 5.1.2-A, page 20 and 1300.05, page 19 state employees are required to immediately report any of the following: knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is a GEO facility; retaliation against individual in a GEO facility or program or employees who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with fifteen staff confirm that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. Staff stated they would immediately report the allegation to their immediate supervisor, shift supervisor and/</p>

or the PCM.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. 5.1.2-A, page 21 and 1300.05, page 19 state apart from reporting to designated supervision or officials, employees shall not reveal any information related to a sexual abuse report to anyone. Additionally, 1300.05, page 18 states information concerning the identify of a detainee victim reporting sexual abuse or sexual harassment, and the facts of the report itself, are limited to those who have a need-to-know in order to make decisions concerning the detainee-victim's welfare, and for law enforcement/investigative purposes. Interviews with fifteen staff confirm that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. Staff stated they would immediately report the allegation to their immediate supervisor, shift supervisor and/or the PCM.

115.61 (c): 5.1.2-A, page 20 and 1300.05, page 19 state employees are required to immediately report any of the following: knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is a GEO facility; retaliation against individual in a GEO facility or program or employees who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Additionally, 1300.05, pages 14 and 15 state that volunteers and contractors are required to immediately report any of the following: knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is a GEO facility; retaliation against individual in a GEO facility or program or employees who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interviews with medical and mental health care staff confirm that they immediately report any allegation/incident of sexual abuse or sexual harassment that occurred within a confinement setting and that they notify detainees of limitations of confidentiality and duty to report. One of the staff interviewed indicated that she had previously become aware of such incidents and she reported it to security. A review of documentation confirmed there was one allegation reported to a medical staff member. The medical staff member verbally notified security staff and also followed up with a report in writing via email.

115.61 (d): 5.1.2-A, page 21 and 1300.05, pages 19-20 state unless precluded by federal, state or local law, medical and mental health practitioners are required to report allegations of sexual abuse in which the alleged victim is under the age of

eighteen or considered a vulnerable adult to designated state or local service agencies under applicable mandatory reporting laws. The interview with the PC indicated that unless precluded by federal, state or local law, staff and contractors are required to report allegations of sexual abuse for alleged victims under the age of 18 or those considered a vulnerable adult to designated state or local services agencies under applicable mandatory reporting laws. The Warden stated the facility does not house anyone under eighteen. He stated that if they did, or if an allegation involved a vulnerable adult they would follow protocol and notify local law enforcement.

115.61 (e): 5.1.2-A, page 21 states facilities shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility designated investigator or outside agency responsible for investigating these type incidents. 1300.05, page 20 states the Rio Grande Processing Center shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility designated investigator or outside agency responsible for investigating these type incidents. The interview with the Warden confirmed that all allegations of sexual abuse or sexual harassment are reported to the facility investigators. A review of eight allegations (including two that did not rise to the level of PREA) indicated that five were reported verbally, two were reported in writing and one was reported via a third party. Two detainees also reported their allegation through the hotline in addition to reporting verbally or in writing. All eight allegations, including the two that did not rise to the level of PREA were reported to the facility investigators and three subsequently to local or state law enforcement.

Based on a review of the PAQ, 5.1.2-A, 1300.05, investigative reports and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicate that this standard appears to be compliant.

<b>115.62</b>	<b>Agency protection duties</b>
	<p data-bbox="310 176 987 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 589 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 472 350">Documents:</p> <ol data-bbox="310 388 1429 632" style="list-style-type: none"> <li data-bbox="310 388 691 420">1. Pre-Audit Questionnaire</li> <li data-bbox="310 457 1429 527">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li data-bbox="310 564 1349 632">3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> </ol> <p data-bbox="310 735 456 766">Interviews:</p> <ol data-bbox="310 804 930 968" style="list-style-type: none"> <li data-bbox="310 804 930 835">1. Interview with the Agency Head Designee</li> <li data-bbox="310 873 724 905">2. Interview with the Warden</li> <li data-bbox="310 942 751 974">3. Interview with Random Staff</li> </ol> <p data-bbox="310 1077 618 1108">Findings (By Provision):</p> <p data-bbox="310 1211 1442 1944">115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. 5.1.2-A, page 21 states when a facility learns that an individual in a GEO facility or program is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the alleged victim. 1003.05, page 20 states that when the Rio Grande Processing Center learns that a detainee is subject to substantial risk of imminent sexual abuse, it shall takes immediate action to protect the alleged victim. It further states that any detainee who alleges that he/she has been sexually assaulted is offered immediate protection from the assailant and referred for a medical examination and/or clinical assessment for potential negative symptoms. The PAQ indicated that there were zero inmates who were determined to be at imminent risk of sexual abuse. The interview with the Agency Head Designee indicated that GEO takes immediate action protect the victim from further harm and refer him or her for necessary services (medical, mental health, etc.). The Warden stated that if an detainee was at imminent risk of sexual abuse the first thing they would do is ensure the detainee is not left alone. They would then take the detainee to a secure area and keep him/her under security surveillance. He further stated they would then escort the detainee to medical and ensure he/she was protected from any harm. The interviews with fifteen staff confirmed that staff would protect the detainee</p>

by taking him/her out of the area, separating him/her from others and/or removing the detainee from the situation. Staff also indicated they would contact their supervisor for next steps. A few staff also stated they would try to change the detainee's housing assignment.

Based on a review of the PAQ, 5.1.2-A, 1300.05, and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to be compliant.

115.63	Reporting to other confinement facilities
	<p data-bbox="310 176 984 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 586 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 469 350">Documents:</p> <ol data-bbox="310 388 1425 835" style="list-style-type: none"> <li data-bbox="310 388 688 420">1. Pre-Audit Questionnaire</li> <li data-bbox="310 457 1425 527">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li data-bbox="310 564 1349 634">3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li data-bbox="310 672 656 703">4. Investigative Reports</li> <li data-bbox="310 741 591 772">5. Incident Reports</li> <li data-bbox="310 810 737 842">6. Detainee Risk Assessments</li> </ol> <p data-bbox="310 938 456 970">Interviews:</p> <ol data-bbox="310 1008 927 1104" style="list-style-type: none"> <li data-bbox="310 1008 927 1039">1. Interview with the Agency Head Designee</li> <li data-bbox="310 1077 721 1108">2. Interview with the Warden</li> </ol> <p data-bbox="310 1209 615 1241">Findings (By Provision):</p> <p data-bbox="310 1341 1438 1959">115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 5.1.2-A, page 24 and 1300.05, page 23 state in the event that an individual in a GEO facility or program (or detainee) alleges that sexual abuse occurred while confined at another facility, the facility shall document those allegation and the facility administrator or in his/her absence, the 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 PAQ indicated that during the previous twelve months, the facility had zero inmates report that they were sexually abused while confined at another facility. During the on-site portion of the audit the facility advised they had received an allegation under this provision. The facility provided the auditor with documentation indicating on August 1, 2022 an detainee reported in writing about a case she had at Webb County related to sexual abuse. The facility provided</p>

the Webb County Sheriff's Office with a letter on the same date related to the allegation. A review of a sample of serious incident reports and a sample of risk screening assessments confirmed there were zero additional detainees who reported sexual abuse at another facility.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after receiving the allegation. 5.1.2-A, page 24 and 1003.05, page 23 state in the event that an individual in a GEO facility or program (or detainee) alleges that sexual abuse occurred while confined at another facility, the facility shall document those allegation and the facility administrator or in his/her absence, the 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. During the on-site portion of the audit the facility advised they had received an allegation under this provision. The facility provided the auditor with documentation indicating on August 1, 2022 an detainee reported in writing about a case she had at Webb County related to sexual abuse. The facility provided the Webb County Sheriff's Office with a letter on the same date related to the allegation. A review of a sample of serious incident reports and a sample of risk screening assessments confirmed there were zero additional detainees who reported sexual abuse at another facility.

115.63 (c): The PAQ indicated that the agency or facility documents that is has provided such notification within 72 hours of receiving the allegation. 5.1.2-A, page 25 and 1300.05, page 23 state the facility shall maintain documentation that it has been provided such notification and all actions taken regarding the incident. During the on-site portion of the audit the facility advised they had received an allegation under this provision. The facility provided the auditor with documentation indicating on August 1, 2022 an detainee reported in writing about a case she had at Webb County related to sexual abuse. The facility provided the Webb County Sheriff's Office with a letter on the same date related to the allegation. A review of a sample of serious incident reports and a sample of risk screening assessments confirmed there were zero additional detainees who reported sexual abuse at another facility.

115.63 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. 5.1.2-A, page 25 and 1300.05, page 23 state any facility that receives notification of alleged sexual abuse is required to ensure that the allegation is investigated in accordance with PREA standards. The PAQ indicated there have been zero inmates who reported to another facility that they were abused while housed at the Rio Grande Processing Center. A review of the sexual abuse and sexual harassment investigations confirmed all were reported at the Rio Grande Processing Center. The interview with the Agency Head Designee indicated that PREA allegations



should be reported to the Warden of the facility where the allegation is alleged to have occurred. He further stated that regardless of how one of our facilities receives a PREA allegation that abuse occurred in one of our facilities, the allegation will be referred to designated investigators (internal or external) for investigation. The PREA Coordinator is also informed of all allegations of this type via email. The Agency Head Designee stated that according to the PREA coordinator, GEO receives PREA notifications from other confinement facilities. Facilities are required to enter these allegations on their monthly PREA report submissions and into the PREA Database where they can be tracked. The interview with the Warden indicated that when an allegation is reported to the facility they reach out to the Facility Administrator and take it as a live allegation. He stated they would do the same as if the allegation was reported by the detainee at the facility, they would start the processes and investigate. The Warden confirmed they have not had any examples of sexual abuse allegations received from another agency/facility.

Based on a review of the PAQ, 5.1.2-A, 1300.05, investigative reports, incident reports, detainee risk assessments and interviews with the Agency Head Designee and Warden, this standard appears to be compliant.

<b>115.64</b>	<b>Staff first responder duties</b>
	<p data-bbox="310 176 984 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 586 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 390 469 422">Documents:</p> <ol data-bbox="310 457 1425 835" style="list-style-type: none"> <li data-bbox="310 457 688 489">1. Pre-Audit Questionnaire</li> <li data-bbox="310 525 1425 598">2. GEO Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li data-bbox="310 634 1349 707">3. GEO Policy 1300.05 - Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li data-bbox="310 743 516 774">4. PREA Card</li> <li data-bbox="310 810 656 842">5. Investigative Reports</li> </ol> <p data-bbox="310 940 456 972">Interviews:</p> <ol data-bbox="310 1008 789 1102" style="list-style-type: none"> <li data-bbox="310 1008 789 1039">1. Interview with First Responders</li> <li data-bbox="310 1075 751 1106">2. Interview with Random Staff</li> </ol> <p data-bbox="310 1205 615 1236">Findings (By Provision):</p> <p data-bbox="310 1341 1438 1961">115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 5.1.2-A, pages 21-22 and 1300.05, pages 20-21 state upon receipt of a report that an individual in a GEO facility or program (or detainee) was sexually abused, or if the employee sees abuse, the first security staff member to respond to the report shall: separate the alleged victim and abuse; immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and 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,</p>

smoking, drinking or eating. A review of the PREA Card confirms that first responder duties are outlined for responding staff and supervisors. The PAQ indicated that during the previous twelve months, there have been five allegations of sexual abuse and all five involved the separation of alleged victim and abuser. None of the five involved the preservation of the crime scene or evidence collection. A review of documentation indicated there were only three sexual abuse allegations reported during the previous twelve months. None of the three involved any first responder duties, however one detainee was transported to the local hospital for a forensic medical examination but declined once at the hospital. The detainee victim indicated he felt he was sexually abused and therefore staff took precaution and transported the detainee for the forensic medical examination. It should be noted that one investigation that involved a staff member indicated a deficiency with policy in the staff not being separated from the detainee. Separation via no contact is required by the USMS, however there was not an immediate need to separate the staff and detainee related to first responder duties. Interviews with first responders indicated that security staff separate the alleged victim and abuser, secure the crime scene and keep everyone out of the area, instruct the alleged victim and abuser not to destroy any evidence, notify the supervisor and make sure the detainees are taken to medical. The non-security first responder stated she would immediately contact security and the PCM. The interview with one detainee who reported sexual abuse indicated that he was in medical when he reported it and they asked him about the allegation. One detainee who reported sexual harassment stated he did not remember reporting the allegation and could not provide any information related to how he reported and what actions took place after the report. The second detainee stated he tried to report it to staff verbally but the staff did not do anything so he reported it via a grievance and the hotline. Two days after the report staff came and talked to him about the allegation. It should be noted that this investigation was still open so the auditor was unable to determine if there was any evidence related to the detainees' allegation that staff did not initially do anything when verbally reported.

115.64 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. 5.1.2-A, page 22 and 1300.05, page 21 state if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any action that could destroy physical evidence, remain with the alleged victim and notify security staff. A review of the PREA Card confirms that first responder duties are outlined for responding staff and supervisors. The PAQ indicated that during the previous twelve months, there were five allegations of sexual abuse and none involved a non-security first responder. A review of documentation indicated there were only three sexual abuse allegations reported during the previous twelve months. None of the three involved any first responder duties, however one detainee was transported to the local hospital for a forensic medical examination but declined once at the hospital. There was one allegation that was reported to a medical staff member. Documentation confirmed that she immediately verbally

reported the information to security and then followed up with an email. Interviews with first responders indicated that security staff separate the alleged victim and abuser, secure the crime scene and keep everyone out of the area, instruct the alleged victim and abuser not to destroy any evidence, notify the supervisor and make sure the detainees are taken to medical. The non-security first responder stated she would immediately contact security and the PCM. Interviews with fifteen random staff indicated staff were knowledgeable on most first responder duties. All fifteen were aware they had to separate the alleged victim and abuser. Half of the staff were aware of all first responder duties, including separating the victim and abuser, securing the crime scene and instructing the detainees not to take any action to destroy evidence. Three of the other staff knew to secure the crime scene and three knew to instruct the individuals not to take any action to destroy any evidence.

Based on a review of the PAQ, 5.1.2-A, 1300.05, the PREA Card, investigative reports and interviews with random staff, staff first responders and detainees who reported abuse indicate this standard appears to be compliant.

<b>115.65</b>	<b>Coordinated response</b>
	<p data-bbox="310 176 987 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 589 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 469 350">Documents:</p> <ol data-bbox="310 388 1349 594" style="list-style-type: none"> <li data-bbox="310 388 691 420">1. Pre-Audit Questionnaire</li> <li data-bbox="310 457 1349 527">2. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li data-bbox="310 564 1214 594">3. Rio Grande Processing Center PREA Coordinated Response Plan</li> </ol> <p data-bbox="310 695 456 726">Interviews:</p> <ol data-bbox="310 764 724 795" style="list-style-type: none"> <li data-bbox="310 764 724 795">1. Interview with the Warden</li> </ol> <p data-bbox="310 896 618 928">Findings (By Provision):</p> <p data-bbox="310 1031 1446 1535">115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. 1300.05, page 6 states the Rio Grande Processing Center has developed written facility plans to coordinate the actions taken in response to incidents of sexual abuse. A review of the Rio Grande Processing Center PREA Coordinated Response Plan confirms that the plan has sections outlining duties for first responders (initial response), shift supervisors (to include crime scene and evidence protocol), medical staff (to include SANE/SAFE), mental health care staff, investigators and facility leadership. The Warden confirmed that the facility has a response plan to coordinate actions among facility leadership, staff first responder, medical, mental health and investigators. He stated they have the PREA Coordinated Response Plan and that it is discussed with all staff during training.</p> <p data-bbox="310 1638 1401 1745">Based on a review of the PAQ, 1300.05, Rio Grande Processing Center Coordinated Response Plan and the interview with the Warden, this standard appears to be compliant.</p>

<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="310 291 586 323"><b>Auditor Discussion</b></p> <p data-bbox="310 365 469 396">Documents:</p> <ol data-bbox="310 432 1430 674" style="list-style-type: none"> <li data-bbox="310 432 688 464">1. Pre-Audit Questionnaire</li> <li data-bbox="310 499 1398 569">2. Collective Bargaining Agreement with the International Union Security, Police and Fire Professionals of America (SPFPA) and it's Amalgamated LOCA 725 (SPFPA)</li> <li data-bbox="310 604 1430 674">3. Collective Bargaining Agreement with International Association of Machinist and Aerospace Workers, District Lodge 776, Local Lodge 2340</li> </ol> <p data-bbox="310 779 456 810">Interviews:</p> <ol data-bbox="310 846 927 877" style="list-style-type: none"> <li data-bbox="310 846 927 877">1. Interview with the Agency Head Designee</li> </ol> <p data-bbox="310 982 615 1014">Findings (By Provision):</p> <p data-bbox="310 1119 1430 1654">115.66 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed a collective bargaining agreement or other agreement since the last PREA audit. A review of collective bargaining agreements confirmed that neither restrict the facility from removal of alleged abuser from contact with the inmate. SPFPA pages 15-16 and Local Lodge 2340 pages 17-19 indicate that the company (facility/agency) will adhere to concepts of progressive discipline, however acceptance of the principle of progressive discipline does not limit the company's authority to immediately dismiss for serious offenses that cannot be condoned. The interview with the Agency Head Designee indicated that GEO has a small number of facilities that have collective bargaining agreements. He further stated none of the collective bargaining agreements prohibit GEO from removing staff from contact with detainees pending the outcome of an investigation for alleged sexual abuse or harassment.</p> <p data-bbox="310 1759 1114 1791">115.66 (b): The auditor is not required to audit this provision.</p> <p data-bbox="310 1896 1430 1965">Based on a review of the PAQ, the collective bargaining agreement and the interview with the Agency Head Designee, this standard appears to be compliant.</p>

115.67	Agency protection against retaliation
	<p data-bbox="310 176 984 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 586 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 469 350">Documents:</p> <ol data-bbox="310 388 1425 764" style="list-style-type: none"> <li data-bbox="310 388 688 420">1. Pre-Audit Questionnaire</li> <li data-bbox="310 457 1425 527">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li data-bbox="310 564 1349 634">3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li data-bbox="310 672 656 703">4. Investigative Reports</li> <li data-bbox="310 741 1344 772">5. Protective From Retaliation Form – Attachment H (Monitoring Documents)</li> </ol> <p data-bbox="310 869 456 900">Interviews:</p> <ol data-bbox="310 938 1386 1167" style="list-style-type: none"> <li data-bbox="310 938 927 970">1. Interview with the Agency Head Designee</li> <li data-bbox="310 1008 724 1039">2. Interview with the Warden</li> <li data-bbox="310 1077 1386 1108">3. Interview with Designated Staff Member Charged with Monitoring Retaliation</li> <li data-bbox="310 1146 1078 1178">4. Interview with Detainees who Reported Sexual Abuse</li> </ol> <p data-bbox="310 1274 615 1306">Findings (By Provision):</p> <p data-bbox="310 1409 1446 1829">115.67 (a): The PAQ indicated that the agency has a policy to protection all inmates and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. 5.1.2-A, page 26 and 1300.05, page 26 state facilities (or the Rio Grande Processing Center) shall implement procedures to protect individuals in a GEO facility or program and employees who report sexual abuse or sexual harassment or cooperate with an investigation, from retaliation by other individuals in a GEO facility or program or employee. 1300.05 further states the facility PREA Compliance Manager or Mental Health personnel shall be responsible for monitoring retaliation of individuals. The PAQ indicated that the grievance coordinator who is the acting PCM is responsible for monitoring for retaliation.</p>

115.67 (b): 5.1.2-A, pages 26-27 and 1300.05, page 26 state facilities (or the Rio Grande Processing Center) have multiple protective measures, such as housing changes, or transfers for victims or abusers and removal of alleged staff or abusers from contact with the victims. A review of monitoring documents indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an detainee or staff member expressed fear of retaliation. The interview with the Agency Head Designee indicated that when a PREA incident is reported, management staff consider the best option for the victim. Things like housing changes or transfers from the facility, removal of alleged abusers (staff or detainee) and emotional support services are considered on a case-by-case basis. He further stated that designated staff at each facility are assigned to monitor detainees who reported the allegation for possible retaliation. They meet with the individual in private once weekly for at least 90 days and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These meetings and any corrective actions taken are documented. Designated staff also monitor employees who report staff sexual misconduct for possible retaliation. Employees are monitored once a month for at least 90 days. The interview with the Warden indicated that protective measures include housing changes, facility transfers, removal of abuser(s) and monitoring the detainee and/or staff member. He stated they also review video and he further confirmed that emotional support would be offered as well. The staff member responsible for monitoring for retaliation stated that he monitors the detainee and meets with them weekly to make sure that they have not been denied anything and whether they are having any issues. He stated that possible protective measures include housing changes, including to the medical ward or to protective custody, transfer to a different facility, removal of contact with the other detainee and/or staff member and providing emotional support. The staff stated they are able to place staff on no contact with the detainee and they also can check on them through rounds. The staff member confirmed that he conducts weekly status checks and documents it on the retaliation log. Interviews with two detainees who reported sexual harassment indicated one did not feel protected because staff tell detainees information that they shouldn't. He stated when they ask him about retaliation the staff ask him in front of others. The other had a cognitive disability and the auditor was unable to elicit applicable responses from the detainee. He did state that he does not feel safe at the facility because he is locked up and other detainees want to kill him. The detainee who reported sexual abuse stated he felt protected against retaliation because the staff is there to protect him. It should be noted that retaliation was not reported for any of the detainees interviewed (per the monitoring forms) and the auditor was unable to corroborate the one detainee's allegation that monitoring is completed in front of other detainees. The PCM advised that he conducts the monitoring and he is aware that monitoring is to be done in a private setting. He stated he completes monitoring in the offices outside the housing units and that if he did monitoring in a non-private setting he knows he would not get any information.



115.67 (c): The PAQ states that the agency/facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ indicated that monitoring is conducted for 90 days and that the agency/facility acts promptly to remedy any such retaliation and that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. 5.1.2-A, page 27 and 1300.05, page 26 state for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of the individuals in a GEO facility or program or the employee to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Items to be monitored include disciplinary reports, housing changes, program changes, employee negative performance reviews and employee reassignments. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. The Warden stated that the facility does not accept any retaliation. He indicated that if they suspected retaliation they would place the detainee (alleged perpetrator) in pre-hearing detention and stop the alleged retaliation immediately. He confirmed they would then complete an investigation into the retaliation. The staff responsible for monitoring stated he monitors things such as whether the detainee is getting commissary, making telephone calls, eating meals, etc. He stated he also speaks with the Case Managers about the detainee. The staff member further confirmed that they utilize the monitoring form which has sections to note housing changes, disciplinary reports, program changes, work changes, etc. He also stated that he would monitor performance reviews and any negative changes for staff as well. The monitoring staff indicated he monitors until the case is closed or for 90 days. The staff further stated that if there was a concern for retaliation he would monitor until the detainee no longer had any issues. The facility had three reported sexual abuse allegations during the previous twelve months. All three had monitoring initiated. One had the full 90 days of monitoring and two had 60 days of monitoring. One detainee was released from custody prior to the 90 days so monitoring was completed up until his release. The second 60 day monitoring was due to the date the allegation was reported and the date of the on-site portion of the audit. The facility was still in the process of completing the monitoring. Monitoring for the three allegations was completed via the Protection From Retaliation Form. The form has space to document housing, discipline and work changes. In addition the form has a section to indicate any corrective action. All reviews are in-person status checks and includes the alleged victim's (or other person being monitored) signature. During the on-site portion of the audit the auditor conducted a short training with the PCM related to the timeframe that monitoring is required to be completed. The PCM indicated in the interview that he would cease monitoring upon conclusion of the investigation. The auditor provided the PCM with information indicating that monitoring for retaliation is required to be continued for 90 days, even for closed cases, unless the investigation is deemed unfounded. The PCM indicated now that he is aware of the requirement he would conduct a full 90 days and not cease with the closure of an investigation.

115.67 (d): 5.1.2-A, page 26 states facilities shall implement procedures to protect individuals in a GEO facility or program and employees who report sexual abuse or sexual harassment or cooperate with an investigation, from retaliation by other individuals in a GEO facility or program or employee. 1300.05 further states that a mental health staff member or the PREA Compliance Manager shall meet weekly with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. The interview with the staff responsible for the risk screening confirmed that he conducts periodic status checks every week and documents it on the retaliation log. The facility had three reported sexual abuse allegations during the previous twelve months. All three had monitoring initiated. One had the full 90 days of monitoring and two had 60 days of monitoring. One detainee was released from custody prior to the 90 days so monitoring was completed up until his release. The second 60 day monitoring was due to the date the allegation was reported and the date of the on-site portion of the audit. The facility was still in the process of completing the monitoring. Monitoring for the three allegations was completed via the Protection From Retaliation Form. The form has space to document housing, discipline and work changes. In addition the form has a section to indicate any corrective action. All reviews are in-person status checks and includes the alleged victim's (or other person being monitored) signature.

115.67 (e): 5.1.2-A, page 27 and 1300.05, page 26 state if any other individual expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual as well. The interview with the Agency Head Designee indicated that designated staff at each facility are assigned to monitor detainees who reported the allegation for possible retaliation. They meet with the individual in private once weekly for at least 90 days and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These meetings and any corrective actions taken are documented. Designated staff also monitor employees who report staff sexual misconduct for possible retaliation. Employees are monitored once a monthly for at least 90 days. The interview with the Warden indicated that protective measures include housing changes, facility transfers, removal of abuser(s) and monitoring the detainee and/or staff member. He stated they also review video and confirmed that emotional support would be offered as well. The Warden further stated that the facility does not accept any retaliation. He indicated that if they suspected retaliation they would place the detainee (alleged perpetrator) in pre-hearing detention and stop the alleged retaliation immediately. He confirmed they would then complete an investigation into the retaliation.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, 5.1.2-A, 1300.05, investigative reports, monitoring documents and interviews with the Agency Head Designee, Warden, staff responsible for monitoring for retaliation and the detainees who reported sexual abuse, this

	standard appears to be corrected with training with the PCM.
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<b>115.68</b>	<b>Post-allegation protective custody</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li>3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li>4. Detainee Victim Housing Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden</li> <li>2. Interview with Staff who Supervise Detainees in Segregated Housing</li> <li>3. Interview with Detainees in Segregated Housing</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of the Segregated Housing Unit</li> </ol> <p>Findings (By Provision):</p> <p>115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. The PAQ also indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ stated there were zero inmates who reported sexual abuse who were involuntarily segregated. 5.1.2-A, page 25 and 1300.05, page 24 state an use of segregated housing to protect an individual in a GEO facility or program who is alleged to have suffered sexual abuse shall be subject to the requirements of Section K(1) Protective Custody. Section K(1) (page 18) states that involuntary segregated</p>	

housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the individual in a GEO facility or program. If the facility cannot conduct such assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while completing the assessment. Facilities shall utilize the "Sexual Assault/ Abuse Alternatives Assessment" form to document the assessment. Policy states if segregated housing is used, the individuals shall have all possible access to programs and services which he/she is otherwise eligible and the facility shall document and justify any restrictions imposed. Policy further indicates that involuntary segregated housing shall not ordinarily exceed a period of 30 days. Additionally, it states that 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 needed. During the tour the observed that the male and female segregated housing units had separate outdoor recreation areas for the detainees. Additionally, each unit had an indoor dayroom with a small library. Hearing rooms were located outside of each segregated housing unit and contained opaque half windows for confidentiality. Detainees have access to the telephone (rolling phone on a cart) and tablets while in segregated housing. They also had access to locked drop boxes during out of cell time (showers, recreation, etc.). The PREA information was observed posted next to the doors leading to the outdoor recreation area. A review of documentation for the detainees who reported sexual abuse indicated two remained in the same housing unit and one was placed in the medical unit upon return from the hospital. It should be noted that one detainee was eventually moved to another general population unit after he requested to be moved because he did not feel comfortable. The Warden confirmed that the agency has a policy that prohibits placing detainees who report sexual abuse 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. He indicated that detainees would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. He stated that they would find alternative housing as soon as possible and that detainee would not remain involuntarily segregated longer than 24 hours. The Warden further confirmed that they have not had any instances of detainee who reported sexual abuse being placed in involuntary segregated housing. The interview with the staff who supervise detainees in segregated housing indicated that if a detainee was placed in involuntary segregated housing due to an allegation of sexual abuse they would be provided access to program, privileges, education and work opportunities to the extent possible. The staff member stated any restrictions would be documented on the available alternative assessment form. He further confirmed any use of involuntary segregated housing would only be made after an assessment of all available alternatives has been made and there are no other alternatives for separation from likely abusers. He indicated that the detainee would only remain in involuntary segregated housing for the least amount of time as necessary. The staff who supervise detainees in segregated housing further confirmed that any detainee that was involuntarily segregated would be reviewed at least every 30 days for continued need of placement in segregated housing. He stated this would be part of the classification review for segregated detainees. There were no detainees who

reported sexual abuse that were involuntarily segregated and as such no interviews were conducted.

Based on a review of the PAQ, 5.1.2-A, 1300.05, the housing assignment for the detainee victim of sexual abuse and the interviews with the Warden and staff who supervise detainees in segregated housing, this standard appears to be compliant.

115.71	Criminal and administrative agency investigations
	<p data-bbox="310 176 984 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 586 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 467 350">Documents:</p> <ol data-bbox="310 390 1425 835" style="list-style-type: none"> <li data-bbox="310 390 688 422">1. Pre-Audit Questionnaire</li> <li data-bbox="310 457 1425 527">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li data-bbox="310 562 1170 594">3. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE)</li> <li data-bbox="310 630 1349 699">4. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li data-bbox="310 735 760 766">5. Investigator Training Records</li> <li data-bbox="310 802 656 833">6. Investigative Reports</li> </ol> <p data-bbox="310 938 456 970">Interviews:</p> <ol data-bbox="310 1010 1084 1308" style="list-style-type: none"> <li data-bbox="310 1010 813 1041">1. Interview with Investigative Staff</li> <li data-bbox="310 1077 724 1108">2. Interview with the Warden</li> <li data-bbox="310 1144 854 1176">3. Interview with the PREA Coordinator</li> <li data-bbox="310 1211 979 1243">4. Interview with the PREA Compliance Manager</li> <li data-bbox="310 1278 1084 1310">5. Interview with Detainees Who Reported Sexual Abuse</li> </ol> <p data-bbox="310 1413 613 1444">Findings (By Provision):</p> <p data-bbox="310 1547 1446 1927">115.71 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. 5.1.2-E, page 2 states when the facility conducts its own investigation into an allegation of sexual abuse and sexual harassment, it shall do so promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. 1300.05, page 29 states an administrative or criminal investigation will be completed for all allegations of sexual abuse or sexual harassment at the Rio Grande Processing Center, including third-party and anonymous reports. A review of documentation indicated there were eight allegations reported, two of which did not rise to the level of PREA, three that were sexual abuse and three that were sexual harassment. All investigations were</p>

thorough and objective and included interviews of the alleged victim, perpetrator and witnesses/potential witnesses. All six included a review of evidence such as video, phone calls and prior history. While not all six were completed within 30 days, three were completed within 90 days, one was completed over 90 days and two were still open (recent reports). It should be noted that many investigations were completed timely, however investigations are not considered closed until the Corporate staff review the investigation and sign off on it. The interviews with the facility investigators indicated that as soon as they receive the allegation they promptly interview the victim to get a clear understanding of what it going on. Both investigators indicated that any allegation is investigated, regardless of how it is reported.

115.71 (b): 5.1.2-A page 14 and 1300.05, page 14 state that the specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. A review of the PREA Specialized Training Investigating Sexual Abuse in a Facility Setting training curriculum confirms that the training includes information on techniques for interviewing sexual abuse victims (trauma and how it affects victims, and interviewing and interrogating techniques), proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting (to include the forensic medical examination process) and the criteria and evidence to substantiate a case for administrative action or prosecution referral. A review of documentation indicated there are five facility staff that completed the Specialized Training: Investigating Sexual Abuse in a Confinement Setting. The auditor reviewed eight investigations (including two that did not rise to the level of PREA) and all investigations were completed by two of the five staff documented with the specialized training. The interviews with the facility investigators confirmed that the required topics were covered in the training.

115.71 (c): 5.1.2-E, page 4 states that 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. A review of documentation indicated there were eight allegations reported, two of which did not rise to the level of PREA, three that were sexual abuse and three that were sexual harassment. All investigations were thorough and objective and included interviews of the alleged victim, perpetrator and witnesses/potential witnesses. All six also included a review of evidence, such as video, phone calls and prior history. The interviews with the facility investigators indicated that the initial steps would be to first read the report and speak to the victim. The investigators stated they would then collect any evidence and gather statements from any witnesses and the alleged perpetrator. The investigators stated they would reevaluate the information gathered and create a



report. The investigators stated they would be responsible for collecting physical evidence, video evidence, text messages, emails, log books, statements, prior complaints, prior risk assessments and any other evidence through the crime scene.

115.71 (d): 5.1.2-E, page 2 states when the facility conducts its own investigation into an allegation of sexual abuse and sexual harassment, it shall do so promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. 1300.05, page 29 states an administrative or criminal investigation will be completed for all allegations of sexual abuse or sexual harassment at the Rio Grande Processing Center, including third-party and anonymous reports. The interviews with the investigators indicated they would refer all criminal allegations to the client and/or local law enforcement and they would handle any compelled interviews. A review of documentation indicated all of the investigations were completed by facility investigators. Two allegations were referred to outside law enforcement, however in both instances the outside law enforcement declined to investigate.

115.71 (e): 5.1.2-E, page 4 states 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 allegation. Page 4 further states that the credibility of the alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as individual in a GEO facility or program or staff. The interviews with the investigators confirmed that they would not require a detainee victim to take a polygraph or truth telling device test. They further stated that credibility would be based on the preponderance of evidence. The interview with the detainee who reported sexual abuse confirmed that he was not required to take a polygraph or truth telling device test as part of the investigation. One detainee who reported sexual harassment also indicated he was not required to take a polygraph test. The second detainee who reported sexual harassment had a cognitive disability and the auditor was unable to obtain information related to this provision.

115.71 (f): 5.1.2-E, page 4 states an investigative reports shall be written for all investigations of allegations of sexual abuse, and sexual harassment. Facilities shall utilize the investigative report template for all PREA investigations unless another format is required by the contracting agency. Page 4 further states that administrative investigations shall include an effort to determine whether staff action or failure to act contributed to the abuse and shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind the credulity assessment and investigative facts and findings. The interviews with the investigators confirmed that administrative investigations would be documented in written reports and include background on the allegation, demographic information, a description of evidence, facts and finding and an outcome. They further stated that every investigation takes into consideration any

policy violations or failure to act. This would be determined through a review of any evidence such as log books and video monitoring. A review of documentation indicated there were eight allegations reported, two of which did not rise to the level of PREA. All six sexual abuse and sexual harassment investigations were documented in a written report, however two were still open and awaiting Corporate approval. The auditor reviewed that the investigative reports included background information related to the allegation, information on those involved, a summary of interviews, a summary of evidence reviewed, facts and findings and the investigative outcome.

115.71 (g): 5.1.2-E, page 4 states an investigative reports shall be written for all investigations of allegations of sexual abuse, and sexual harassment. Facilities shall utilize the investigative report template for all PREA investigations unless another format is required by the contracting agency. The interviews with the investigators confirmed that criminal investigations would be documented in written reports however they do not conduct criminal investigation, rather local law enforcement does. A review of documentation indicated there were zero criminal investigations reported and therefore the auditor was unable to review any investigative reports.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated there were zero allegations referred for prosecution since the last PREA audit. Further communication with the PCM indicated there was one sexual harassment allegation referred to the United States Attorney's Office, however they refused to prosecute. 5.1.2-E, page 4 and 1300.05, page 18 state that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. A review of documentation indicated there was one sexual harassment allegation referred to the United States Attorney's Office for the Southern District of Texas and they declined to prosecute citing a lack of evidence substantiating the allegations. Additionally, two other allegations were documented with referrals to the Laredo Police Department who declined to handle. The interviews with the investigators indicated all criminal allegations are referred to local law enforcement for investigation.

115.71 (i): The PAQ stated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. 5.1.2-E, page 5 states that GEO shall retain all written reports referenced in this section (investigations) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. A review of historical investigations confirmed investigations are retained appropriately.

115.71 (j): 5.1.2-E, page 4 and 1300.05, page 18 state that the departure of the

alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The investigators stated that the departure of the victim or abuser does not negate the investigation. They stated that the investigation would continue regardless of whether the detainee or staff member left the facility.

115.71 (k): The auditor is not required to audit this provision.

115.71 (l): 5.1.2-E, page 3 outlines numerous responsibilities for GEO when an outside agency investigates an allegation of sexual abuse or sexual harassment. These include requesting documentation from the agency that the investigators have completed the training, cooperate with the outside investigators by providing requested information, remain informed about the progress of the investigation at least one monthly by contacting the individuals and requesting copies of completed investigations. 1300.05, page 18 states Rio Grande Processing Center shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The Rio Grande Processing Center shall request copies of the completed investigative reports. The PC stated that facilities are instructed to request an update from the outside law enforcement entity at least once a month in order to track the status of the investigation. The investigative outcome affects monitoring for retaliation, detainee notices of outcomes and after-action reviews. She stated generally, the facility administrators/directors have developed great working relationships with these entities so there is regular dialog about the status of outstanding investigations. The interview with the Warden indicated that at minimum the facility would keep up with the outside agency on a monthly basis. He stated that typically they get weekly updates from the USMS monitor that is located at the facility. The interview with the PCM indicated that when an outside agency investigates the facility would call them and ask about the progress. He stated they would communicate with them via phone. The investigators stated that if an outside agency conducted an investigation they would assist with any needed information and they would contact them to get updates on the case.

Based on a review of the PAQ, 5.1.2-A, 5.1.2-E, 1300.05, investigator training records, investigative reports and information from interviews with the Agency Head Designee, Warden, PREA Coordinator, PREA Compliance Manager and the investigators, this standard appears to be compliant.

<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE)</li> <li>3. GEO Policy 1300.05 - Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li>4. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Investigative Staff</li> </ol> <p>Findings (By Provision):</p> <p>115.72 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 5.1.2-E, pages 4-5 and 1300.05, page 29 state that facilities (or the Rio Grande Processing Center) shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated. A review of documentation indicated there were eight allegations reported during the previous twelve months, two of which did not rise to the level of PREA. The six sexual abuse and sexual harassment investigative reports confirmed that three were closed unsubstantiated, one was closed unfounded and two were still open. All investigative findings were indicative of the evidence and none involved a preponderance of evidence to substantiate. The interviews with the facility investigators indicated that the evidence required to substantiate a case is a preponderance of evidence or over 51 percent.</p> <p>Based on a review of the PAQ, 5.1.2-E, 1300.05, investigative reports and information from the interviews with the investigators indicate that this standard appears to be compliant.</p>

<b>115.73</b>	<b>Reporting to inmates</b>
	<p data-bbox="310 176 984 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 249 586 281"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 390 469 422">Documents:</p> <ol data-bbox="310 457 1349 793" style="list-style-type: none"> <li data-bbox="310 457 688 489">1. Pre-Audit Questionnaire</li> <li data-bbox="310 525 1170 556">2. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE)</li> <li data-bbox="310 592 1349 665">3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li data-bbox="310 701 656 732">4. Investigative Reports</li> <li data-bbox="310 768 862 800">5. Notification of Outcome of Allegation</li> </ol> <p data-bbox="310 898 456 930">Interviews:</p> <ol data-bbox="310 966 1084 1134" style="list-style-type: none"> <li data-bbox="310 966 724 997">1. Interview with the Warden</li> <li data-bbox="310 1033 813 1064">2. Interview with Investigative Staff</li> <li data-bbox="310 1100 1084 1131">3. Interview with Detainees Who Reported Sexual Abuse</li> </ol> <p data-bbox="310 1234 615 1266">Findings (By Provision):</p> <p data-bbox="310 1369 1446 1948">115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. 5.1.2-E, pages 9-10 state 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 the allegation has been substantiated, unsubstantiated, unfounded or deemed not-PREA. 1300.05, page 27 states at the conclusion of an investigation, the facility investigator shall inform the individual who made the allegation of sexual abuse in writing, whether the allegation has been substantiated – investigation determined allegation to have occurred; unsubstantiated – investigation determined allegation may have occurred, but insufficient evidence to prove; or unfounded – investigation determined allegation not to have occurred. The PAQ indicated that there were no investigations completed within the previous twelve months and as such no notifications were made. Further</p>

communication with the PCM indicated that there were five allegations reported, four of which were completed and included victim notifications. A review of documentation for the three sexual abuse allegations confirmed that two of the three had a victim notification. The one that did not have a victim notification was still an open investigation. The interview with the Warden confirmed that the detainee victim receives notification related to the outcome of the investigation into sexual abuse. The interviews with the facility investigators also confirmed that the facility informs the detainee victim of the outcome of the investigation. The interviews with two detainees who reported sexual harassment indicated one detainee stated that the staff advised him they did not have to tell him anything and they have not told him anything related to the investigation. The auditor confirmed this allegation was still open. The second detainee had a cognitive disability and the auditor was unable to get any information related to this provision. The one detainee who reported sexual stated he was aware that the facility should inform him of the outcome. He stated that he was not yet informed. The auditor confirmed this was one of the cases that was still open.

115.73 (b): The PAQ indicated that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. The PAQ indicated that there were zero investigations completed by an outside agency within the previous twelve months and as such no notifications were required. 5.1.2-E, page 10 and 1300.05, page 28 state if the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the individual. A review of documentation indicated there were three sexual abuse allegations reported and all were investigated by the facility investigator. None of the three were investigated by an outside agency.

115.73 (c): The PAQ indicated that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate whenever: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 5.1.2-E, page 10 and 1300.05, page 27 state if the alleged abuser was an employee, the victim shall also be informed whenever: the employee no longer posted within the victim's housing unit/area; the employee is no longer employed at the facility; the facility learns that the employee has been indicted on a charge related to the sexual abuse within the facility; or the facility learns that the employee has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months and that the required notifications were made pursuant to this provision. A review of documentation

indicated there was one sexual abuse allegation reported against a staff member. It is the policy of the USMS to place staff on “no contact” with any detainee who reports a sexual abuse allegation against them. The facility notifies the staff of the “no contact” via a letter, however there is not documentation that the detainee is notified that the staff member is no longer posted in their unit.

115.73 (d): The PAQ indicates that following an inmate’s allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 5.1.2-E, page 10 and 1300.05, pages 27-28 state if the alleged abuser was another individual in a GEO facility, the victim shall also be informed whenever: the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of documentation indicated there were two sexual abuse allegations against other detainees reported. Neither were substantiated and as such neither required notification under this provision. The interview with the detainee who reported sexual abuse indicated he was not informed of anything related to the perpetrator. One detainee who reported sexual harassment indicated he was also not informed of anything related to the detainee but he knew he was moved out of the unit. The second detainee who reported sexual harassment had a cognitive disability and the auditor was unable to obtain information related to this provision.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications to inmates described under this standard are documented. 5.1.2-E, page 10 states the individual shall receive the original completed Notification of Outcome of Allegation form in a timely manner and a copy of the form shall be retained as part of the investigative file. 1300.05, page 27 states at the conclusion of an investigation, the facility investigator shall inform the individual who made the allegation of sexual abuse in writing, whether the allegation has been substantiated – investigation determined allegation to have occurred; unsubstantiated – investigation determined allegation may have occurred, but insufficient evidence to prove; or unfounded – investigation determined allegation not to have occurred. The PAQ stated that there were five notifications made pursuant to this standard and all five were documented. Further communication with the PCM indicated this was incorrect and there were four notifications made pursuant to this standard. A review of documentation for the three sexual abuse allegation confirmed that two of the three had a victim notification. The one that did not have a victim notification was still an open investigation. Additionally, it is the policy of the USMS to place staff on “no contact” with any detainee who reports a sexual abuse allegation against them. The facility notifies the staff of the “no contact” via a letter, however there is not documentation that the detainee is notified that the staff member is no longer posted in their unit.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, 5.1.2-E, 1300.05, investigative reports and information from interviews with the Warden, investigators and the detainees who reported sexual abuse, this standard appears to require corrective action. It is the policy of the USMS to place staff on "no contact" with any detainee who reports a sexual abuse allegation against them. The facility notifies the staff of the "no contact" via a letter, however there is not documentation that the detainee is notified that the staff member is no longer posted in their unit.

#### Corrective Action

The facility will need to document the notifications under provision (c) when staff are prohibited from contact from the detainee and no longer working in their housing unit. Appropriate staff should be trained on this requirement and documentation of the training should be provided to the auditor. The facility will also need to provide the auditor with information on how this will be documented (i.e. the form the facility will utilize) and provide any examples during the corrective action period.

#### Verification of Corrective Action Since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

#### Additional Documents:

1. Separation Memorandum PREA/OPR Investigation

On December 27, 2022 the facility provided a memo form that was created to inform detainees when staff are no longer permitted to have contact with them and work in their housing unit, due to an allegation of sexual abuse or sexual harassment. The form lists the staff member(s) prohibited from contact and the detainee signs that they were informed of the information. The bottom of the form also has a rescind order, where detainees are advised when the no contact is no longer in place due to



the investigative outcome. The facility provided two examples of the form being utilized during the corrective action period.

Based on the documentation provided the facility has corrected this standard.

<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="310 176 987 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 589 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 472 350">Documents:</p> <ol data-bbox="310 388 1349 726" style="list-style-type: none"> <li data-bbox="310 388 691 420">1. Pre-Audit Questionnaire</li> <li data-bbox="310 457 1174 489">2. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE)</li> <li data-bbox="310 527 1349 594">3. GEO Policy 1300.05 - Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li data-bbox="310 632 716 663">4. GEO Employee Handbook</li> <li data-bbox="310 701 659 732">5. Investigative Reports</li> </ol> <p data-bbox="310 831 618 863">Findings (By Provision):</p> <p data-bbox="310 963 1446 1425">115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 5.1.2-E, page 10 and 1300.05, page 28 state 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. Additionally, page 27 of the Employee Handbook states that sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or program or otherwise served by GEO is strictly prohibited and will not be tolerated. Unwelcome sexual advances, request for sexual favors and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination.</p> <p data-bbox="310 1530 1446 1955">115.76 (b): The PAQ indicated there were zero staff members who violated the sexual abuse and sexual harassment policies and zero staff members who was terminated for violating the sexual abuse or sexual harassment policies. 5.1.2-E, page 10 states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Additionally, page 27 of the GEO Employee Handbook states that sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or program or otherwise served by GEO is strictly prohibited and will not be tolerated. Unwelcome sexual advances, request for sexual favors and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination. A review of investigative reports confirmed there were zero</p>

substantiated staff on detainee investigations and as such no discipline was required. It should be noted that there were two allegations that documented failures and staff were disciplined as outlined in policy and procedure.

115.76 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. 5.1.2-E, page 10 and 1300.05, page 28 state disciplinary sanction for violations of agency policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Additionally, page 27 of the Employee Handbook states that sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or program or otherwise served by GEO is strictly prohibited and will not be tolerated. Unwelcome sexual advances, request for sexual favors and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination. The PAQ indicated there were zero staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports indicated there were zero substantiated staff on detainee sexual abuse allegations reported during the audit period.

115.76 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 5.1.2-E, page 10 and 1300.05, page 28 state all terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity is clearly not criminal. Additionally, page 27 of the GEO Employee Handbook states that sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or program or otherwise served by GEO is strictly prohibited and will not be tolerated. Unwelcome sexual advances, request for sexual favors and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination. The PAQ indicated that there were zero staff members disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months and zero staff member were reported to law enforcement or relevant licensing bodies.

Based on a review of the PAQ, 5.1.2-E, 1300.05, the GEO Employee Handbook and investigative reports, indicates that this standard appears to be compliant.

<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li>3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li>4. Investigative Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the Warden</li> </ol> <p>Findings (By Provision):</p> <p>115.77 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. 5.1.2-A, pages 15 and 16 and 1300.05, page 15 state any volunteer or contractor who engages in sexual abuse or sexual harassment shall be prohibited from contact with individuals in a GEO facility or program (detainees at the Rio Grande Processing Center) and shall be reported to law enforcement and relevant licensing bodies, unless activity was not clearly not criminal. The PAQ indicated that there have been zero contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports confirmed there were zero allegations of sexual abuse or sexual harassment reported against a contractor or volunteer.</p> <p>115.77 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 5.1.2-A, pages 15 and 16 and 1300.05, page 15 state in the case of any</p>	

violation of GEO sexual abuse or sexual harassment policies by the volunteer or contractor, the facility shall notify the applicable GEO contracting authority who will take remedial measures and shall consider whether to prohibit further contact with individuals in a GEO facility or program. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies by a volunteer or contractor would result in the individual being removed from the contract, which would prohibit them from entering the facility. He further stated they would notify law enforcement if the allegation was criminal. The Warden stated they have not had any instances of volunteers or contractors violating the sexual abuse or sexual harassment policies.

Based on a review of the PAQ, 5.1.2-A, 1300.05, investigative reports and information from the interview with the Warden, this standard appears to be compliant.

<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<p data-bbox="310 176 984 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 586 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 386 469 417">Documents:</p> <ol data-bbox="310 453 1349 659" style="list-style-type: none"> <li data-bbox="310 453 1170 485">1. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE)</li> <li data-bbox="310 520 1349 594">2. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li data-bbox="310 627 656 659">3. Investigative Reports</li> </ol> <p data-bbox="310 762 456 793">Interviews:</p> <ol data-bbox="310 829 992 926" style="list-style-type: none"> <li data-bbox="310 829 724 861">1. Interview with the Warden</li> <li data-bbox="310 896 992 926">2. Interview with Medical and Mental Health Staff</li> </ol> <p data-bbox="310 1031 615 1062">Findings (By Provision):</p> <p data-bbox="310 1165 1435 1549">115.78 (a): The PAQ stated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. 5.1.2-E, pages 10-11 and 1300.05, page 28 state individuals in a GEO facility (or detainees) who are found guilty of engaging in sexual abuse involving other individuals in a GEO facility shall be subject to formal disciplinary sanctions. The PAQ indicated there have been zero administrative and zero criminal finding of guilt for inmate-on-inmate sexual abuse within the previous twelve months. A review of investigative reports indicated there were two detainee on detainee sexual abuse allegations reported, however neither were substantiated. As such no discipline was required.</p> <p data-bbox="310 1652 1443 1959">115.78 (b): 5.1.2-E, page 11 and 1300.05, page 28 state sanctions shall commensurate with the nature and circumstances of the abuse committed, the individual’s disciplinary history, and the sanctions imposed for comparable offenses by other individuals (or detainees) with similar histories. The interview with the Warden indicated that if a detainee is found to have violated the sexual abuse or sexual harassment policies he/she would be charged with code 114, sexual assault. He stated that possible discipline could include; time in restrictive housing, restriction on commissary and restriction of other privileges such as visitation and telephone.</p>

The Warden confirmed that disciplinary sanctions are consistent and that they would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and sanctions imposed for comparable offenses by other inmates. A review of investigative reports indicated there were two detainee on detainee sexual abuse allegations reported, however neither were substantiated. As such no discipline was required.

115.78 (c): 5.1.2-E, page 11 and 1300.05, page 28 state the disciplinary process shall consider whether an individual's (or detainee's) mental disabilities or mental illness contributed to his or her behavior when determining what type of sanctions, if any should be imposed. The interview with the Warden confirmed that a detainees' mental disability or mental illness would be considered in the disciplinary process. A review of investigative reports indicated there were two detainee on detainee sexual abuse allegations reported, however neither were substantiated. As such no discipline was required.

115.78 (d): The PAQ states that the facility does not offer therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility does not considers whether to require the offending inmate to participate in these interventions as a condition of access to programming and other benefits. Further communication with the PCM indicated that all detainees involved in a sexual abuse or sexual harassment allegation, victim or perpetrator, are referred for mental health services for evaluation. 5.1.2-E, page 11 and 1300.05, page 28 state if the facility offers therapy, counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider require the offending individual to participate. The interview with the mental health staff member confirmed that they offer therapy, counseling and other intervention services designed to address and correct underlying reason or motivations for sexual abuse to the perpetrator. She stated they offer the services to perpetrators but they typically decline to participate. She further indicated that services are voluntary and detainees can refuse.

115.78 (e): 5.1.2-E, page 11 and 1300.05, page 28 state disciplining an individual in a GEO facility (or detainee) for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact. The PAQ stated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.78 (f): The PAQ stated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to

substantiate the allegation. 5.1.2-E, page 11 and 1300.05, page 28 state a report of sexual abuse made in good faith by an individual in a GEO facility, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying.

115.78 (g): The PAQ indicates that the agency prohibits all sexual activity between inmates and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 5.1.2-E, page 11 and 1300.05, page 28 state facilities may not deem that sexual activity between individuals in a GEO facility is sexual abuse unless it is determined that the activity was coerced.

Based on a review of the PAQ, 5.1.2-E, 1300.05, investigative reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.



115.81	Medical and mental health screenings; history of sexual abuse
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li>3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting</li> <li>4. PREA/SAAPI Risk Assessment</li> <li>5. PREA At Risk Log</li> <li>6. Secondary Medical/Mental Health Documents</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Staff Responsible for Risk Screening</li> <li>2. Interview with Medical and Mental Health Staff</li> <li>3. Detainees who Disclosed Prior Victimization During the Risk Screening</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Risk Screening Area</li> </ol> <p>Findings (By Provision):</p> <p>115.81 (a): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 5.1.2-A, page 9 states in during the intake assessment, person tasked with screening determine that an individual in a GEO facility or program is at risk for either sexual victimization or abusiveness, the individual shall be referred to mental health for further evaluation. Pages 9-10 states any individual in a GEO facility or program who is identified who has previously experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in an institutional</p>

setting or the community shall be offered a follow-up meeting with medical or mental health practitioner within fourteen days of the initial risk screening. The PAQ indicated that 100% of the inmates who reported prior victimization were offered a follow-up with medical and/or mental health within fourteen days. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of the supplemental PAQ documentation indicated that the facility utilizes the "PREA At Risk Log" to track individuals who report prior sexual victimization and sexual abusiveness. The document includes the date of the initial risk screening, the date of the mental health referral and the date of the mental health evaluation. Additionally, the PREA/SAAPI Risk Assessment form outlines when staff are required to offer the detainee a mental health referral (score of three or more or a "yes" response to specific questions). The form had a selection at the bottom for the staff to document whether the detainee/inmate requires a mental health referral. The interviews with staff responsible for the risk screening indicated that if a detainee discloses prior sexual victimization during the risk screening they are offered a follow-up with mental health within fourteen days. The interviews with the detainees who disclosed prior victimization during the risk screening indicated four of the five were offered a follow-up with mental health care staff. A review of documentation confirmed that all six of the detainees who disclosed prior sexual victimization that the auditor reviewed had a follow-up with mental health offered within fourteen days. Detainees are offered a follow-up the same day they disclose the prior victimization and are referred the same day as well.

115.81 (b): The PAQ indicated that the provision is not applicable. Further communication with the PCM indicated that the Rio Grande Processing Center is not a prison, but rather a pre-trial detention facility (jail). However, 5.1.2-A, pages 9-10 states any individual in a GEO facility or program who is identified 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 medical or mental health practitioner within fourteen days of the initial risk screening. The PAQ indicated that 100% of those inmates who were identified to have prior sexual abusiveness were seen within fourteen days by medical or mental health staff. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of the supplemental PAQ documentation indicated that the facility utilizes the "PREA At Risk Log" to track individuals who report prior sexual victimization and sexual abusiveness. The document includes the date of the initial risk screening, the date of the mental health referral and the date of the mental health evaluation. Additionally, the PREA/SAAPI Risk Assessment form outlines when staff are required to offer the detainee a mental health referral (score of three or more or a "yes" response to specific questions). The form had a selection at the bottom for the staff to document whether the detainee/inmate requires a mental health referral. The interviews with staff responsible for the risk screening indicated that if a detainee is identified with prior sexual abusiveness they would be offered a follow-up with mental health within fourteen days. A review of documentation confirmed that both detainees who

disclosed or were identified with prior sexual abusiveness were offered a follow-up with mental health within fourteen days.

115.81 (c): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 5.1.2-A, page 9 states in during the intake assessment, person tasked with screening determine that an individual in a GEO facility or program is at risk for either sexual victimization or abusiveness, the individual shall be referred to mental health for further evaluation. Pages 9-10 states any individual in a GEO facility or program who is identified 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 medical or mental health practitioner within fourteen days of the initial risk screening. The PAQ indicated that 100% of the inmates who reported prior victimization were offered a follow-up with medical and/or mental health within fourteen days. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of the supplemental PAQ documentation indicated that the facility utilizes the "PREA At Risk Log" to track individuals who report prior sexual victimization and sexual abusiveness. The document includes the date of the initial risk screening, the date of the mental health referral and the date of the mental health evaluation. Additionally, the PREA/SAAPI Risk Assessment form outlines when staff are required to offer the detainee a mental health referral (score of three or more or a "yes" response to specific questions). The form had a selection at the bottom for the staff to document whether the detainee/inmate requires a mental health referral. The interviews with staff responsible for the risk screening indicated that if a detainee discloses prior sexual victimization during the risk screening they are offered a follow-up with mental health within fourteen days. The interviews with the detainees who disclosed prior victimization during the risk screening indicated four of the five were offered a follow-up with mental health care staff. A review of documentation confirmed that all six of the detainees who disclosed prior sexual victimization that the auditor reviewed had a follow-up with mental health offered within fourteen days. Detainees are offered a follow-up the same day they disclose the prior victimization and are referred the same day as well.

115.81 (d): The PAQ states that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Further communication with the PCM indicated that this information was incorrect and that information related to sexual victimization or abusiveness is not strictly limited to medical and mental health staff, but it is limited to only staff who assist with making housing, work and programming decision. 5.1.2-A, 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. Detainee classification files are paper while medical and mental health documents are electronic. During the tour the auditor spoke with health service staff and confirmed medical and mental health care records are electronic and only medical and mental health care staff have access to the records. Correctional Officer and other security staff do not have access to the medical records system (EMR). Classification files are paper and are maintained in records. Records is staffed during administrative business hours and after hours the door is locked. Records staff indicated that only high level security staff (Major or above) can sign out detainee files. They confirmed Correctional Officers are unable to sign out detainee files. The auditor reviewed detainee files in records and confirmed that they contained personal information, criminal history information, risk screening documents and mental health referrals. Information related to sexual abuse allegations is maintained in investigative files located in the PCM's office and the investigative office. Both areas are secure with very limited access. Additionally, information is entered into the electronic PREA Portal database. This database has very limited access, investigators and administrative staff.

15.81 (e): The PAQ indicated that 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 eighteen. 5.1.2-A, page 10 states medical and mental health practitioners are required to obtain informed consent for individuals in a GEO facility or program before reporting information about prior sexual victimization that did not occur in an institutional setting (unless the individual is under the age of eighteen). The facility utilizes the consent for mental health services form, which outline consent and rights. The interviews with medical and mental health staff confirmed they obtain informed consent prior to reporting sexual abuse that did not occur in a correctional setting. They further stated the facility does not house anyone under eighteen.

Based on a review of the PAQ, 5.1.2-A, PREA/SAAPI Risk Assessment, the PREA At Risk Log, observations made during the tour and information from interviews with staff who perform the risk screening, medical and mental health care staff and detainees who disclosed victimization during the risk screening, this standard appears be complaint.

<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li>3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li>4. Medical and Mental Health Documents (Primary and Secondary)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Medical and Mental Health Staff</li> <li>2. Interview with First Responders</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Medical and Mental Health Areas</li> </ol> <p>Findings (By Provision):</p> <p>115.82 (a): The PAQ indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further stated that medical and mental health staff maintain secondary materials documenting services. 5.1.2-A, page 25 and 1300.05, page 24 state 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. During the tour the auditor observed that the health services area contained a small reception space with benches, exam and treatment rooms, an ancillary area and observation rooms. The exam and treatment rooms provided privacy through opaque half windows and mobile privacy barriers. The observation rooms provided privacy through half wall barriers and/or opaque half windows. A review of medical and mental health documentation for the three detainee victims of</p>	

sexual abuse indicated that all three were offered medical and/or mental health services. One detainee was transported to the local hospital but refused services upon arrival. Interviews with medical and mental health care staff confirm that detainees receive timely unimpeded access to emergency medical treatment and crisis intervention services. Medical staff stated they provide services immediately and mental health staff stated that they provide services as soon as it is reported if they are on-site. The mental health staff member stated if she is not on-site she will see them the next morning. Both staff confirmed the services they provide are based on their professional judgment. The interview with the detainee who reported sexual abuse confirmed that he was provided medical and mental health services. One detainee who reported sexual harassment also indicated he was provided medical and mental health services. The second detainee who reported sexual harassment had a cognitive disability and the auditor was unable to get any information related to this provision.

115.82 (b): The Rio Grande Processing Center is staffed 24 hours a day, seven days a week. Detainees are treated at the facility unless they are required to be transported to a local hospital. Interviews with first responders indicated that security staff separate the alleged victim and abuser, secure the crime scene and keep everyone out of the area, instruct the alleged victim and abuser not to destroy any evidence, notify the supervisor and make sure the detainees are taken to medical. The non-security first responder stated she would immediately contact security and the PCM. A review of medical and mental health documentation for the three detainee victims of sexual abuse indicated that all three were offered medical and/or mental health services. One detainee was transported to the local hospital but refused services upon arrival. Additionally, all the detainees who reported sexual harassment were also provided medical and/or mental health services.

115.82 (c): The PAQ states that inmate victims of sexual abuse while incarcerated are 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. 5.1.2-A, page 25 and 1300.05, page 24 state this access includes offering timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, where medically appropriate. A review of documentation indicated there was one detainee who reported sexual abuse that may have involved penetration. The detainee was transported to the local hospital for a forensic medical examination, however the detainee refused. Additionally, upon return to the facility the detainee was offered medical services but refused. Interviews with medical and mental health staff indicated that detainee victims of sexual abuse are offered timely information about and access to emergency contraception and sexually transmitted infection prophylaxis. The medical staff member stated that the services would typically be provided at the hospital but they can provide it at the facility. The detainee who reported sexual abuse stated he was not offered information and access to sexually

transmitted infection prophylaxis. It should be noted this was the detainee who declined services. The facility had a signed refusal form from the detainee victim indicating he refused medical services, including prophylaxis. Two detainees who reported sexual harassment did not have allegations that involved penetration and as such this provision was not applicable.

115.82 (d): 5.1.2-A, page 25 and 1300.05, page 25 state 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.

Based on a review of the PAQ, 5.1.2-A, 1300.05, a review of medical and mental health documents (primary and secondary), observations made during the tour and information from interviews with medical and mental health care staff, first responders and detainees who reported sexual abuse, the facility appears to meet this standard.

<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. GEO Policy 5.1.2-A - Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li>3. GEO Policy 1300.05 - Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li>4. Medical and Mental Health Documents (Primary and Secondary)</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with Medical and Mental Health Staff</li> <li>2. Interview with Detainees Who Reported Sexual Abuse</li> </ol> <p>Site Review Observations:</p> <ol style="list-style-type: none"> <li>1. Observations of Medical Treatment Areas</li> </ol> <p>Findings (By Provision):</p> <p>115.83 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 5.1.2-A, page 26 and 1300.05, page 25 state each facility (or the Rio Grande Processing Center) shall offer medical and mental health evaluations to all victims of sexual abuse that occurs in any prison, jail, lockup or juvenile facility. During the tour the auditor observed that the health services area contained a small reception space with benches, exam and treatment rooms, an ancillary area and observation rooms. The exam and treatment rooms provided privacy through opaque half windows and mobile privacy barriers. The observation rooms provided privacy through half wall barriers and/or opaque half windows. Medical services are provided 24/7. Detainees have access to routine medical services on-site and emergency services are provided at the local hospital.</p>



115.83 (b): 5.1.2-A, page 26 and 1300.05, page 25 state the evaluation and treatment should include follow-up services, treatment plans and (when necessary) referrals for continued care following a transfer or release. Interviews with medical and mental health care staff confirmed that detainees are offered follow-up services. The mental health care staff member stated she would provide cognitive behavior therapy and develop a treatment plan and offer the appropriate follow-up services. The medical staff member stated she would treat any injuries and any follow-up testing and medication. The interview with the detainee who reported sexual abuse confirmed that he was provided medical and/or mental health follow-up services. He stated he has seen mental health care staff a few times since the allegation and they are always checking on him. The interviews with detainees who reported sexual harassment indicated one was not provided follow-up services and the other was unable to provide any information to the auditor due to his cognitive disability. A review of medical and mental health documentation for the three detainee victims of sexual abuse indicated that all three were offered medical and/or mental health services. One detainee was transported to the local hospital but refused services upon arrival. A review of documentation confirmed that all six of the detainees who disclosed prior sexual victimization that the auditor reviewed had a follow-up with mental health offered within fourteen days. Detainees are offered a follow-up the same day they disclose the prior victimization and are referred the same day as well. The auditor verified that detainees are provided follow-up with mental health related to counseling and services related to sexual abuse.

115.83 (c): 5.1.2-A, page 26 and 1300.05, page 25 state services shall be provided in a manner that is consistent with the level of care the individual would receive in the community. All medical and mental health staff are required to have the appropriate credentials and licensure. The facility utilizes the local hospitals for forensic medical examinations. A review of medical and mental health documentation for the six detainees who reported sexual abuse or sexual harassment confirmed that all six were offered medical and mental health services at the facility, two of which refused. One detainee was transported to the local hospital for a forensic medical examination, which he declined, and one that was transported to the local hospital for injuries related to a physical altercation. Interviews with medical and mental health care staff confirm that medical and mental health services are consistent with the community level of care.

115.83 (d): The PAQ indicated that female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. 5.1.2-A, page 26 and 1300.05, page 25 state services shall include pregnancy tests and all lawful pregnancy related medical services, when applicable. The three detainees who reported sexual abuse were male and as such this provision was not applicable during the interviews. A review of documentation confirmed there were zero female

detainees that reported sexual abuse and as such no medical or mental health services under this provision were required.

115.83 (e): The PAQ indicated that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. 5.1.2-A, page 26 and 1300.05, page 25 states services shall include pregnancy tests and all lawful pregnancy related medical services, when applicable. Interviews with medical and mental health care staff confirm that female victims of sexual abuse that results in pregnancy would be offered information and access to all lawful pregnancy related services. The medical staff member stated these service would be provided after evaluation and determination of pregnancy. The three detainees who reported sexual abuse were male and as such this provision was not applicable during the interviews. A review of documentation confirmed there were zero female detainees that reported sexual abuse and as such no medical or mental health services under this provision were required.

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections (STI) as medically appropriate. 5.1.2-A, page 26 and 1300.05, page 25 state victims shall also be offered test for sexually transmitted infections as medically appropriate. A review of documentation indicated there was one detainee who reported sexual abuse that may have involved penetration. The detainee was transported to the local hospital for a forensic medical examination, however the detainee refused. Additionally, upon return to the facility the detainee was offered medical services but refused.

115.83 (g): The PAQ stated that treatment services are provided to the inmate victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 5.1.2-A, page 26 and 1300.05, page 25 state all services shall be provided without financial cost to the victim. The detainee who reported sexual abuse confirmed that he did not have to pay for his medical and mental health services. One detainee who reported sexual harassment also stated he did not have to pay for his services. The second detainee who reported sexual harassment did not provide any information due to a cognitive disability.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. The facility is technically a jail and as such this provision is not applicable. However, 5.1.2-A, page 26 and 1300.05, pages 25-26 state the facility shall attempt to conduct

a mental health evaluation on all known inmate-on-inmate abusers or resident on resident abusers within 60 days of learning of such abuse history and offered treatment deemed appropriate by mental health practitioners. A review of documentation indicated there were zero substantiated detainee on detainee sexual abuse allegations and as such there were no confirmed detainee on detainee abusers. It should be noted that all alleged perpetrators are offered medical and mental health services after a reported allegation. The interview with the mental health staff member confirmed that she conducts a mental health evaluation on all detainee perpetrators and offers treatment immediately.

Based on a review of the PAQ, 5.1.2-A, 1300.05, a review of medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff and detainees who reported sexual abuse, this standard appears to be compliant.

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<p data-bbox="310 176 984 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 586 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 469 350">Documents:</p> <ol data-bbox="310 388 1425 764" style="list-style-type: none"> <li data-bbox="310 388 688 420">1. Pre-Audit Questionnaire</li> <li data-bbox="310 457 1425 527">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li data-bbox="310 564 1349 634">3. GEO Policy 1300.05 – Rio Grande Processing Center Sexual Abuse/Assault Prevention and Intervention Program (PREA)</li> <li data-bbox="310 672 656 703">4. Investigative Reports</li> <li data-bbox="310 741 784 772">5. Sexual Abuse Incident Reviews</li> </ol> <p data-bbox="310 871 456 903">Interviews:</p> <ol data-bbox="310 940 976 1102" style="list-style-type: none"> <li data-bbox="310 940 721 972">1. Interview with the Warden</li> <li data-bbox="310 1010 976 1041">2. Interview with the PREA Compliance Manager</li> <li data-bbox="310 1079 857 1110">3. Interview with Incident Review Team</li> </ol> <p data-bbox="310 1209 615 1241">Findings (By Provision):</p> <p data-bbox="310 1339 1446 1843">115.86 (a): The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 5.1.2-A, page 28 and 1300.05, page 27 state facilities (or the Rio Grande Processing Center) are required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined substantiated or unsubstantiated. The PAQ indicated that four criminal and/or administrative investigations of alleged sexual abuse were completed at the facility, excluding only unfounded incidents. A review of documentation indicated there were three sexual abuse allegations reported during the previous twelve months, two of which had a closed investigation. The facility provided confirmation that both allegations had a sexual abuse incident review completed within 30 days of the conclusion of the investigation.</p>

115.86 (b): The PAQ indicated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 5.1.2-A, page 28 and 1300.05, page 27 state such reviews shall occur within 30 days of the conclusion of the investigation. The PAQ further indicated that one sexual abuse incident review was completed within 30 days of the conclusion of the investigation. Further communication with the PCM indicated this was incorrect and that four sexual abuse incident reviews were completed within 30 days of the conclusion of the investigation. A review of documentation indicated there were three sexual abuse allegations reported during the previous twelve months, two of which had a closed investigation. The facility provided confirmation that both allegations had a sexual abuse incident review completed within 30 days of the conclusion of the investigation.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. 5.1.2-A, page 28 and 1300.05, page 27 state the review team shall consist of upper-level management officials and the local PCM, with input from the supervisors, investigators and medical and mental health practitioners. A review of documentation indicated there were three sexual abuse allegations reported during the previous twelve months, two of which had a closed investigation. The facility provided confirmation that both allegations had a sexual abuse incident review completed within 30 days of the conclusion of the investigation. The reviews included the Facility Administrator, the facility Compliance Manager, the PREA Compliance Manager (also the investigator), the Chief of Security and the Health Service Administrator. The interview with the Warden confirmed that sexual abuse incident reviews are completed and the reviews include upper level management officials, line supervisors, investigators and medical and mental health care staff. He stated the facility's sexual abuse incident review team consists of the Facility Administrator, Chief of Security, Case Management Coordinator, medical, mental health and the PCM.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits each report to the facility head and PCM. 5.1.2-A, page 28 unless mandated by client contract, a "PREA After Action Review Report" of the team's findings shall be completed and submitted to the Corporate PREA Coordinator no later than 30 working days after the review via the GEO PREA Database. 1300.05, page 27 states a PREA After Action Review Report of the team's findings shall be completed and submitted to the Corporate PREA Coordinator no later than 30 working days after the review via the GEO PREA Database. A review of documentation indicated there were three sexual abuse allegations reported during the previous twelve months, two of which had a closed investigation. The facility provided confirmation that both allegations had a sexual abuse incident review completed

within 30 days of the conclusion of the investigation. The completed form has a section for each requirement under this provision. Interviews with the Warden, PCM and incident review team member confirmed that the facility conducts sexual abuse incident reviews and the reviews include the requirements under this provision. The Warden stated that information from the sexual abuse incident review is used to determine if there is a need for a change in policy, a need for a change in physical plant, a need for any training and/or a need for any additional cameras. The PCM indicated the facility conducts sexual abuse incident reviews and that the reviews include the requirements under this provision. He stated that he is part of the committee that conducts the reviews and that he has not noticed any trends. The PCM indicated that he would ensure recommendations are noted and he would make sure any corrective action is taken. He stated he would also submit a copy of the sexual abuse incident report to the Corporate PREA Coordinator.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 5.1.2-A, page 28 and 1300.05, page 27 state the facility shall implement recommendations for improvement or document its reasons for not doing so. A review of documentation indicated there were three sexual abuse allegations reported during the previous twelve months, two of which had a closed investigation. The facility provided confirmation that both allegation had a sexual abuse incident review completed within 30 days of the conclusion of the investigation. The completed forms have a section for recommendations.

Based on a review of the PAQ, 5.1.2-A, 1300.05, investigative reports, sexual abuse incident reviews and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to be compliant.

<b>115.87</b>	<b>Data collection</b>
	<p data-bbox="310 176 984 207"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 586 279"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 469 350">Documents:</p> <ol data-bbox="310 388 1425 657" style="list-style-type: none"> <li data-bbox="310 388 688 417">1. Pre-Audit Questionnaire</li> <li data-bbox="310 455 1425 522">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li data-bbox="310 560 756 590">3. PREA Portal Online Database</li> <li data-bbox="310 627 654 657">4. PREA Annual Reports</li> </ol> <p data-bbox="310 762 615 793">Findings (By Provision):</p> <p data-bbox="310 896 1448 1436">115.87 (a): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 5.1.2-A, page 28 states that each facility shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. A review of the PREA Portal Online Database confirms that information related to the allegation is entered into the database to include; the facility where the allegation occurred, how it was reported, the date it was reported, the incident date, the incident type, location it occurred, time it occurred and investigative outcome. Data is derived from this database. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, across all GEO Group facilities.</p> <p data-bbox="310 1541 1438 1850">115.87 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. 5.1.2-A, page 28 states that data shall be aggregated at least annually and is required to include, at 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). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. A review of the GEO Group Annual PREA Reports confirmed that each annual report includes aggregated facility and agency data.</p>

115.87 (c): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 5.1.2-A, page 28 states that each facility shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. This data shall be aggregated at least annually and is required to include, at 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). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, across all GEO Group facilities.

115.87 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 5.1.2-A, page 28 states that each facility shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. This data shall be aggregated at least annually and is required to include, at 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). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.

115.87 (e): The PAQ indicated that the agency does not obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The agency does not contract for the confinement of its inmates. The agency is a private for profit agency and houses other agency's inmates.

115.87 (f): The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year upon request. 5.1.2-A, page 28 states that data shall be aggregated at least annually and is required to include, at 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). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.

Based on a review of the PAQ, 5.1.2-A and the GEO Group Annual PREA Reports, this standard appears to be compliant.



<b>115.88</b>	<b>Data review for corrective action</b>
	<p data-bbox="310 176 987 210"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="310 247 589 281"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="310 319 469 352">Documents:</p> <ol data-bbox="310 390 1429 592" style="list-style-type: none"> <li data-bbox="310 390 691 424">1. Pre-Audit Questionnaire</li> <li data-bbox="310 457 1429 529">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li data-bbox="310 562 656 596">3. PREA Annual Reports</li> </ol> <p data-bbox="310 697 456 730">Interviews:</p> <ol data-bbox="310 768 980 928" style="list-style-type: none"> <li data-bbox="310 768 930 802">1. Interview with the Agency Head Designee</li> <li data-bbox="310 835 857 869">2. Interview with the PREA Coordinator</li> <li data-bbox="310 903 980 936">3. Interview with the PREA Compliance Manager</li> </ol> <p data-bbox="310 1037 618 1071">Findings (By Provision):</p> <p data-bbox="310 1171 1442 1944">115.88 (a): The PAQ indicated that the agency reviews 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 and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 5.1.2-A, pages 28-29 state that 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: identifying problems areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility as well as the agency as a whole. 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. The policy further states that the annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEOs website or the client’s website as required by contract. A review of PREA Annual Reports indicates that the reports include allegation data for the agency and also each facility. The data is broken down by incident type and includes investigative outcomes. The reports also includes definitions and program enhancements. The reports compares the data from the current year with the</p>

previous year. The interview with the Agency Head Designee indicated that facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified or corrective actions needed are documented and forwarded to the corporate PREA coordinator to review. In 2015, GEO designed a secure PREA Portal with restricted access to retain all of the PREA data. Every incident is entered into the portal by the PREA managers at each facility and annually, and the corporate PREA team reviews this data to determine what improvements are needed to enhance the PREA program. These recommended improvements are submitted to the appropriate divisional authority for Secure Services, Reentry and Youth Services annually for review and approval. The interview with the PC confirmed that the agency reviews data collected and aggregated pursuant to standard 115.87 in order to improve the effectiveness of its sexual abuse prevention, detection and response policies and training. She stated that all of the agency's clients, except USMS, include GEO PREA data in their annual PREA reports as well. She confirmed the agency takes corrective action on an ongoing basis and that historical annual PREA data reports are available on GEO's website. She stated GEO has implemented several corrective actions since the PREA program's inception in 2012. The PC further confirmed that the agency prepares an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. She stated GEO publishes a PREA report annually and the current and historical reports on available on the agency website. The PCM stated that the facility data is entered into the database and that sexual abuse incident reviews are also completed for the allegation. He stated the facility data is provided to the client as well as the PC and the information is utilized to complete the annual report and is available on the website.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. 5.1.2-A, page 29 states that 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. A review of PREA Annual Reports indicate that reports include allegation data for the agency and also each facility. The data is broken down by incident type and includes investigative outcomes. The reports also includes definitions and program enhancements. The reports compares the data from the current year with the previous year.

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 5.1.2-A, page 29 states that the annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEOs website or the client's website as required by contract. The interview with the Agency Head Designee confirmed that the annual PREA report is approved by the appropriate

divisional authority for Secure Services, Reentry Youth Service and the CEO. The report is published online at <https://www.geogroup.com/prea>.

115.88 (d): The PAQ indicated when the agency redacts material from an annual report for publication the redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of a facility and must indicate the nature of material redacted. 5.1.2-A, page 29 states that 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. A review of the PREA Annual Reports confirms that no personal identifying information is included in the reports nor any security related information. The reports did not contain any redacted information. The interview with the PC confirmed that GEO only reports numbers and incident types; personally, identifiable information is omitted for confidentiality purposes.

Based on a review of the PAQ, 5.1.2-A, the GEO Group Annual PREA Reports, the website and information obtained from interviews with the Agency Head Designee, PC and PCM, this standard appears to be compliant.

<b>115.89</b>	<b>Data storage, publication, and destruction</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Pre-Audit Questionnaire</li> <li>2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</li> <li>3. PREA Annual Reports</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Interview with the PREA Coordinator</li> </ol> <p>Findings (By Provision):</p> <p>115.89 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. 5.1.2-A, page 29 indicates that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. It further states that before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. The interview with the PREA Coordinator indicated that all facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. She stated any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the corporate PREA Coordinator to review. The PC further stated in 2015, GEO designed a secure PREA Portal with restricted access to retain all our PREA related data. Every sexual abuse incident is entered into the portal by the PCM at each facility and annually, the corporate PREA team reviews this data to determine what improvements are needed to enhance the overall PREA Program. These recommended improvements are submitted to the appropriate divisional authority annually for review and approval.</p> <p>115.89 (b): The PAQ states that the agency will 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 through other means. A review of the website: <a href="https://www.geogroup.com/prea">https://www.geogroup.com/prea</a> confirmed that the current PREA Annual Report, which includes aggregated data for all GEO facilities, is available to the public online.</p>	

115.89 (c): 5.1.2-A, page 29 indicates that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. It further states that before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. A review of the PREA Annual Report, which contains the aggregated data, confirms that no personal identifiers were publicly available.

115.89 (d): 5.1.2-A, page 29 and the PAQ indicate that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. A review of historical PREA Annual Reports indicated that aggregated data is available from 2013 to present.

Based on a review of the PAQ, 5.1.2-A, PREA Annual Reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Findings (By Provision):</p> <p>115.401 (a): The facility is a private for profit company. A review of the list of facilities and audit reports available on the agency website indicates that all GEO facilities have had a completed PREA audit.</p> <p>115.401 (b): The facility is a private for profit company. A review of the list of facilities and audit reports available on the agency website indicates that at least one third of the agency’s facilities are audited each year. The facility is being audited in the third year of the three-year cycle.</p> <p>115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from detainees.</p> <p>115.401 (n): The auditor observed the audit announcement in each housing unit on bright pink paper. The audit noticed advised the detainees that correspondence with the auditor would remain confidential unless the detainee reported information such as sexual abuse, harm to self or harm to others. The detainees were able to send correspondence via special mail. The auditor received one letter from a detainee that was not opened.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Findings (By Provision):  115.403 (a): The facility was previously audited on July 23-25, 2019. The final audit report is publicly available via the agency website. A review of the website confirmed that the agency has uploaded final reports for audited facilities.

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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



<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na

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 consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need	yes

	for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	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
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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

<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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



<b>115.17 (a) Hiring and promotion decisions</b>		
	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 consent or refuse?	yes
	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
<b>115.17 (b) Hiring and promotion decisions</b>		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	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

<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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 contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

<b>115.21 (b) Evidence protocol and forensic medical examinations</b>		
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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
<b>115.21 (c) Evidence protocol and forensic medical examinations</b>		
	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
<b>115.21 (d) Evidence protocol and forensic medical examinations</b>		
	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

<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	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

<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.31 (a)</b>	<b>Employee training</b>	
	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
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

<b>115.31 (b)</b>	<b>Employee training</b>	
	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
<b>115.31 (c)</b>	<b>Employee training</b>	
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.33 (a) Inmate education</b>		
	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
<b>115.33 (b) Inmate education</b>		
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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
<b>115.33 (c) Inmate education</b>		
	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
<b>115.33 (d) Inmate education</b>		
	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



<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	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

<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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 criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	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
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	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

<b>115.41 (e) Screening for risk of victimization and abusiveness</b>		
	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
<b>115.41 (f) Screening for risk of victimization and abusiveness</b>		
	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
<b>115.41 (g) Screening for risk of victimization and abusiveness</b>		
	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
<b>115.41 (h) Screening for risk of victimization and abusiveness</b>		
	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
<b>115.41 (i) Screening for risk of victimization and abusiveness</b>		
	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

<b>115.42 (a) Use of screening information</b>		
	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 being sexually abusive, to inform: Education 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: Program Assignments?	yes
<b>115.42 (b) Use of screening information</b>		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c) Use of screening information</b>		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

<b>115.42 (d) Use of screening information</b>		
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e) Use of screening information</b>		
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.42 (f) Use of screening information</b>		
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g) Use of screening information</b>		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes

<b>115.43 (a) Protective Custody</b>		
	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
<b>115.43 (b) Protective Custody</b>		
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	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



<b>115.43 (c)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	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 can be arranged?	yes
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	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
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	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

<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	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.)	na
<b>115.51 (c) Inmate reporting</b>		
	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
<b>115.51 (d) Inmate reporting</b>		
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a) Exhaustion of administrative remedies</b>		
	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.	no

<b>115.52 (b) Exhaustion of administrative remedies</b>		
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	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
<b>115.52 (c) Exhaustion of administrative remedies</b>		
	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
<b>115.52 (d) Exhaustion of administrative remedies</b>		
	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, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	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

<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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? (N/A if agency is exempt from this standard.)	yes
	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
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	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.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	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

<b>115.61 (a) Staff and agency reporting duties</b>		
	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
<b>115.61 (b) Staff and agency reporting duties</b>		
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c) Staff and agency reporting duties</b>		
	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 confidentiality, at the initiation of services?	yes
<b>115.61 (d) Staff and agency reporting duties</b>		
	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
<b>115.61 (e) Staff and agency reporting duties</b>		
	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

<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes



<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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 required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any 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: 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
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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

<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

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

<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	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

<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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 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?	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 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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes



<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.86 (d) Sexual abuse incident reviews</b>		
	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
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	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
<b>115.86 (e) Sexual abuse incident reviews</b>		
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a) Data collection</b>		
	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
<b>115.87 (b) Data collection</b>		
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c) Data collection</b>		
	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

<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	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
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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

<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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



<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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