

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

Interim Final

Date of Interim Audit Report: [Click or tap here to enter text.](#) N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 01/25/22

Auditor Information

Name: Karen S. Dalton	Email: ksddrph@aol.com
Company Name: Dalton Consulting, LLC	
Mailing Address: P.O. Box 11481	City, State, Zip: Whittier, CA 90603
Telephone: 562.652.0179	Date of Facility Visit: December 14-16, 2021

Agency Information

Name of Agency: The GEO Group			
Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.			
Physical Address: 4955 Technology Way		City, State, Zip: Boca Raton, FL 33431	
Mailing Address: Same as above		City, State, Zip: Click or tap here to enter text.	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: Click or tap here to enter text.			

Agency Chief Executive Officer

Name: Jose Gordo	
Email: jgordo@geogroup.com	Telephone: 561.893.0101

Agency-Wide PREA Coordinator

Name: Trina Maso de Moya, Senior Director, Contract Compliance – PREA Coordinator	
Email: tmasodemoya@geogroup.com	Telephone: 561.999.8116
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator: 83 (48 prisons, 35 reentry)

Facility Information

Name of Facility: El Centro Detention Facility

Physical Address: 1115 N. Imperial Avenue

City, State, Zip: El Centro, CA 92243

Mailing Address (if different from above):
Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: www.geogroup.com/PREA

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Click or tap here to enter text.

Warden/Jail Administrator/Sheriff/Director

Name: Fereti Semaia

Email: fsemaia@geogroup.com

Telephone: 760.259.2500 ext 271001

Facility PREA Compliance Manager

Name: Brandy Galvan

Email: brgalvan@geogroup.com

Telephone: 760.259.2500 ext 271008

Facility Health Service Administrator N/A

Name: Elizabeth Smith

Email: esmith@geogroup.com

Telephone: 760.259.2500 ext 271022

Facility Characteristics

Designated Facility Capacity:

512

Current Population of Facility:

341

Average daily population for the past 12 months:	382
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	18-69
Average length of stay or time under supervision:	146 days
Facility security levels/inmate custody levels:	Low, medium, high
Number of inmates admitted to facility during the past 12 months:	1501
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	1430
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	1146
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	228
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	35
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	9
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	23
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	18
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	8
<p>Number of single cell housing units:</p>	1
<p>Number of multiple occupancy cell housing units:</p>	0
<p>Number of open bay/dorm housing units:</p>	8
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	16
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>0</p>
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<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
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Administrative Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>3</p>
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<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
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Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 5

List of Standards Exceeded: 115.31, 115.33, 115.41, 115.42, 115.53

Standards Met

Number of Standards Met: 38

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: [Click or tap here to enter text.](#)

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	December 14, 2021
2. End date of the onsite portion of the audit:	December 16, 2021
Outreach	
3. 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Sure Helpline Center. 654 Main Street, El Centro CA 92243 – (760) 352-7878
Audited Facility Information	
4. Designated Facility Capacity:	512
5. Average daily population for the past 12 months:	382
6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	8
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees

8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	341
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	3
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	0
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	1
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	180
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	5
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	1
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	11
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0

<p>23. 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).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>On the first day of the onsite audit there were 341 total detainees; 314 males and 27 females, including one transgender woman. Twenty-three detainees were White, nine were Black, one mixed race, one Filipino, and 307 Hispanic. Although El Centro Detention Facility does not generally house deaf or blind individuals, one male detainee indicated during the interview he did not hear well out of his right ear. He was interviewed using the disabled and limited English proficient protocol. The ECDF provided access to the entire detainee population throughout the onsite audit.</p>
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Staff, Volunteers, and Contractors
Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees

<p>24. 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:</p>	<p>228</p>
<p>25. 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:</p>	<p>23</p>
<p>26. 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:</p>	<p>0</p>
<p>27. 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.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The ECDF staffing plan consists of 228 positions. They currently have 20 vacancies which they are actively recruiting for. The contracted staff on site during the audit included medical and mental health staff. Due to COVID 19 precaution and protocols, commissary contractors and volunteers were not on site.</p>

Interviews

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>13</p>
<p>29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:</p>	<p> <input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text. </p>

<p>30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?</p>	<p>The detainees at the El Centro Detention Facility (ECDF) are largely from the Imperial Valley and the Southern California border region. Nearly 90% of the population in this region is Hispanic or Latino of any race. Detainees were randomly selected from their housing unit rosters utilizing every eighth bunk assignment. If a detainee was unavailable, the plan was to use the next bunk assignment. Due to limited movement outside of the facility, all selected detainees were available to be interviewed.</p>
<p>31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:</p>	<p>Click or tap here to enter text.</p>

<p>32. 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, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The El Centro Detention Facility worked closely with the auditor, making detainee and staff interviews a priority. There were no issues or barriers to identifying detainees to be interviewed. The PREA Compliance Manager and auditor spoke via the telephone prior to the on-site audit, discussing access to detainees, staff, contractors, and documentation.</p>
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Targeted Inmate/Resident/Detainee Interviews

<p>33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p style="text-align: center;">13</p>
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34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input 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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The ECDF does not hold juvenile or youthful detainees.
35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	7

a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input 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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, 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).	Click or tap here to enter text.
36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input 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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The ECDF, in collaboration with the U.S. Marshal Service (USMS) does not accept detainees with documented cognitive disabilities or those who have difficulty in performing basic everyday tasks necessary for independent living. The PAQ was reviewed, and through the facility tour, numerous interviews with specialized and random staff, and most importantly with medical and mental health staff, it was determined the detainee population was considered a "well" population. Documentation reviewed, which included intake,

	classification, and comprehensive detainee files, as well as medical files showed a consistency with interview responses that the detainee population who met a classification threshold triggered a referral to mental health for further assessment. If staff encountered an individual displaying signs of a significant mental, physical or functional disability they would likely be moved to medical housing pending a transfer to a facility better equipped to care for the detainee.
37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:	0
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, 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).	As reported by the PCM and confirmed with medical staff there were no detainees at the ECDF with visual impairments.
38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:	1
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input 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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. If 0, 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).	Click or tap here to enter text.
39. 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:	6
a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input 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. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. If 0, 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).</p>	<p>Click or tap here to enter text.</p>
<p>40. 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:</p>	<p>2</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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. If 0, 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).</p>	<p>Click or tap here to enter text.</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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. If 0, 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).</p>	<p>Click or tap here to enter text.</p>
<p>42. 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:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. If 0, 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).</p>	<p>The PAQ was reviewed, and in discussion with the PREA Compliance Manager (PCM) as well as a review of detainee files, the two detainees who had reported sexual abuse while housed at the ECDF has been released. During interviews with the Facility Administrator, Assistant Facility</p>

	<p>Administrator, PCM, USMS, Grievance Coordinator and the Chief of Operations, all were familiar with the two allegations that had been made and acknowledged each had been released from custody.</p>
<p>43. 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:</p>	<p>11</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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. If 0, 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).</p>	<p>Click or tap here to enter text.</p>
<p>44. 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 Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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. If 0, 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).</p>	<p>A review of the PAQ and ECDF policy 1300.04, page 17, section K indicates involuntary restricted housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the detainees. Additionally, during the site tour of the Restrictive Housing Unit (RHU), a review of the RHU logs, and interview with the RHU sergeant and a detainee housed in the RHU indicated the ECDF does not utilize the RHU for segregates housing for risk of sexual victimization or who alleged to have suffered sexual abuse. The PCM acknowledged the utilization of protocol of housing near the officer station and providing regular "check-ins" by the PCM to ensure safe housing.</p>
<p>45. 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, etc.).</p>	<p>Click or tap here to enter text.</p>

<p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	
Staff, Volunteer, and Contractor Interviews	
<i>Random Staff Interviews</i>	
46. Enter the total number of RANDOM STAFF who were interviewed:	17
47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text.
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):	<input type="checkbox"/> Too many staff declined to participate in interviews <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe) Click or tap here to enter text.
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:	Click or tap here to enter text.
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The ECDF provided unfettered access to all staff. There were no issues or barriers to completing the interviews and staff were open to being interviewed.</p>
Specialized Staff, Volunteers, and Contractor Interviews <i>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 interview would satisfy multiple specialized staff interview requirements.</i>	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	24
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	Click or tap here to enter text.
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:</p>	<p>Click or tap here to enter text.</p>
<p>53. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the PREA Coordinator:</p>	<p>Click or tap here to enter text.</p>
<p>54. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>a. If no, explain why it was not possible to interview the PREA Compliance Manager:</p>	<p>Click or tap here to enter text.</p>
<p>55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):</p>	<p><input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input checked="" type="checkbox"/> Other (describe) Chief of Operations/Security, Chief of Programs, Grievance Coordinator, USMS Contract Manager, Case Managers, Training Coordinator, Mail Room Supervisor, Rape Crisis Center Staff, Fire Safety Manager</p>
<p>56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

a. Enter the total number of VOLUNTEERS who were interviewed:	0
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	4
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	<input checked="" type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Click or tap here to enter text.

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: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

59. Did you have access to all areas of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain what areas of the facility you were unable to access and why.	Click or tap here to enter text.
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	Click or tap here to enter text.
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.</p>	<p>Click or tap here to enter text.</p>
<p>62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>63. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Full access to the facility was provided at the ECDF. This included all buildings on site, both security and administrative. The indoor and outdoor recreation areas, kitchen, medical, and Restrictive Housing Unit, as well as intake and classification, facility entry, visiting (although visiting had been curtailed due to COVID), main control, laundry, and armory were toured. Upon entering the intake area several blind spots were tested. This included the auditor staging scenarios both as a detainee and a staff member to ensure appropriate line of sight was provided. ECDF staff utilized convex mirrors throughout the facility to mitigate any potential blind spots. In the laundry area the large commercial washing machines had custom fencing and shielding to ensure detainees could not position themselves behind or between the machines. Food storage in the kitchen area were constructed with clear low-emissivity glass doors so staff had full sight when someone entered the storage areas. Shelving was adequately positioned to ensure there were no blind spots. It should be noted that of the eight housing units; Alpha-North, Alpha-South, Bravo-East, Bravo-West, Mike, Nancy, Kilo, and Lima, two units (Alpha-South and Kilo) were holding detainees with active COVID19 infections. Although the facility provided the auditor access to these housing units under the conditions that the auditor was fitted for an N95 mask and fully outfitted with a shield, shoe covers and wore a full Tyvek suit, the auditor chose not to tour these housing units or interview detainees housed within these units.</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.

<p>65. 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?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Document sampling was applied to staff, contractor, and detainee files. These files included training, personnel, risk screening, medical and mental health files and investigative files. For personnel files, all new hires and those promoted within the past year were reviewed to ensure background checks were conducted and or consideration of any sexual abuse or sexual harassment allegations were considered in hiring and or promoting staff. There were no five-year background checks conducted as the ECDF has not been open for five years. Detainee files, general personnel files, medical and mental health files and training records were conducted via random sampling by the auditor utilizing either the staff or detainee roster. All investigative files were reviewed as were all grievances filed at the facility within the past 12-months. Additionally, supervisory logs were reviewed in each of the housing units, and ancillary buildings such as medical and mental health, intake and classification, laundry and the kitchen.</p>

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.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual abuse</u>	2	0	2	0
<u>Staff-on-inmate sexual abuse</u>	1	0	1	0
Total	3	0	3	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Click or tap here to enter text.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

A review of the PAQ, grievance files, and discussions with the PCM and staff indicated there were no allegations of sexual harassment at the ECDF within the past 12-months.

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.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

0

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Click or tap here to enter text.</p>
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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.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>A review of the PAQ, grievance files, and discussions with the PCM and staff indicated there were no allegations of sexual harassment at the ECDF within the past 12-months.</p>
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72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>A review of the PAQ, grievance files, and discussions with the PCM and staff indicated there were no allegations of sexual harassment at the ECDF within the past 12-months.</p>
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Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

<p>73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>3</p>
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<p>a. If 0, explain why you were unable to review any sexual abuse investigation files:</p>	<p>Click or tap here to enter text.</p>
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<p>74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files) </p>
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Inmate-on-inmate sexual abuse investigation files

<p>75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
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76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
<i>Sexual Harassment Investigation Files Selected for Review</i>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual harassment investigation files:	A review of the PAQ, grievance files, and discussions with the PCM and staff indicated there were no allegations of sexual harassment at the ECDF within the past 12-months.
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)

<p>89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Click or tap here to enter text.</p>
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Support Staff Information

DOJ-certified PREA Auditors Support Staff

<p>90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?</p> <p><i>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.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:</p>	<p>Click or tap here to enter text.</p>
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Non-certified Support Staff

<p>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</p> <p><i>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.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</p>	<p>Click or tap here to enter text.</p>
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Auditing Arrangements and Compensation

<p>92. Who paid you to conduct this audit?</p>	<p><input checked="" type="checkbox"/> The audited facility or its parent agency</p> <p><input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="checkbox"/> Other</p>
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PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

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

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 No

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Mission Statement

The GEO Group Corporate Policy 5.1.2 – Zero Tolerance Policy Towards Sexual Abuse and Harassment

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

ECDF Policy 1300.04 – Prison Rape Elimination Act

USMS Special Limited Use Agreement

GEO PREA Manager Facility Oversight Organizational Chart

ECDF Organizational Chart

Interviews

GEO Corporate PREA Coordinator

ECDF PREA Compliance Manager

ECDF USMS Contract Manager

Findings

(a) GEO's corporate policy 5.1.2, Section 1 (page 1) mandates zero tolerance towards all forms of sexual abuse and sexual harassment in all of its facilities. Pages 1-2 of the policy outline the policy components to prevention, detection, and response for any allegations of sexual abuse and sexual harassment. Pages 2-8 include definitions of prohibited behaviors regarding sexual abuse and sexual harassment. Corporate policy 5.1.2-A page 5 section IIIA1 details the GEO Group's approach to preventing, detecting and responding to such conduct. ECDF policy 1300.04, page 1 outlines the purpose of the policy and procedures for sexual abuse and sexual harassment at its facility. The USMS Special Limited Use Agreement, attachment 1, page 7 provides information about the Prison Rape Elimination Act, zero tolerance for sexual abuse and sexual harassment, definitions, and outlines prevention, detection and response efforts.

(b) The GEO PREA Manager Facility Oversight Organizational Chart shows the agency's PREA Coordinator in an upper-level management position. The PREA coordinator stated the corporate PREA team consists of five PREA compliance managers (PCMs) and a PREA data specialist. Additionally, there are three regional PREA coordinators for the Secure Services division and two PREA coordinators that assist with the Reentry Services division. Each of the PREA compliance manager within the PREA coordinator's chain of command have investigative oversight for each assigned facility and serve as the main point of contact for all PREA related questions.

(c) As indicated by the GEO PREA Manager Facility Oversight Organizational Chart, and the ECDF Organizational Chart, each facility operated by The GEO Group has an appointed facility PREA Compliance Manager. The ECDF PREA Compliance Manager is an upper-level manager, reporting directly to the Facility Administrator.

Conclusion

Both the GEO Group, and the ECDF have zero-tolerance policies against sexual abuse and sexual harassment which includes efforts for prevention, detection, and response of and to any allegation of sexual abuse and sexual harassment. A review of the documentation provided, interviews with corporate, facility, and contract staff indicate the corporate PREA coordinator and local PREA compliance manager to be upper-level managers, who have sufficient time and authority to perform their duties and responsibilities. Based on the analysis of all available evidence, the ECDF is found in compliance with standard 115.11.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

Interviews

ECDF Facility Administrator

ECDF PREA Compliance Manager

USMS Contract Manager

Findings/Conclusion

The ECDF does not contract with any entities, public or private for the confinement of its detainees. This was confirmed by staff interviews with the Facility Administrator, local PREA compliance manager, and the USMS contract manager. However, GEO corporate policy 5.1.2-A, page 6, section 5 states that GEO shall adhere to all contracts with other entities for the confinement of individuals that require its obligation to adopt and comply with the PREA standards. The ECDF is found to be compliant with standard 115.12 based on staff interviews and a review of policy.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

- 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 No
- 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 No NA
- 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 No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ECDF Policy 1300.04 – Prison Rape Elimination Act
ECDF Staffing Analysis Report
ECDF Annual PREA Facility Assessment – 10/16/2020
USMS – Federal Performance-Based Detention Standards (FPBSD), based on the American Correctional Association (ACA) Detention and Correctional Practices
Unannounced Rounds Log
ECDF Video Monitoring Locations
Site Review
Weekly Executive Staff Meeting

Interviews

GEO Corporate PREA Coordinator
ECDF Facility Administrator
ECDF Assistant Facility Administrator
ECDF PREA Compliance Manager
ECDF Captain – Chief of Security
USMS Contract Manager

Findings

(a) The ECDF staffing plan was discussed with the Facility Administrator, Assistant Facility Administrator, PREA compliance manager, and Chief of Security. The facility operates within the FPBDS, GEO corporate, and the USMS policies and procedures, and follows the ACA accepted detention and correctional practices. The ECDF staffing plan is based on input and assessment from the GEO Group corporate headquarters and the USMS recommendations. GEO corporate policy 5.1.2-A, page 7, section c, and ECDF policy 1300.04, page 6, section C1(a)(b)(c)(d) outline the requirements for the staffing plan. A review of the ECDF Annual PREA Facility Assessment revealed the 11 elements required for the development of the

staffing plan were utilized and include (1) generally accepted detention and correctional practices, (2) any judicial findings of inadequacy of which there were none, (3) any findings of inadequacy from Federal investigative agencies (none), (4) any findings of inadequacy from internal or external oversight bodies (none), (5) all components of the facility's physical plant (including blind spots or areas where staff or detainees may be isolated, (6) the composition of the detainee population, (7) the number and placement of supervisory staff, (8) institution programs occurring on all shifts, (9) any applicable state and local laws, regulations, or standards, (10) the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and (11) any other relevant factors. The staffing plan was built on a detainee population of 512, and the facility has had an average of 382 detainees over the past 12-months.

(b) The 2020 ECDF Annual PREA Facility Assessment showed no deviations occurring from the staffing plan. The assessment was completed by the Facility Administrator, with the Regional Director of Operations and the GEO PREA Coordinator approving.

(c) The Facility Assessment, which includes the staffing plan development, deviations, and justifications are discussed at least annually and includes the ECDF executive staff, including the Facility Administrator, Assistant Facility Administrator, PREA compliance manager, Chief of security, Human Resources (HR) manager, Chief of Unit Management (Programs), the ECDF Intelligence Officer, and the USMS contract manager. The auditor attended the weekly meeting in which the staffing plan, current vacancies, and the utilization of overtime to cover vacancies was discussed. During the site review the auditor positioned herself in several areas to test camera, mirror, and staff coverage and observation. The ECDF maintains quality visibility through 172 cameras (32 exterior and 140 interior), a closed-circuit television (CCTV) system staffed 24 hours a day, 7 days a week. The ECDF enhanced their security efforts through the utilization of convex mirrors throughout the buildings, including the kitchen, medical, intake and recreation areas. Two innovative security enhancements were implemented at the ECDF; the kitchen walk in storage units were equipped with clear paneling so the inside of the storage area can be seen at all times, and the laundry area was equipped with a metal mesh fencing to prevent any individual from the ability to position themselves in compromising spaces behind and between the machines.

(d) Page 8, section C1f-g of the ECDF policy 1300.04 requires department heads, facility management staff and supervisors to conduct and document unannounced rounds with their respective areas to identify and deter employee Sexual Abuse and Sexual Harassment. The practice is required at least once per week on all shifts. Further, the policy prohibits employees from alerting other employees that these supervisor rounds are occurring, unless such announcement is related to the legitimate operational function of the facility. A review of the unannounced rounds log, interview with supervisory staff, and in general conversation with security staff, unannounced rounds occur much more frequently than once per week, and both supervisors and staff were cognizant of why unannounced rounds are conducted.

Conclusion

A review of policy, documentation, and interviews with staff related to provisions (a)(b)(c)(d), coupled with the site review and observed practice and attendance at the weekly executive staff meeting, shows the ECDF to be in compliance with standard 115.13.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities Government-Owned/Contractor-Operated (GOCO) Agreement

Interviews

ECDF Facility Administrator
ECDF PREA Compliance Manager
USMS Contract Manager

Findings

The ECDF does not house youthful detainees. The GOCO solicitation and agreement indicate on page 11, section C.2 the El Centro Detention Facility will be populated with adult male and female detainees facing criminal charges ordered held in pre-trial detention. Interviews with key staff indicate they have not housed nor received any youthful detainees since the facility opened.

Conclusion

Based on the review of the documentation and staff interviews determination was made that Standard 115.14 is not applicable to the ECDF.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- 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 No
- 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ECDF Policy 1300.04 – Prison Rape Elimination Act
GEO PREA Training Curriculum
ECDF Staff Training Records
Pat search observation
Statement of Fact

Interviews

ECDF PREA Compliance Manager
Intake Staff
Medical Staff
Random Staff
Random Detainees
Transgender Female Detainee

Findings

(a)(b) Corporate policy 5.1.2-A, page 17, section I outlines searches and observation. Nine elements are outlined in the policy. 1. Cross gender strip searches are prohibited except in exigent circumstances, 2. Cross gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited except in exigent circumstances and shall only be performed by medical practitioners, 3. Facilities shall not permit cross gender pat down searches of female individuals in a GEO facility or program, absent exigent circumstances, 4. Facilities shall not restrict female individuals in a GEO facility of program access to regularly available programming or other outside opportunities in order to comply with this provision, 5. Facilities shall document and justify all cross gender pat down searches of female individuals in a GEO facility or program, 6. Facilities shall document and justify all cross gender strip searches and cross gender visual body cavity searches of an individual in a GEO facility or program, 7. 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, 8. Facility policies and procedures shall require employees of the opposite gender to announce their presence when entering housing units or any areas where individuals in a GEO facility or program are likely to be showering, performing bodily functions, or changing clothing, and 9. In Secure Services Facilities individuals who are paced on constant observation status by mental health providers shall be provided visual supervision by a security staff member of the same gender. These same nine elements are included in the ECDF policy 1300.04 on pages 15-16, section I, 1-9. A Statement of Fact signed by the ECDF Facility Administrator on 07/31/21, indicates there have been no cross-gender strip searches, cross-gender visual body cavity searches or cross-gender pat down searches. Interviews with random and specialized staff acknowledge policy that does not permit cross-gender searches of any kind at the facility except in exigent circumstances.

Detainees acknowledged they are pat searched only and searched by staff members of their same gender. One transgender woman detainee acknowledged she signed a search preference form, has only been pat searched which are always respectful.

(c) The ECDF conducts pat searches only, and they are conducted when detainees return from recreation, work assignments, visiting, church or programming. Observation of searches being conducted on detainees returning from recreation confirmed the use of a hand-held security scanner and properly conducted pat search. Random male staff stated they would not conduct any type of search on a female detainee. Several mentioned there is always a female staff member on site to conduct searches of female detainees. Random female staff stated they can conduct pat searches on male detainees. Female detainees indicated they are always searched by a female staff member. The GEO PREA training curriculum discusses the facility ban on cross-gender pat-down searches of female inmates and discusses the potential trauma that can be triggered from being searched.

(d) ECDF policy 1300.04, page 16, section I, 8-9 allows for 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. Both facility staff and detainees state they are provided privacy with respect to showering or using the restroom. Detainee toilets are privatized through half walls, that when observed by staff allow for adequate privacy. The facility PCM identified shower curtains that provided ample privacy, but the curtain rods posed a security risk. The identification of a sufficient rod was matched with the privacy curtain to create a customized shower curtain configuration that mitigated any security issues yet provided privacy for the detainees. The ECDF continuously made cross-gender announcements throughout the facility. The practice was consistent throughout the onsite audit. All detainees acknowledged staff making cross gender announcements. Further, detainees could articulate that the announcements were made to give them time to cover up.

(e) Page 17, section J of corporate policy 5.1.2-A, and page 16, section J of ECDF policy 1300.04 describe transgender and intersex identification at intake and searches. Both policies prohibit searching or physically examining a transgender or intersex detainee during intake processing. Staff is required to place the detainee in a holding cell or area to provide for the detainee's safety and to provide the individual with a measure of privacy pending further review. Additionally, both policies prohibit any type of search or examination solely to determine a detainee's genital status. Policy directs conducting private conversations with the individual, reviewing medical records, or learning of information as part of a broader medical examination conducted in private by a medical practitioner. The facility PCM, intake staff and medical staff indicated the facility has received very few transgender detainees and no intersex detainees since the facility opened. The transgender detainee interviewed stated she was not strip searched, was provided the opportunity to complete a strip search preference form and has had several conversations with case management and the facility PCM to ensure she is feeling safe.

(f) The GEO Prison Rape Elimination Act (PREA) DOJ 2017 Pre-Service training curriculum was reviewed. Objective 10 of the course is to illustrate how to communicate effectively and how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, detainees and residents in a professional manner. The training discusses these areas in addition to showing a video on the proper way to conduct a pat-search. Staff training records were reviewed and showed staff receive PREA training annually, which includes training on searches. Three random staff were able to demonstrate during their interview a proper pat-search.

Conclusion

The evidence presented as part of the staff interviews, detainee interviews including an interview with a transgender detainee, a review of policy, training curriculum, staff training records indicate all provisions of Standard 115.15 have been met by the ECDF.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

ECDF Policy 1300.04 – Prison Rape Elimination Act

Language Line Agreement

ECDF PREA Brochure – English, Spanish, Large Print

Statement of Fact

Observation of Telecommunication “Captioned” device

ECDF Detainee Handbook – English and Spanish

Interviews

GEO Agency Head

Random Staff

Targeted Inmates – LEP

Random Inmate who shared he was hard of hearing in his left ear

Case Managers

Findings

(a) GEO corporate policy 5.1.2-A, page 12, section E1a and ECDF policy 1300.04, page 11, section E1a state that facilities/ECDF shall ensure individuals in a GEO facility or program 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 company’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The ECDF provides access to a telecommunication “captioned” device for deaf detainees, as well as show the PREA orientation video in both English and Spanish with captioning. Detainees who are deaf or hard of hearing may read the subtitles, those who are blind can hear the video. During random detainee interviews one detainee stated he was hard of hearing through his left ear. Discussion with him indicated he did not have any trouble functioning in the facility as he could hear well through his right ear. He acknowledged meeting regularly with a case manager and knew that his case manager would be able to assist him with any needs. Further, case managers identified PREA as a priority in their work, specifically ensuring the detainees have the information necessary for sexual safety in the facility. Because the case managers conduct the risk assessment, they are aware of any disabilities or language barriers upon intake and classification. GEO’s agency head indicated in all of GEO’s facilities PREA education materials have been developed in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. Posters, pamphlets, videos, large print materials have been developed, as well as TTY phones, access to language lines and designated staff interpreters made available to ensure effective communication.

(b) Sections E1b of both corporate and local policy state GEO/ECDF shall ensure that the facility provides written materials to every detainee in formats or through methods that ensure effective communication with detainees with disabilities including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. The ECDF staff are predominantly bilingual, speaking both English and Spanish. Additionally, the facility maintains a contract through The GEO Group with Language Line Solutions. The agency head indicated GEO corporate reaches out to community-based resources, i.e., colleges and organizations that might be willing to assist with effective communication.

(c) Corporate policy 5.1.2-A, section E1c, and ECDF policy 1300.04, section E1c state individuals in a GEO facility or program, and detainees in ECDF, respectively shall not be relied on as interpreters, or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first response duties outlined in section M2 of the corporate policy and L2 of the local policy, or the investigation of the individual's allegations. Any use of these interpreters under these types of circumstances shall be justified and fully documented in the written investigative report. The facility administrator provided a statement of fact confirming the ECDF has not utilized inmate interpreters, readers and other inmate assistants during this audit period. The six detainees identified as LEP were interviewed with a staff interpreter.

Conclusion

Based on the documentation reviewed, policy and practice of the ECDF, all provisions of standard 115.16 are found to be in compliance.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 ECDF Policy 1300.04 – Prison Rape Elimination Act
 Employment Application with background check
 GEO Group contingent employment offer letter
 PREA Disclosure Waiver
 Contractor Background Check
 Employee files of new hires
 Employee files of staff who had been promoted within the past 12-months
 Statement of Fact

Interviews

GEO Corporate Human Resource Manager
 ECDF Human Resource Manager
 PREA Compliance Manager

Findings

(a) Both the GEO corporate policy 5.1.2-A, page 8, section 2a, and ECDF policy 1300.04, page 7, section 2a mandate that GEO facilities and ECDF, respectively are prohibited from hiring or promoting anyone (who may have contact with individuals in a GEO facility or program) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or the community.

(b) The ECDF follows the GEO corporate policy 5.1.2-A on page 7 of policy 1300.04, section 2b by considering any incidents of sexual harassment in determining whether to hire or

promote anyone who may have contact with detainees. Two files of employees who had recently been promoted were reviewed. A "Promotion/Transfer" packet was included in each file and the information is utilized for processing promotions and or transfers of staff. Requirements of this process include an employee application, background release consent form, background from *Accurate.com*, the company contracted to perform background checks for individuals applying for any position within The GEO Group. The PREA Disclosure waiver, conditional employment offer and the new job description were also included. While on site the corporate human resource manager was training a newly hired ECDF human resource manager, who together were able to articulate the complete hiring and promotional process followed at the direction of The GEO Group and corporate policy.

(c) A review of 11 ECDF personnel files showed compliance with corporate policy 5.1.2-A, and local ECDF policy 1300.04 policy which states a criminal background check shall be conducted and best efforts are made 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. ECDF HR staff indicated no one begins their employment at the facility without first completing the corporate background process with favorable outcomes.

(d) Both GEO corporate policy 5.1.2-A, section 4a-c, as well as ECDF policy 1300.04, section 4a-c outline the process for acquiring contractors. Medical and mental health contractors are processed through *Accurate.com*, while contractors within the GOCO (Government-Owned, Contractor-Operated) contract, i.e., ICE and or USMS contractors have their background checks and clearances processed through ICE. All clearances for individuals a part of the GOCO are on file at the ECDF.

(e) Corporate policy 5.1.2-A directs local facilities to repeat background checks for all employees and contractors who have contact with detainees. Policy 1300.04 outlines this for employees on page 7, section 2c for employees, and page 15, section 4c for contractors. Staff and contractors at the ECDF are required to complete the PREA Disclosure Form on an annual basis. The ECDF has not been operational for five years, therefore there were no employees or contractors who had been subject to a 5-year background check.

(f) GEO corporate policy 5.1.2-A, page 8, section 2d, and ECDF policy 1300.04, page 7, section 2d imposes upon employees a continuing affirmative duty to disclose any sexual abuse misconduct. All employees and contractors are provided with the GEO Group PREA Disclosure Form annually. This form outlines the provisions of PREA standard 115.17 and affirmatively asks; 1. Have you engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or other institution? 2. 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 if the victim did not consent or was unable to consent or refuse, and 3. Have you ever been civilly or administratively adjudicated 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.

(g) Material omissions regarding sexual abuse misconduct, or the provision of materially false information is grounds for termination as outlined in both the corporate policy 5.1.2-A and ECDF policy 1300.04.

(h) Corporate policy 5.1.2-A, page 8, section 2f and ECDF policy 1300.04, page 7, section f, unless prohibited by law, the ECDF shall provide information on substantiated allegations of Sexual Abuse and Sexual Harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Because there have been no substantiated incidents of staff on detainee sexual abuse and or sexual

harassment at the facility, both the human resource manager and ECDF PCM indicated no requests of such have been made to the facility.

It should be noted that a Statement of Fact was presented indicating that within the past 12-months, the ECDF has not had volunteers on site due to COVID19 restrictions.

Conclusion

Based on policy review, staff interviews with human resources and the PREA compliance manager, a review of multiple personnel files including new hires and those who received promotions, the ECDF is found in compliance with all provisions of standard 115.17.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

ECDF Policy 1300.04 – Prison Rape Elimination Act

Facility Work Request

Observation of work order project completion during site review

Interviews

GEO Agency Head

ECDF Facility Administrator

ECDF PREA Compliance Manager

ECDF Chief of Security

Findings

(a)(b) ECDF policy 1300.04, page 7, section C3 acknowledges the facility 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 detainees from sexual abuse. The GEO Group's agency head indicated 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. On both a local and national level, GEO looks for patterns where improvements can be made. The ECDF completed a Facility Work Request on 02/23/21 requesting the mounting of four convex mirrors located in the laundry warehouse. The request was discussed at a weekly executive meeting, receiving acknowledgement from the facility's Chief of Security, approved through the Assistant Facility Manager, Facility Manager and eventually through USMS/ICE. During the site review the mirrors were observed. The installation of these mirrors mitigated potential security threats.

Conclusion

Based on the information presented, reviewed, and observed, the GEO Group and the ECDF remain proactive in seeking and implementing more efficient and effective ways of mitigating potential security threats. The ECDF is found in compliance with standard 115.18.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No

- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.21 (e)

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

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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 No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-E – PREA Investigation Procedure

ECDF Policy 1400.04 – PREA Investigations

ECDF Coordinated Response

ECDF MOU for Victim Advocacy

ECDF MOU for Criminal Investigative Services

Pioneers Memorial Hospital Agreement for SART/SANE Services Statement of Fact

Interviews

ECDF PREA Compliance Manager
Random Staff

Findings

- (a) Corporate policy 5.1.2-E, page 5, section D1, and page 6, section D1 of ECDF policy 1400.04 indicates uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions shall be followed. The ECDF has a signed MOU between the GEO Group and the El Centro Police Department for investigations of criminal sexual abuse allegations. All staff who were interviewed had knowledge and understood uniform evidence protocol and forensic examinations. A Statement of Fact indicates that during this audit period ECDF has not had any alleged sexual abuse victim that has requested or required a forensic medical examination requiring advocates.
- (b) Although ECDF does not house youthful detainees, both corporate policy 5.1.2-E and ECDF policy 1400.04 acknowledge the uniform evidence protocol is 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. The ECDF Coordinated Response was reviewed and shows designation for uniform evidence protocols and internal responsibilities to an alleged PREA incident.
- (c) The MOU between The GEO Group and Sure Helpline Center for victim advocacy services states on page 2, item 4 that Sure Helpline Center will inform the survivor of the right to have a victim advocate present during the medical forensic exam which will be conducted at Pioneers Memorial Hospital in Brawley, CA. The MOU between The GEO Group and the El Centro Police Department (ECPD) on page 1, section 1 it is agreed the ECPD will utilize Pioneers Memorial Hospital. The hospital is located at 207 W. Legion Road, Brawley, CA 92227. An MOU on file agrees that Pioneers Memorial Hospital obligations included 1. Providing and maintaining a full-time single use SART examination room, 2. The SART examination room will be separate from the emergency room, 3. SART services will be provided according to the State of California Medical Protocol for the Examination of Sexual Assault Victims, and 4. Is responsible for ensuring that the service of a SANE is always on call.
- (d)(e) GEO corporate policy 5.1.2-E, page 6, section 3, and page 7, section 5 of ECDF policy 1400.04 indicate a victim advocate shall be made available to the victim. The ECDF does not utilize facility employees as victim advocates unless there is documentation to show no other alternative was available in the community and there is documentation to validate the employee has been screened for appropriateness to serve in the role and have received education concerning sexual assault and forensic examination issues in general. Both the MOU with Sure Helpline will work with the ECDF to accompany and support the victim through the forensic medical examination.
- (f) ECDF has an MOU with the El Centro Police Department (ECPD) that outlines the partnership responsibilities, specifically stating that the ECPD will respond immediately to any request for services pertaining to sexual abuse. Once it is determined by ECDF a criminal sexual abuse incident has occurred, it will notify the ECPD.

Conclusion

All provisions of standard 115.21 were met and ECDF found to be in compliance through policy, staff interviews, and a review of documentation.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does 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 No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-E – PREA Investigation Procedure

ECDF Policy 1400.04 – PREA Investigations

MOU between The GEO Group/ECDF and El Centro Police Department

ECDF PREA Portal Survey – Sexual Abuse/Harassment Investigations

ECDF Referral to El Centro Police Department for a PREA Allegation

GEO Website

ECDF Investigative File

Interviews

GEO Agency Head

ECDF Investigative Staff

Findings

(a)(b) In the past 12-months, there were three allegations of sexual abuse at the ECDF. Two allegations involved detainee suspects and detainee victims. One case was referred to the El Centro Police Department. One case involved a staff member on detainee. This investigation is on-going. Corporate Policy 5.1.2-E, page 1, section A1a directs each facility to have a policy in place to ensure all allegations of sexual abuse or sexual harassment 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. Additionally, facilities shall document all referrals. The ECDF policy 1400.04, pages 3-4 outlines their response. The GEO agency head states that administrative or criminal investigations are required to be completed for all allegations of sexual abuse or sexual harassment. Additionally, based on client contract requirements, an investigation would be conducted by either the client investigative unit, local law enforcement, or trained GEO facility investigator. The ECDF has one trained investigator who investigates administrative investigations and refers to the El Centro Police Department for criminal investigations. The agency head and ECDF investigative staff state 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.

(c) The ECDF and the ECPD have a signed MOU on files that outlines investigative responsibilities. The ECDF investigative staff maintains documentation ensuring responsibilities of both parties of the MOU are being followed.

Conclusion

Provisions (a)(b)(c) were documented in corporate and local policy, through staff interviews and by reviewing investigative files. The ECDF is found in compliance with standard 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

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

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 ECDF Policy 1300.04 – Prison Rape Elimination Act
 GEO PREA Training Curriculum
 ECDF Sample of Training Records
 ECDF Employee Files
 GEO Prison Rape Elimination Act (PREA) Basic Training Acknowledgement

Interviews

ECDF Training Administrator
 Random Staff

Findings

(a) GEO Corporate police 5.1.2-A, page 14, section 1a acknowledges all employees, contractors and volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. Page 12, section F1a of ECDF policy 1300.04 acknowledges that all employees contractors and volunteers shall receive training. This policy further stipulates employees who have contact with detainees will be trained on 1) the facility's zero tolerance policy for sexual abuse and sexual harassment, 2) how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures, 3) detainees right to be free from sexual abuse and sexual harassment, 4) the right of detainee and employees to be free from retaliation for reporting sexual abuse and sexual harassment, 5) the dynamics of sexual abuse and sexual harassment in confinement, 6) the common reactions of sexual abuse and sexual harassment victims, 7) how to detect and respond to signs of threatened and actual sexual abuse, 8) how to avoid inappropriate relationships with detainees, 9) how to communicate effectively and professionally with detainees, including LGBTI or Gender Non-Conforming individuals, and 10) how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. A review of the GEO PREA Training Curriculum shows these 10 key elements are included in employee training. A sampling of employee training records showed employee's initial training prior to being placed in their assignment. The newly hired HR manager arrived began her assignment at the facility the day of my arrival for the onsite audit. She indicated she had been with the ECDF for a week, but had been immersed in training, which included comprehensive PREA training. All staff interviewed were knowledgeable of the agency and ECDF zero tolerance policy for sexual abuse and sexual harassment. Many random staff and specialized staff interviews included discussion about unique training implemented by the ECDF PREA Compliance Manager. On a regular basis, the PCM takes one element of the requirements from provision (a) of this standard and during facility rounds will make specific efforts to discuss the element, give staff an opportunity to ask questions, and discusses how these provisions factor into overall safety and security within the facility.

(b) Both the GEO corporate policy 5.1.2-A and the ECDF policy 1300.04 mandate the training to be tailored to the gender of the detainee, and employees shall receive additional training if transferring between facilities that house individuals of different genders. The GEO PREA training curriculum shows proper cross gender pat searches (which are only authorized at the ECDF under exigent circumstances) and proper and respectful searching of transgender and intersex individuals. This training is provided to all ECDF employees.

(c) The ECDF training administrator was able to demonstrate how training is assigned, documented and completed by staff. A continual review of the electronic training records system is conducted by the training administrator to ensure there are no lapses in initial or annual training.

(d) ECDF staff sign the GEO PREA Basic Training Acknowledgement. The form requires name, status as either volunteer or employee, assigned facility and a signature and date from the person acknowledging and a witness. The basic training acknowledgement was included in all training records reviewed. The form states "I acknowledge on this date, I received and understand the training on Prison Rape Elimination Act (PREA). I understand that The GEO Group, Inc. maintains a zero-tolerance policy in regard to sexual abuse and sexual harassment of individuals in a GEO facility or Program and I have a statutory obligation and affirmative duty

to report ALL forms of sexual abuse and/or sexual harassment whether in a GEO facility or not.”

Conclusion

A review of policy, training curriculum, training records, and interviews with staff, coupled with the innovative efforts to keep sexual safety at the forefront of staff shows the ECDF exceeds standard 115.31.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ECDF Policy 1300.04 – Prison Rape Elimination Act
USMS Contractor confirmation of training
ICE Contractor confirmation of training
Statement of Fact

Interviews

USMS Contract Manager
Director of Programs
ECDF PREA Compliance Manager

Findings

(a) GEO corporate policy 5.1.2-A, page 14, section 1a, and page 13, section G1, (Volunteers) and 14, section H1 (Contractors) require volunteers and contractors who have contact with detainees will receive training on GEO's Sexually Abuse Behavior Prevention and Intervention Program prior to assignment. Both contractors and volunteers at the ECDF must sign the PREA Basic Training Acknowledgement Form and complete the annual PREA refresher training.

(b) ICE contractors complete their PREA training in their internal training portal (PALMS) and provide confirmation of training to the ECDF PREA compliance manager. Other contractors such as medical and mental health providers receive both the GEO PREA Training and specialized training which is based on the service they provide.

(c) The PREA Basic Training Acknowledgement Form, signed by all volunteers and contractors are signed and dated by the individual as well as a witness and maintained in a file. Interviews with contractors indicated they were properly trained and understood the ECDF zero tolerance policy for sexual abuse and sexual harassment.

No volunteers were interviewed. The facility administrator submitted a statement of fact acknowledging no volunteers had been on site at the facility in the past year due to COVID19 restrictions.

Conclusion

A review of training acknowledgements, training curriculum and staff and contractor interviews, ECDF is found in compliance with all provisions of standard 115.32.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 ECDF Policy 1300.04 – Prison Rape Elimination Act
 ECDF PAQ
 ECDF Detainee Handbook – Spanish and English
 ECDF PREA Pamphlets
 ECDF PREA Posters
 ECDF Detainee Property Record
 ECDF Sexual Abuse/Harassment Orientation
 ECDF Comprehensive PREA Education
 PREA Video – What You Need To Know
 ECDF PREA Exit Questionnaire
 Observation of ECDF Intake Process

Interviews

Random Detainees
 Specialized Detainees
 Intake Staff

Findings

(a) GEO corporate policy 5.1.2-A, page 12, section 2c outlines the requirements for education for individuals in a GEO facility or program. For individuals who arrive at Secure Service Facilities, within 24 hours of arrival shall be provided written information (i.e., had books, pamphlets, etc.) on the facility’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

ECDF policy 1300.04, page 11, section 2a mirrors corporate policy 5.1.2-A. The ECDF had 1501 detainees pass through intake over the past 12-months. Of those, 1125 (75%) received this information at intake. For the 376 who did not receive the information at intake, the information was provided within 30-days, often sooner. Both random and specialized detainees acknowledged receiving information through a video shown at intake, as well as through a face-to-face interview with staff at intake. Intake staff were observed on standby when detainees were being received. Once detainees were searched, they were placed in an intake holding cell where the PREA video was showing. Additionally, all holding cells had PREA posters adhered to the walls. Intake staff would call detainees individually into private offices where the intake, classification, and risk assessment would be conducted. The ECDF created a Sexual Abuse/Harassment orientation document that is reviewed with each detainee at intake. This form includes 13 points that are discussed. These include; detainee on detainee abuse, staff on detainee sexual abuse, staff sexual misconduct, detention as a safe environment, confidentiality, avoiding sexual assault, prohibited acts, what to do if assaulted, understanding the investigative process, false allegations, the emotional consequence of sexual assault, next steps after reporting assault, and the medical exam. This form is generally reviewed at intake, however, case managers and medical staff can provide the information as well. The form is signed by the detainee. The form is generated electronically with the detainee name, USMS number, and the date the information was provided.

(b) Corporate policy, page 12, section 2d and ECDF policy 1300.04, page 11, section 2b requires that within 30 days of intake, the ECDF shall provide a comprehensive education to all detainees, either in person or through video. Sections 2f and 2d requires the comprehensive education shall include information on 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. Comprehensive education was confirmed a number of ways at the ECDF. The ECDF PREA posters, detainee handbook and video contain all information. The ECDF PREA compliance manager provides the Comprehensive PREA Education to each detainee at the facility. The comprehensive education is a signed form that includes the name of the staff member providing the information, the zero-tolerance policy for sexual abuse and sexual harassment, the many ways to report, which include telling any staff member, using option 4 via the phone to make a report to the facility, write or call the United States Marshal Service, write to the PREA manager or case manager, file a written grievance or use the external reporting line (extension 9, option 1). The form is signed and dated by both the staff member and detainee. If the language line is utilized it is documented with the interpreter employee number, and if a staff interpreter is used, the name is provided. 100 percent of detainees who are in the facility 30 days or longer received the comprehensive education. This was confirmed via detainee files, interviews with detainees, and interviews with ECDF staff.

(c) A random sample of detainee files were reviewed to confirm comprehensive education was provided should the detainees be transferred to a different facility if the policy and procedures are different from the previous facility, as required by both corporate and local policy. A review of the files showed that all detainees received information. The ECDF detainee's property record shows via detainee signature that the detainee handbook was received as well.

(d) Corporate policy 5.1.2-A, page 13, section g, and ECDF policy 1300.04, page 11, section 2e state education shall be provided in formats accessible to all detainees, including those with disabilities and those who are limited English proficient. The ECDF provides all information in both Spanish and English. LEP detainees interviewed stated they have access to all materials in Spanish, their native language, and they have no issues at the facility communicating

because most staff speak Spanish as well. ECDF houses primarily Spanish speaking detainees, however, if a detainee required communication in a different language, the GEO Group and ECDF have a Language Line Solutions agreement that could be used. For blind detainees, information is provided verbally. For deaf detainees, information is provided via a captioned telephone system and closed captioning on the televisions. Large print PREA information is also available.

(e) Both the GEO corporate policy 5.1.2-A, page 13, section G, and the ECDF policy 1300.04, page 12, section 2f requires detainee signatures for receiving PREA information. A review of detainee files shows that information under tab three that includes detainee-signed forms indicating receipt of the information.

(f) A review of the intake process and receipt of information shows the detainees receive PREA information in a variety of ways. During the site review PREA information was readily available in every building, housing unit, and recreation areas. The lobby, visitation, and common areas included PREA information as well. Detainees stated they received information and understood sexual safety in the ECDF.

Conclusion

The ECDF has exceeded compliance in detainee education, and standard 115.33. The consistent delivery of PREA information, individualized comprehensive education, policy, and observation confirm this rating.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators 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 No NA

115.34 (b)

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

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)
 - Yes No NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 ECDF Policy 1300.04 – Prison Rape Elimination Act
 List of ECDF trained PREA Investigators
 Investigator PREA Basic Training Acknowledgement
 ECDF Training Records

Interviews

ECDF PREA Compliance Manager/PREA Investigator

Findings

(a) GEO Corporate policy 5.1.2-A, page 14, section 3a mandates facility investigators be trained in conducting investigations of sexual abuse in confinement settings. ECDF policy 1300.04, page 13, section 3b mandates investigators receive specialized training. This training

is provided in addition to the PREA basic training mandated in both corporate and ECDF policy.

(b) Section 3a, page 13 of ECDF policy 1300.04 states investigators shall be trained in conducting investigations of sexual abuse in confinement settings. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The ECDF trained investigator was able to articulate these elements which were covered in an 8-module specialized training for investigators.

(c) Corporate policy 5.1.2-A, page 14, section 3c and ECDF policy 1300.04, page 13, section 3c requires training documents for investigators to be kept on file at the facility. A review of the investigator's file and a review of the training records confirmed the proper training had been completed.

Conclusion

Based on a review of training records, investigator interview and signed documentation verifying training, the ECDF is found in compliance with all provisions of standard 115.34.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- 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 No NA
- 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

ECDF Policy 1300.04 – Prison Rape Elimination Act

GEO Specialized Medical and Mental Health PREA Training Curriculum

Medical and Mental Health Contractor Personnel Files

ECDF Medical and Mental Health Contractor Certificates of Completion of Specialized Training

ECDF Medical and Mental Health Contractor PREA Basic Training Acknowledgement

Interviews

ECDF Medical Contractor

ECDF Mental Health Contractor

Findings

(a) GEO Corporate policy 5.1.2-A, page 14 and ECDF policy 1300.04, page 12 section 2a state the ECDF 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, responding professionally to victims of sexual abuse and sexual harassment, and proper reporting of allegations or suspicions of sexual abuse and sexual harassment. ECDF policy further states the training is to be completed during newly hired employee pre-service orientation. Medical and mental health providers at the ECDF acknowledged receiving both PREA basic training and specialized training. A review of LMS completed training and random files shows medical and mental health staff receive specialized training required.

(b) Per ECDF policy 1300.04, page 13, section 2c, medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Forensic examinations shall be performed by a SANE or SAFE. An offsite qualified medical practitioner may perform the examination if a SAFE or SANE is not available. The ECDF works with Pioneers Memorial Hospital in Brawley, CA. Medical staff at ECDF confirmed this policy and acknowledged the relationship with Pioneers Memorial Hospital. Therefore, this provision is not applicable.

(c) ECDF policy 1300.04, page 13, section 2d requires maintaining documentation of specialized medical and mental health training. A review of LMS training, and completion certificates confirms documentation is maintained.

Conclusion

A thorough review of documentation of training records, policy, specialized training curriculum and interviews with medical and mental health staff show the ECDF in compliance with all provisions of standard 115.35.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- 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 No
- 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 No
- 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 No

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?
Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request?
Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- 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 No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 ECDF Policy 1300.04 – Prison Rape Elimination Act
 GEO PREA Risk Assessment Tool
 ECDF Interdepartmental Referral Form
 ECDF Completed Mental Health Referral Assessments
 GEO PREA Vulnerability Reassessment Questionnaire
 ECDF PAQ

Interviews

GEO PREA Coordinator
 Staff responsible for risk screening
 Random detainees
 Case Managers
 Detainees who scored high risk for sexual abuse during risk screening
 ECDF PREA Compliance Manager

Findings

(a) Section D1a of GEO corporate policy 5.1.2-A, and page 8, section D1a of ECDF policy 1300.04 state that all individuals in a GEO facility or program, and all detainees at ECDF shall be assessed during intake and upon transfer for the risk of being sexually abused by another detainee or being sexually abusive towards other detainees. Intake staff and case managers at the ECDF conduct the screenings with all detainees using the GEO PREA Risk Assessment Tool. Detainees acknowledged being assessed at intake, with one detainee recalling the referral to mental health.

(b) Both the corporate and ECDF policy state the risk screening shall take place within 24 hours of arrival at the facility utilizing the GEO PREA Risk Assessment Tool. There were 1501 detainees who entered the ECDF, all who were administered by intake or case management staff, the GEO PREA Risk Assessment Tool.

(c) The GEO PREA Risk Assessment tool is an objective screening instrument. The ECDF policy 1300.04, page 8, section 1d outlines the elements required for screening. The elements

are discussed in provision (d) and provide detail around the minimum policy requirement. The completed tool is reviewed by the ECDF PCM if a referral is required. The hard copy is maintained in the detainee file.

(d) The GEO PREA Risk Assessment tool asks 11 questions pertaining to the risk of victimization. These include 1. Have you ever been approached for sex/threatened with sexual assault while incarcerated, 2. Have you ever been the victim of sexual assault, 3. Do you have any reason to fear placement in general population, r. Younger or elderly detainee (≤ 21 or ≥ 65), 5. Small physical stature (men $<5'6"$ and <120 lbs; women $<5'0"$ and <118 lbs), 6. Does detainee have a developmental/mental/physical disability, 7. Do you wish to identify as Lesbian, Gay, Bisexual, Transgender, Intersex, or Gender nonconforming and is the detainee perceived to be gender nonconforming, 8. First time Offender, 9. Criminal history of sex with adult or child victims, 10. Criminal history is exclusively nonviolent, and 11. History of prior sexual victimization while incarcerated. A score of 4 or more on any of the above items is a determination for "at risk of victimization".

(e) For risk of abusiveness the assessment tool asks the following: 12. Convicted sex offender with adult or child victims, 13. History of domestic violence as a perpetrator, 14. Prior crimes of violence (excluding sex offenses, domestic violence, 15. Incident reports for violent offences while incarcerated (excluding sexual misconduct), 16. Incident reports for sexual misconduct while incarcerated, and 17. History of prior sexual abuse perpetration while incarcerated. A score of 3 or more on items 12-17 triggers a "yes" response and a referral to Mental Health is required. Finally, if question 2 or 11 receive a "yes" response, a referral to Mental Health is required. Once completed, the tool is signed by the staff conducting the assessment, the detainee, and a space is provided to affirm if a referral to mental health is necessary.

(f) GEO Corporate policy 5.1.2-A, and ECDF policy 1300.04, page 8, section D(e) ensure that within a set time period, not to exceed 30 days from arrival at the facility, staff shall reassess the detainee's risk for victimization of abusiveness, based upon any additional, relevant information received by the facility since the intake screening. All detainees at the ECDF are reassessed within every 30-days. The PCM reviewed with the auditor a system of capturing the initial date of the screening, and about one week before the 30-day mark, a list is generated denoting detainees who are up for reassessment. This information is passed on to the ECDF case managers, who ensure the reassessment is completed.

(g) Corporate policy 5.1.2-A, page 9, section 1j specifies that at any point after the initial intake screening, an individual in a GEO facility or program may be reassessed for risk of victimization or abusiveness. Section D1i of ECDF policy on page 9 confirms this. ECDF PCM and case managers indicated any detainee can request reassessment, as can a staff member. Additionally, any change in a detainee's risk status would trigger a reassessment as well.

(h) Both the GEO corporate and ECDF policy acknowledge discipline for refusing to answer or providing incomplete information in response to the risk screening questions is prohibited. The auditor could find no evidence of discipline being imposed for refusal to answer screening questions.

(i) GEO corporate policy 5.1.2-A, page 9, section 1i and ECDF policy 1300.04, page 9, section D1h state that sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions. The GEO PREA Coordinator states only those who need to know to make housing, work assignments and programming/education decisions. The ECDF PREA compliance manager stated sensitive information is generally maintained by her, and she will be consulted with to discuss sensitive information that might impact housing, security and management decisions.

Conclusion

An extensive review of the GEO PREA Risk Assessment, PREA Vulnerability Reassessment Questionnaire, policies and document control was conducted. Observation during intake, coupled with timeliness, reassessment at regular intervals, and maintenance of confidentiality shows that the ECDF exceeds standard 115.41.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

health and safety, and whether a placement would present management or security problems?
 Yes No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ECDF Policy 1300.04 – Prison Rape Elimination Act
ECDF PREA At-Risk Log
ECDF LGBTI Log
ECDF Transgender Care Committee Information
GEO PREA Vulnerability Reassessment Questionnaire – Transgender Detainee

Interviews

GEO PREA Coordinator
ECDF PREA Compliance Manager
Staff Responsible for Risk Screening
At-Risk Detainees

Findings

(a) Page 10, section 3a of corporate policy 5.1.2-A, and page 9, section 3a of ECDF policy 1300.04 outline how information from the GEO PREA Risk Assessment Tool is to be used. The ECDF PCM reviews all assessments conducted during intake. Individuals who are placed on the at-risk log based on the outcome of the assessment are monitored by the PCM, in a variety of ways. The PCM may ask a staff member or case manager to be mindful of the placement of detainees in housing. Additionally, the PCM regularly checks up on detainees who have scored “at risk” by visiting housing areas and observing or speaking directly to the detainee to ensure they feel safe. During targeted detainee interviews, they consistently acknowledged the “PREA lady” paid regular visits to them to ask how they were doing.

(b) The ECDF PCM emphasized the need for individualized determination for ensuring safety of all detainees. Depending on the situation, the PCM acknowledged there could be discussions with executive staff in their weekly meetings, or discussion with case managers regarding safety assurances. Further, regular visits to the housing units, initiating discussion about unusual behavior with housing staff. The PCM recognized maintaining an at-risk log, reviewing PREA initial and reassessments provided individualized attention regarding safety.

(c)(e) Corporate policy 5.1.2-A, page 14, section 3c, and page 10, section 3c of ECDF policy 1300.04 discusses case-by-case consideration for the placement of transgender and intersex detainees in housing. This is accomplished through the implementation of a Transgender Care Committee (TCC). Specifically, there are six entities the TCC shall consider; a) The individual's

documented criminal history and past/present behavior, b) The detainee's physical, mental, medical and special needs, c) The detainee's self-assessment of his/her safety needs (do they feel threatened or at risk of harm), d) Privacy issues, including showers, available beds and or housing, e) All records and prior assessments of the effects of any housing placement on the detainee's health and safety that has been conducted by a medical or mental health professional, and f) Those detainees with a diagnosis of Gender Dysphoria through mental health shall be afforded feminine hygiene products and a sports bra as determined by the committee. The committee will attempt to reach consensus on all decisions. Summary notes shall be documented on the TCC Summary for each meeting to include persons in attendance and conclusions reached. A copy of the notes are retained in the detainee's confidential file and a copy forwarded to the GEO PREA Coordinator upon completion. A review of confidential TCC Summary revealed three sections that are discussed at the TCC meetings. Section one discusses how the detainee identifies, and if there was any relevant information received from previous confinement and or client. Section two discusses 7 questions asked of the detainee prior to the TCC meeting. These questions are 1. What is your preferred pronoun, 2. What gender expression do you use, 3. How long have you identified as this gender, 4. Are you currently attracted to males, females, 5. Housing preference, 6. Any concerns about your safety in this type setting, 7. Any concerns about others viewing you in the shower. Section three discusses relevant health and mental health information. The outcomes of the meeting are documented and signatures of all attendees required. Required attendees include Facility Administrator, Chief of Unit Management, Chief of Security, PREA Investigator, Health Services Administrator.

(d) Both corporate and ECDF policy require a reassessment every six months for housing placement and programming assignments. ECDF housed one transgender woman at their facility during the onsite audit. A review of the detainee's confidential, medical and general file showed the initial risk assessment, referral to mental health, mental health notes, the TCC summary, and one six-month reassessment (only one would be necessary given the time period the detainee had been at the facility).

(f) Corporate policy 5.1.2-A and ECDF policy 1300.04, state transgender and intersex individual will be given the opportunity to shower separately. The ECDF PCM stated and is confirmed through a review of a detainee file, and discussions at the TCC, the detainee is asked about shower preference. If the detainee requests to shower separately, accommodations are made between the PCM and Chief of Security.

(g) The GEO PREA Coordinator states that no GEO facilities are under a consent decree or other legal judgement. The placement of lesbian, gay, bisexual, transgender, or intersex detainees in dedicated facilities, units, or wings solely on the basis of their sexual orientation, genital status, or gender identity is prohibited by policy. Further the PREA coordinator acknowledges each facility considers the detainee's own view about their safety as part of the PREA risk screening assessment.

Conclusion

A review of policy, documentation, and interviews with corporate and ECDF staff, as well as with a transgender detainee at ECDF, the use of information from the risk assessment exceeds compliance with standard 115.42.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts 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 No NA
- If the facility restricts any 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 No NA
- If the facility restricts any 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 No NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 ECDF Policy 1300.04 – Prison Rape Elimination Act
 Statement of Fact

Interviews

ECDF PREA Compliance Manager
 ECDF Assistant Facility Administrator
 Staff who supervise inmates in RHU housing

Findings

(a)(b)(c) GEO corporate policy 5.1.2-A pages 17 & 18, indicate that inmates who score at high risk for sexual victimization based on the GEO PREA Risk Assessment are not placed in involuntary segregation or segregated housing. ECDF policy 1300-04 states Involuntary restricted housing may be used only after an assessment of all available housing alternatives has shown there are no other means of protecting the detainee. The ECDF is used for

detainees who require protective custody or who are on discipline status. For those requiring protective custody as well as those who are in the RHU for discipline but have not yet received a disciplinary hearing, they have full access to programming and other offerings of the facility. During the site review it was observed that a detainees housed in the RHU for discipline had a roll-away telephone to use. Further the RHU supervisor had the telephone modified to include mounts where PREA information, grievance slips, request slips, and other facility information could be held. The information was placed on the structure so detainees could easily reach the needed information. The ECDF policy also states that involuntary restricted housing shall not ordinarily exceed a period of 30-days. The RHU supervisor stated there have not been any detainees held for longer than 30 days for any reason in the RHU, but they have had detainees receive back-to-back discipline requiring longer stays in the RHU.

(d)(e) There were no cases of detainees at risk of sexual victimization housed in the RHU during the audit period, nor had any detainee been placed in the RHU pursuant to a PREA Risk Screening Assessment. Both the RHU supervisor and ECDF PCM stated the detainee would likely be placed in medical housing for protection before RHU.

Conclusion

Based on documented policy, staff interviews, and observation during the site review, all provisions are met by the ECDF and standard 115.43 is in compliance.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request?
 Yes No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
 Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 ECDF Policy 1300-04 – Prison Rape Elimination Act
 MOU between ECDF and the El Centro Police Department (ECPD)
 ECDF Detainee Handbook
 ECDF Posters and Pamphlets
 GEO Employee Handbook
 GEO Website
 ECDF Report to an Outside Entity
 ECDF Report to Staff Verbally
 ECDF Report to Staff in Writing

Telephonic phone call to Just Detention International

Interviews

Random Detainees

ECDF PREA Compliance Manager

Random Staff

Findings

(a) GEO Corporate policy 5.1.2-A, page 19, section I1a outlines the reporting options in a GEO facility. Specifically, the policy mandates that each facility 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 such incidents. Page 17, section L1a of ECDF policy 1300.04 ensures the facility provides multiple ways for detainees to make private reports. Detainees who were interviewed were aware of multiple ways to report sexual abuse, sexual harassment, retaliation, and or staff neglect or violations. Detainees stated they would most likely tell someone at the facility as they trusted most staff. Detainees also acknowledged having direct access to the ECDF PCM, and it would not be difficult to contact her as she is in the housing units on a regular basis. The detainee telephone system at the ECDF is unique. Upon lifting the receiver, the user is asked to indicate English or Spanish. Immediately the announcement asks if the individual would like to make a report or access confidential emotional support services. During the site review the auditor used the telephone to access all reporting options; Option 4 was directed to the ECDF PCM, Option 9 to the ECPD. Additionally, the Sure Helpline was accessed from the detainee telephone system and the auditor was able to connect with a live person at the rape crisis center. Only after hearing the options for making a PREA notification was the user able to make a personal phone call, which once initiated the user was informed the calls were recorded and monitored. In discussion with the PCM, the telephone recordings are initiated once the user bypasses the PREA reporting options.

(b) Corporate policy 5.1.2-A section I1c, page 19 and ECDF policy 1300.04, page 17-18, section L1bc state information is provided to detainees for reporting abuse or harassment to a public or private entity or office that is not part of GEO. The El Centro Police Department is accessible via the detainee telephone system utilizing Extension 9, option 1. The department is able to receive and immediately forward reports of sexual abuse and sexual harassment to ECDF, allowing the reporting individual to remain anonymous upon request. The ECDF provides contact information to individuals detained solely for civil immigration purposes for relevant consular officials and officials at the Department of Homeland Security.

(c) Both corporate policy and ECDF policy require employees to accept reports made verbally, in writing, anonymously and from third parties and verbal reports shall be promptly documented. During the site visit a report to an outside entity, a verbal report, and a report in writing were reviewed. ECDF staff indicated they would accept a report in any manner, even mentioning through a "kite". Staff also stated that regardless of how a report was made, they would immediately contact the ECDF PCM. Prior to arriving on-site a telephone call was placed by the auditor to Just Detention International (JDI) to inquire if any reports of sexual abuse or sexual harassment had been placed to them by detainees from the ECDF. JDI responded immediately there had been no reports to them from the ECDF.

(d) A GEO corporate phone number is provided to staff for the purpose of reporting privately any sexual abuse or sexual harassment of detainees. The GEO website provides the following

information: GEO Employees may report sexual abuse or sexual harassment information to the Chief of Security or facility management privately if requested. They may also report sexual abuse or sexual harassment directly to the employee hotline, which is an independent professional service, available 24 hours per day, seven days a week on the Internet at www.reportlineweb.com/geogroup or at the toll-free phone number (866) 568-5425. Employees may also contact the Corporate PREA Coordinator directly at (561) 999-5827. Staff were aware of how they could report and felt if necessary, they would feel comfortable reporting privately to the ECDF PREA compliance manager.

Conclusion

A review of the documentation, interviews with staff and detainees, and utilization of the detainee telephone during the site review shows compliance with all provisions of standard 115.51.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 ECDF Policy 1300.04 – Prison Rape Elimination Act
 Statement of Fact
 ECDF Detainee Handbook
 ECDF Detainee Request Form - triplicate
 ECDF Detainee Grievance Form - triplicate
 ECDF Grievance Log

Interviews

ECDF PREA Compliance Manager
ECDF Grievance Coordinator

Findings

(a)(b)(c)(d)(f) The ECDF is not exempt from this standard. GEO corporate policy 5.1.2-A outlines the requirements for a facility grievance procedure regarding sexual abuse. The ECDF policy 1300.04, page 18 follows the directive of the corporate policy, ensuring that no time limit will be set when a detainee may submit a grievance regarding an allegation of sexual abuse. Detainees have the right to submit grievances alleging sexual abuse to someone other than the alleged abuser. Such grievance is not referred to the staff member who is the subject of the complaint. The alleged victim must agree to have the request filed on his or her behalf; however, he or she is not required to personally pursue any subsequent steps in the administrative remedy process. Detainees are not required to use any informal grievance process or attempt to resolve with employees an alleged incident of sexual abuse. A final decision will be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The computation of the 90-day time period shall not include time consumed by detainees in the facility preparing any administrative appeal. The ECDF may claim an extension of time to respond, for good cause, of up to 70 days and shall notify the individual of the extension in writing. At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of a response to be a denial at that level. Detainees may file an emergency grievance if he or she is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the Facility Administrator or designee will ensure immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision shall be provided within five calendar days. A review of the ECDF grievance log showed from January 2021 through November 2021, a total of nine grievances had been filed, and zero emergency grievances. One grievance alleged an officer touching "private" parts of the detainee during a pat search. The ECDF followed protocol, reviewed CCTV surveillance, and interviewed the detainee. The detainee noted no abuse had taken place and signed a statement. A PREA Allegation Validation Tool was completed after the grievance was filed.

(e) Page 19, section 3 of the ECDF policy 1300.04 outlines that third party reporting procedures are posted publicly and on the corporate website. A check of the website and observation during the site review showed this information is posted.

(g) Both corporate and ECDF, page 19 respectively state a detainee may receive a disciplinary report for filing a grievance relating to an alleged sexual abuse in bad faith. The grievance coordinator confirmed there has been no discipline imposed for the filing of a grievance in bad faith at the ECDF.

A statement of fact provided by the facility administrator states during the audit period ECDF has not had any inmate grievances regarding sexual abuse. ECDF has not received requests for administrative remedies relating to allegations of sexual abuse from third-parties. ECDF has not taken disciplinary actions against inmates for having filed a grievance related to sexual abuse in bad faith.

Conclusion

Based on a review and analysis of all available evidence, staff interviews, and site review, the ECDF is found compliant with all provisions of standard 115.52.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ECDF Policy 1300.04 – Prison Rape Elimination Act
ECDF Detainee Handbook
ECDF PREA Pamphlets
MOU between GEO/ECDF and Sure Helpline Center

Interviews

Random Detainees
Sure Helpline Center Staff
ECDF PREA Compliance Manager
ECDF Assistant Facility Administrator

Findings

(a) GEO corporate policy 5.1.2-A, page 25, section ab, and ECDF policy 1300.04, page 24, section 8a outline the responsibility of facilities to provide detainees who allege sexual abuse access to outside victim advocates. Additionally, to provide, post, or otherwise make accessible specific contact information for victim advocacy. The ECDF provides access primarily through the detainee telephone system. Detainees were aware of the access to the rape crisis center, however none of the detainees stated they have used the telephone to access emotional support services. The detainee handbook as well as PREA pamphlets provides the number to immigrant service agencies for civil immigration detainees via the detainee handbook and PREA pamphlets and posters as well.

(b) Corporate policy, section 8b, page 31, and section 8b, page 24 of the ECDF policy state that the facility informs detainees prior to giving them access of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. This information is included in the ECDF detainee handbook.

(c) As required by corporate policy 5.1.2-A, the ECDF maintains an MOU with Sure Helpline. As mentioned by the assistant facility manager, the partnership with the Sure Helpline is enhanced through the PCMs prior work at the rape crisis center. The requirements of the MOU include not only access by detainees to the center via the detainee telephone system, but an agreement to respond to requests from the ECDF to provide in-person advocacy and support to survivors of sexual assault. The PCM maintains regular communication with Sure Helpline staff and ensures that the USMS is in agreement with the terms of the MOU by requiring a signature from the USMS representative as well as the Sure Helpline Center executive director and ECDF facility administrator.

Conclusion

Documentation and policy review, as well as interviews with ECDF staff and Sure Helpline staff and detainees indicates all provisions of standard 115.53 are met and exceeded.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

ECDF Policy 1300.04 – Prison Rape Elimination Act

ECDF PREA Posters – Third Party Reporting

Site Review

GEO Website

Interviews

Random Staff

Random Detainees

ECDF PREA Compliance Manager

Findings

GEO corporate policy 5.1.2-A, page 20 specifies 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. The GEO website includes this information. The policy further requires the postings to be in both

English and Spanish, and be displayed in areas including the lobby, visitation, and staff break areas within the facility. ECDF policy 1300.04, page 19, section 3 mirrors the corporate policy. During the site review, information on third-party reporting was displayed throughout the facility. Staff and detainee interviews revealed an understanding of what third-party reporting is, and how to make notifications. Detainees said they were more likely to report internally than through a third-party because staff at ECDF can be trusted.

Conclusion

This standard was documented through staff and detainee interviews and through the site review and review of the GEO website. Based on the review and analysis of this evidence, the ECDF is found in full compliance with standard 115.54.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ECDF Policy 1300.04 – Prison Rape Elimination Act
ECDF Reports of PREA Incidents (2020)

Interviews

Random Staff
ECDF PREA Compliance Manager
ECDF Medical Staff
ECDF Mental Health Staff
USMS Contract Manager

Findings

(a)(b)(c)(d)(e) – GEO corporate policy 5.1.2-A, pages 20 & 21, and ECDF policy 13004.04, page 2 for volunteers, page 15 for contractors, and page 19 for staff, mandates any staff member, volunteer or contractor who receives any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not part of the agency, any retaliation against inmates or staff who report such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident to report the information immediately. Reported information is reviewed by the ECDF PCM and

the allegation is assigned to an investigator. This includes any internal, third-party, and anonymous reports. Staff interviews indicated a high level of awareness regarding duty to report. Staff, including medical and mental health acknowledged the need to keep information confidential when making a report. A review of PREA allegations from 2020 showed that staff made immediate notification of any information received regarding sexual safety at the ECDF.

Both the USMS contract manager and medical and mental health staff acknowledged their duty to report indicating they would reach out to the ECDF PCM. The facility PCM is also the ECDF PREA investigator. The PCM acknowledged there had been no PREA incidents involving vulnerable persons which required mandatory reporting to the county's Adult Protective Services.

Conclusion

All provisions were documented in policy and confirmed by staff and contractor, including medical and mental health interviews. Based upon the review and analysis of all available evidence, the ECDF is found in compliance with standard 115.61.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ECDF Policy 1300.04 – Prison Rape Elimination Act

Statement of Fact

Interviews

Random Staff

ECDF Facility Administrator

Findings

The GEO corporate policy 5.1.2-A page 21, section M1 and ECDR policy 130.04, page 20, section 1 indicates that 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. Employees shall report and respond to all allegations of sexually abusive behavior and sexual harassment. Employees should assume that all reports of sexual victimization, regardless of the source of the report (i.e., third-party) are credible and respond accordingly. ECDF further states that only designated employees specified by policy should be informed of the incident, as it is important to respect the victim's security, identity, and privacy. All allegations of sexual abuse are handled in a confidential manner throughout the investigations, and all conversations and contact with the victim should be sensitive, supportive, and non-judgmental. A statement of fact from the facility administrator indicates that during this audit period, ECDF has not received any reports relative to an inmate being at a risk of imminent sexual abuse.

Conclusion

A review of policy coupled with staff interviews and a statement of fact indicates ECDF is in compliance with standard 115.62.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ECDF Policy 1300.04 – Prison Rape Elimination Act
Statement of Fact

Interviews

GEO Agency Head
ECDF PREA Compliance Manager
ECDF Assistant Facility Manager

Findings

(a)(b)(c) Covered in both the GEO corporate policy 5.1.2-A, pages 24-25 and page 23, section 5 of the ECDF policy 1300.04 is that in the event a detainee alleges sexual abuse occurred while confined at another facility, the facility shall document those allegations and the facility administrator or in her or 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 past 12-months, and verified through a statement of fact, there have been no reports of allegations that an inmate was sexually abused while confined to another facility. Interviews with the ECDF PCM and assistant facility manager indicated a phone call would be made to the facility where the allegation occurred immediately, followed by a written notification of the incident to that facility. The ECDF facility administrator would be notified, and subsequent notification would be made to the GEO agency PREA coordinator.

(d) The GEO agency head indicates 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 agency PREA coordinator is also informed of all allegations of this type via email.

Conclusion

All provisions were documented in policy as well as through interviews with agency and facility staff. The evidence provided determines the ECDF to be in compliance with standard 115.63.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ECDF Policy 1300.04 – Prison Rape Elimination Act
ECDF PREA Allegation Memo showing First Responder Duty initiation
ECDF First Responder Cards
GEO PREA In Service Training Curriculum

Interviews

Security/non-security first responders
Random staff
ECDF PREA Compliance Manager

Findings

(a) GEO corporate policy 5.1.2-A, pages 21-22, ECDF policy 1300.05, and the PREA In-Service Training curriculum provided to all staff, contractors and volunteers are consistent with and cover the duties of first responders. Interviews with staff showed an understanding that their responsibilities in responding to an incident of sexual abuse would be to separate the alleged victim from the alleged suspect, to immediately notify the on duty or on call supervisor remaining on the scene until relieved by responding personnel and preserve and protect any crime scene until appropriate steps are taken to collect evidence. A request would be made to both the alleged victim and suspect not to take any actions that could destroy physical evidence. This would include no washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. A review of documentation of a PREA allegation from 2020 showed that the staff member who received a verbal notification of a detainee-on-detainee sexual assault immediately separated the victim from the suspect. The staff member asked the victim when the last time he ate, drank, or brushed his teeth. The GEO PREA In-Service Training curriculum was reviewed. The training is consistent with policy, both corporate and local. Further, every staff member, safety and non-safety have first responder cards they wear behind their facility badges. The cards list first responder duties.

(b) Both the corporate and ECDF policies cover the responsibilities of the non-security staff member as a first responder. These policies mandate that if the first responder is not a security staff member, they are to request the alleged victim not take any actions that could destroy physical evidence, remain with the alleged victim and notify security staff. In the past 12-months the ECDF has had three instances where first responder duties were initiated. Two were by security personnel and one was via a contractor. In all incidents appropriate first responder duties consistent with policy were conducted.

Conclusion

All provisions were documented in policy, training, and through interviews. Based upon the review and analysis of all available evidence, the ECDF is found to be in full compliance with standard 115.64.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ECDF Policy 1300.04 – Prison Rape Elimination Act
ECDF Coordinated Response Plan
ECDF PREA Investigative Report Checklist
PREA Allegation Validation Tool

Interviews

ECDF PREA Compliance Manager
USMS Contract Manager

Findings

GEO corporate policy 5.1.2-A, page 6, section 4 and page 5, section 4 of the ECDF policy 1300.04 outline the requirements for coordinated responses, specifying facilities shall develop their coordinated response plans identifying the actions of staff first responders, medical and mental health practitioners, investigators and facility leadership. Additionally, the PCM shall be required to participate and the GEO PREA coordinator may be consulted as part of the coordinated response. The ECDF is a comprehensive plan that includes Section I, Actions required after report of sexual abuse, the initial response, shift supervisor responsibilities, facility crime scene, and notifications required. Section II involves evidence protocol – medical responsibilities, while Section III outlines mental health responsibilities. Section IV covers responsibilities when sexual harassment is alleged, and Section V addresses responsibilities when sexual activity is alleged. Finally, Section VI involves investigator responsibilities, and Section VII is the approval and review by facility leadership.

The ECDF utilizes a checklist to ensure all sections of the coordinated response are in compliance. The ECDF PREA Allegation Validation tool, that includes a synopsis of the allegation, and detailed information which aligns with PREA definitions, i.e., contact between the penis and the vulva or anus, and contact involving the penis upon penetration, however slight, contact between the mouth and the penis, vulva or anus, penetration, however slight, or the anal or genital opening of another person by a hand or finger or by any object that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire, intentional touching of the genitalia, anus, groin, breast, inner thighs or buttocks, either directly or through the clothing that is unrelated to official duties or where staff member, contractor, or volunteer has the intent to abuse, arouse or gratify sexual desire, threats, intimidation, harassment, indecent, profane or abusive language or other actions or communications aimed at coercing or pressuring a detainee to engage in a sexual act, repeated verbal statements or comments of a sexual nature, any display of uncovered genitalia, buttocks, or breast in the presence of another detainee, or voyeurism. This tool is used to support the coordinated response plan. An interview with the USMS contract manager indicated involvement and participation in any coordinated response related to the ECDF.

Conclusion

A review of policy, documentation and interviews with staff indicate the ECDF is in full compliance with standard 115.65.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ECDF Policy 1300.04 – Prison Rape Elimination Act
ECDF Policy 1400.04 – PREA Investigations
Statement of Fact

Interviews

GEO Agency Head
ECDF PREA Compliance Manager

Findings

GEO corporate policy 5.1.2-A, section 3ab, indicates that in every case where the alleged abuser is an employee, contractor, or volunteer, there shall be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Separation orders requiring “no contact” shall be documented by facility management via email or memorandum within 24 hours of the reported allegation. The email or memorandum shall be printed and maintained as part of the related investigation. This language is included in ECDF policy 1300.04, page 5, section 3ab and in policy 1400.04, page 4, section 2ab.

The GEO Agency head indicated there are a small number of GEO facilities that have collective bargaining agreements. Further, none of the collective bargaining agreements prohibit GEO from removing staff from contact with inmates pending the outcome of an investigation for alleged sexual abuse. A statement of fact from the ECDF facility administrator indicates the facility. Has not entered into any collective bargaining agreements or other agreements that limits the 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.

Conclusion

A review of policy and documentation shows the ECDF in compliance with standard 115.66.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ECDF Policy 1300.04 – Prison Rape Elimination Act
ECDF Retaliation Monitoring Log
Statement of Fact

Interviews

GEO Agency Head
ECDF Staff Retaliation Monitor

Findings

- (a) GEO corporate policy, pages 26-27 lays out a comprehensive response to monitoring retaliation and requires facilities implement procedures to protect individuals in a GEO facility or program and employees who report sexual abuse or sexual harassment or cooperate with investigations from retaliation by other individuals in a GEO facility, program or employee. The components of the corporate policy are outlined in ECDF policy 1300.04 on page 25, section 2.
- (b) Both corporate and ECDF policy outline multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims who fear retaliation for making a report or cooperating with investigations. GEOs agency head states that when a PREA incident is reported, management staff consider the best options for the victim. Things like housing changes or transfers from the facility, removal of alleged abusers (staff or inmate) and emotional support services are considered on a case-by-case basis.
- (c) GEO corporate and ECDF policies 5.1.2-A and 1300.04, respectively set forth advanced and specific requirements for monitoring retaliation. For instance, subsection (d) requires a mental health staff member or the PCM meet weekly (beginning the week following the incident) with the alleged victim in private to ensure sensitive information is not exploited by staff or others and to see if any other issues exist. The GEO agency head indicated that designated staff at each facility are assigned to monitor inmates who reported the allegation for possible retaliation. The ECDF PCM is charged with monitoring retaliation and maintains a retaliation log; one for detainees and one for staff, however, no staff retaliation monitoring has occurred at the facility. A review of the detainee retaliation protection log shows weekly meetings with the alleged victim to ensure there were no issues. This will occur for 90 days, or longer as deemed necessary by the ECDF PCM. For employees, items monitored include negative performance reviews and employee reassignments.
- (d) It is noted in corporate policy 5.1.2-A , section (k) to require any issues discussed, or meetings that occur to be logged on the retaliation log to show periodic status checks.
- (e) Subsection (m) of both the corporate and ECDF policy state that if any other individual expresses fear of retaliation, the facility shall take appropriate measures to protect that individual as well.

A statement of fact provided by the ECDF facility administrator states that during this audit period, ECDF has not received any reports of retaliation on victims/inmates who have reported sexual abuse or sexual harassment.

Conclusion

Based on the documentation provided by the facility administrator, a review of retaliation monitoring logs and discussions with corporate and ECDF staff, the facility is found in compliance with standard 115.67.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ECDF Policy 1300.04 – Prison Rape Elimination Act
Statement of Fact

Interviews

ECDF PREA Compliance Manager
ECDF RHU Supervisor

Findings

The use of segregated housing is only used for the protection of detainees who alleged to have suffered sexual abuse occurs only when all available housing alternatives has shown no other means of protecting the detainee. A statement of fact indicates there have been no detainees held in segregated housing, voluntary or involuntary. Both the ECDF PCM and RHU supervisor articulated the facility does not use the RHU for protection of detainees who have alleged to have suffered sexual abuse, and they adhere to standard 115.43.

Conclusion

A review of policy, observation during the site review, and interviews with staff show the ECDF is in compliance with standard 115.68.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

GEO Corporate Policy 5.1.2-E – PREA Investigation Procedure

ECDF Policy 1400.04 – PREA Investigations

MOU between ECDF and ECPD

Training Record for ECDF PREA Investigator

ECDF Investigative Files

Interviews

ECDF PREA Compliance Manager

Findings

(a) Corporate policy 5.1.2-E, page 2-5, section B outlines the agency's approach to criminal and administrative investigations. ECDF policy 1400.04 investigative elements require administrative or criminal investigations to be completed for all allegations of sexual abuse and sexual harassment. These investigations are completed promptly, thoroughly, and objectively. The investigations are conducted on all allegations, including those from third-party reporters or anonymous report.

(b) The ECDF maintains one properly trained PREA investigator who has completed the specialized training pursuant to standard 115.34. The investigator was able to articulate the investigative process for all types of PREA allegations, from initiation to completion.

(c) Investigations at the ECDF begin immediately upon notification of the incident to ensure preservation of evidence. The ECDF investigator stated any facility camera recordings are obtained, interviews are conducted with alleged victim, suspect, and any witnesses. The investigator is cognizant of any prior reports of sexual misconduct involving the named perpetrator.

(d) If the quality of evidence appears to support criminal behavior, the MOU between the ECDF and ECPD is enacted. A report is made to the ECPD immediately. The ECDF had three reports of sexual abuse during the past 12-months. Two were referred for investigation by the ECPD. One was determined to be unfounded (detainee on detainee), and one (staff on detainee) is on-going. Verification of attempts to remain updated on the on-going investigation was provided via a letter from the ECDF PCM to the ECPD investigator.

(e) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis, and not determined by the person's status as a detainee or staff member. The ECDF PREA investigator documents all findings in a written report as a means to assessing credibility. No agency shall require a detainee who alleges sexual abuse to submit to a polygraph examination as a condition of the investigation proceeding.

(f) Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. This information is documented in the written report that is a subsequent collection of findings pursuant to this standard. The documentation includes a description of physical evidence, statements from those interviewed, the justification to credibility determinations, and all facts and findings related to the incident.

(g) Criminal reports are referred to the ECPD for investigation. Both administrative and criminal investigators will impose no standard higher than a preponderance of the evidence in

determining whether allegations of sexual abuse or sexual harassment are substantiated. Investigative reports shall include attached copies of all documented evidence where feasible.

(h) Substantiated allegations that appear criminal in nature are referred to the ECPD. A review of correspondence and completed investigations validates the ECDF PREA investigator complies with corporate and facility policy and protocol, including responses contained within the ECDF coordinated response protocol. A statement of fact provided by the ECDF facility administrator indicates that during this audit period no substantiated cases that appear criminal in nature have occurred, and therefore no referrals made for criminal prosecution.

i) The ECDF shall retain written reports for as long as the alleged abuser is incarcerated or employed by the agency plus five years, however for any circumstance, files are retained no less than 10 years.

j) The departure of an alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for terminating an investigation.

(k) Any state entity or Department of Justice component that conducts such investigations shall do so pursuant to the standard requirements. The ECDF investigator indicated that although not a state or DOJ component, the investigative process with the ECPD is interactive to ensure the standard requirements are being met.

(l) The ECDF PREA investigator provided copies of email correspondence with the ECPD showing an effort to remain informed about the progress of investigations.

Conclusion

Two completed administrative investigation files were reviewed and proved to follow the requirements and provisions of policy for this standard. One on-going investigative file was reviewed and discussed with the ECDF PCM. All provisions were confirmed and documented in corporate and local policy, through interviews and verification of training records. Based upon the review and analysis of all available evidence, the ECDF is found compliant with standard 115.71.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report 115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Group Corporate Policy 5.1.2-E – PREA Investigation Procedure
ECDF Policy 1400.04 – PREA Investigations
ECDF Completed PREA Investigative Reports

Interviews

ECDF PREA Investigator

Findings

(a) Corporate policy 5.1.2-E, page 4, section 2d, and ECDF policy 1400.04, page 6, section 2d state facilities/ECDF respectively shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated.

Two closed PREA Detainee on Detainee Sexual Abuse investigative reports were reviewed. The reports considered the preponderance of the evidence in determining the outcome of the investigations

Conclusion

Documentation in policy and reviewed investigative files coupled with an interview with the ECDF PREA investigator shows the ECDF in compliance with standard 115.72.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate

has been released from custody, does the agency subsequently inform the inmate whenever:
The staff member is no longer posted within the inmate's unit? Yes No

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-E – PREA Investigation Procedure
ECDF Policy 1400.04 – PREA Investigations
ECDF Investigative Files
GEO Group Notification of Outcome of Allegation
Statement of Fact

Interviews

ECDF PREA Compliance Manager
ECDF PREA Investigator

Findings

(a) GEO Corporate policy 5.1.2-E, pages 9-10, section K1 and ECDF policy 1400.04, page 11, section K1 require the facility investigator to inform the victim of the allegation outcome. A sample of investigative files was reviewed showing notification being made in writing to detainees via the GEO Notification of Outcome of Allegation form. The form includes relevant information, including the findings of the report, abuser status, and requires a signature from the detainee as well as the individual issuing the notification.

(b) Page 10, section K8 of policy 5.1.2-E, and page 11, section K7 of policy 1400.04 requires if the facility to request relevant information from the investigative agency. A review of an investigative file, prior to the previous 12-months shows the ECPD providing relevant information on an investigation, followed by documentation the outcome was provided to the detainee.

(c)(d) Included in both investigative policies is the requirement of the use of the Notification of Outcome form, which includes information on the status of the abuser. For an abuser who was and Inmate/Detainee/Resident, indictment and conviction information is provided. For staff, determination of 1. No longer posted in the victim's housing area, 2. No longer employed at the facility, 3. Indicted, and 4. Convicted is provided.

(e) Documentation is provided through the use of the Notification of Outcome form. Additionally, all attempts to provide the information are included in a database. For a detainee who had been released from custody prior to the completion of the investigation, a Notification of Outcome form was mailed USPS to the last known address with relevant information. The documentation is maintained in the investigative file.

Conclusion

The provisions for standard 115.73 were met through documentation, a review of corporate and local policy and through interviews with staff. The analysis of information shows the ECDF in compliance with standard 115.73.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-E – PREA Investigative Procedure
ECDF Policy 1400.04 – PREA Investigations

Interviews

ECDF PREA Compliance Manager
Random Staff

Findings

(a) Corporate policy 5.1.2-E, page 10, section L, and page 12, section L of ECDF policy 1400.04 outline disciplinary, action and the employee disciplinary sanctions. Discipline up to and including termination can be imposed for substantiated violations. The ECDF has not imposed any employee discipline during this audit period. A statement of fact was provided by the ECDF facility administrator confirming this.

(b) Both the agency and facility use termination as the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

(c) Corporate policy 5.1.2-E, and ECDF policy 1400.04, sections L respectively utilize disciplinary sanctions commensurate with the nature and circumstances of the acts committed. A review of the staff member's disciplinary history, and sanctions imposed for comparable offenses by other staff with similar histories is considered as well.

(d) A requirement of both policies is that all terminations and resignations for such conduct shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal. The staff at the ECDF were aware of disciplinary sanctions pursuant to substantiated allegations of sexual abuse and sexual harassment

Conclusion

The provisions for this standard were met through policy review and interviews. ECDF is found in compliance with standard 115.76.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-E – PREA Investigation Procedure

ECDF Policy 1400.04 – PREA Investigations

GEO Employee Handbook

Interviews

ECDF PREA Compliance Manager

ECDF Assistant Facility Administrator

USMS Contract Manager

ECDF Director of Programs

Findings

(a)(b) Page 11, section 3 of GEO corporate policy 5.1.2-E, and page 13, section 3 of the ECDF policy 1400.01 outline corrective action for contractors and volunteers. Like employees, any contractor or volunteer who violates the zero-tolerance policy put forth by the GEO Group will be reported to law enforcement and relevant licensing bodies unless the activity was not criminal. The ECDF will notify the USMS who will take remedial measures and consider whether to prohibit further contact with detainees.

The ECDF has not had any incidents of volunteer or contractor violation of the zero-tolerance policy in the past 12-months. The director of programs states when volunteers are on site (there have been none in the past 12-months due to COVID19 restrictions), ECDF staff are continuously meeting with volunteers and emphasizing sexual safety in the facility. The assistant facility administrator stated walking through the facility on a daily basis, checking in with staff, volunteers, and contractors helps increase sexual safety and safety in general in the facility.

Conclusion

The provisions of this standard are defined in policy and confirmed by staff interviews and a statement of fact. Based on the review of all available evidence, the ECDF is found in compliance with standard 115.77.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

- 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-E – PREA Investigation Procedure
ECDF Policy 1400.04 – PREA Investigations
ECDF Detainee Handbook
ECDF Substantiated Investigation report

Interviews

ECDF PREA Compliance Manager
ECDF Medical and Mental Health Staff

Findings

(a) Corporate policy 5.1.2-E, page 10-11, section L2, and page 12, Section L2 of ECDF policy 1400.04 outline discipline and prosecution related to disciplinary sanctions for detainees. Page 25 of the ECDF detainee handbook outlines category 10, a first level detainee discipline (greatest category offense) involves assaulting any person (including sexual assault). There was one substantiated administrative detainee on detainee sexual abuse case in the previous 12-months at the ECDF. An investigative report was reviewed and showed discipline imposed on the perpetrator.

(b) The ECDF stated allegations of sexual abuse and sexual harassment are taken very seriously, as are the sanctions imposed for violating the zero-tolerance policy, and that prior to disciplinary hearings at the facility, considerations of the nature of the crime, disciplinary history and similar sanctions imposed for comparable violations are discussed with the goal of the disciplinary team coming to consensus on the imposed sanction.

(c) As required by policy 5.1.2-E and 1400.04, the detainees mental disabilities or mental illness is discussed as possibly contributing to the violation.

(d) The ECDF facility does provide mental health interventions to its detainees. In discussion with mental health staff, generally the interventions are in group settings, but in cases of

detainees with mental illness, one-on-one counseling can occur. The ECDF PCM acknowledged utilizing the services of mental health staff on an as needed basis for detainee discipline. The reviewed disciplinary report showed the alleged perpetrator understanding the charges against her, and therefore counseling was not deemed necessary.

(e) Both corporate policy 5.1.2-E, page 11, section 2e, and ECDF policy 1400-04, Section 2e prohibit disciplining a detainee for sexual contact with an employee unless it is found that the employee did not consent to the contact. There were no reports of sexual abuse by a detainee on staff in the past 12-months at the ECDF.

(f) No good faith reports, even if the incident is not substantiated will be construed as a false report or lying as outlined in both corporate and local policy.

(g) The agency and ECDF have a zero-tolerance policy for sexual abuse and sexual harassment and both policies, 5.1.2-E, and 1400.04, facility PREA posters, videos, education and training, outline the potential sanctions for sexual abuse and sexual harassment. The ECDF PCM did acknowledge that sometimes allegations are made, where through the investigation it is determined the behavior was not coerced. In that case, detainees are not disciplined.

Conclusion

Based upon a review of the policy, interviews with staff and contractors, and a review of a substantiated detainee-on-detainee sexual abuse investigation, ECDF is found in compliance with standard 115.78.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 ECDF Policy 1300.04 – Prison Rape Elimination Act
 ECDF At-Risk for Victimization Log
 ECDF At-Risk for Abusiveness Log
 ECDF At-Risk for both Victimization and Abusiveness Log
 ECDF Mental Health Referrals for detainees determined to be at-risk

Interviews

ECDF PREA Compliance Manager

Findings

(a)(b)(c) Page 9, section 2a of policy 5.1.2-A, and page 9, section 2a of ECDF policy 1400.04 requires a referral to mental health for further evaluation if during the intake assessment it is determined an individual is at risk for abusiveness, victimization, or both. ECDF case managers conduct the risk screening and provide information to the facility PCM, who creates a log in the system, and a referral to mental health is made immediately utilizing the ECDF Interdepartmental Referral. These referrals show the detainee being referred, who referred them, the reason for the referral, and action taken. At the time of the onsite audit, there were 32 individuals who were deemed at risk for victimization, abusiveness, or both. A sample of these detainee files, in addition to detainee interviews, showed consistency in the referral process.

Referrals generally were made the same day the risk assessment was conducted, with mental health consult being conducted within seven calendar days, on average. All files reviewed showed a follow up with mental health within 14-days of the risk screening.

(d)(e) All information regarding sexual victimization and abusiveness is maintained in an electronic at-risk file in which the ECDF PCM manages. The risk screening for each detainee is maintained in the detainee file, in a locked filing cabinet in main control, and the facility administrator, assistant facility administrator, case managers, and PCM have access. Information obtained from the mental health referral is maintained in confidential medical files maintained in electronic medical files in the medical building. Medical staff indicated they would obtain informed consent before making a report of sexual victimization that did not occur in an institutional setting and acknowledged they have not had to make a notification to date.

Conclusion

A review of policy, documentation on referrals to mental health, detainee files and at-risk logs shows the ECDF is in compliance with the provisions for standard 115.81.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 ECDF Policy 1300.04 – Prison Rape Elimination Act
 ECDF Detainee Handbook
 Medical/Mental Health Assessments

Interviews

Random Staff
 ECDF PREA Compliance Manager
 Medical and Mental Health Staff

Findings

(a) GEO corporate policy 5.1.2-A, page 25, section 7a and ECDF policy 1300.04, page 23, section 7a requires immediate and unimpeded access to emergency medical treatment and crisis intervention services as directed by medical and mental health staff. Several health assessments were reviewed confirming this process.

(b) Medical services at the ECDF are provided on a continuous basis. Staff indicated receiving training in first responder duties and understood the appropriate procedure and response for emergency medical treatment.

(c)(d) Medical staff indicated they follow policy 5.1.2-A and ECDF policy 1300.04 in providing timely information about access to emergency contraception and STDs where appropriate. The naming of the perpetrator is not considered in making medical decisions.

Conclusion

Provisions for standard 115.82 are outlined in policy as well as observed practice. The practice was confirmed through interviews with random and specialized ECDF staff. ECDF is found compliant with standard 115.82.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 ECDF Policy 1300.04 – Prison Rape Elimination Act

Interviews
Medical Staff
ECDF PREA Compliance Manager

Findings

(a) GEO corporate policy 5.1.2-A, page 26, section N, and ECDF policy 1300.04, pages 24-25, section N outlines ongoing actions after reports of sexual abuse. Medical and mental health evaluations, and treatment where appropriate will be provided to all victims of sexual abuse that occur in any prison, jail, lockup or juvenile facility.

(b) Both the agency and the facility acknowledge the evaluation and treatment should include follow-up services, treatment plans and when necessary, referrals for post-release continued care. Medical files reviewed showed follow-up care, and treatment plans included. The ECDF PCM conducts regular outreach to individuals who appear on the at-risk log, and ensures the detainees are receiving care.

(c) An interview with medical staff confirms the level of treatment and care provided to detainees at ECDF are consistent with the level of care received in the community.

(d)(e) Female victims at the ECDF are provided pregnancy tests and all lawful pregnancy related medical services where applicable. Medical staff noted this to be standard practice.

(f) Medical staff acknowledged testing for sexually transmitted infections as medically appropriate. The ECDF does not have a means to recover costs from its detainees, therefore there are no charges for any medical or mental health care and or treatment.

(g) As outlined and articulated by the PCM and medical staff, there is no financial burden placed on detainees for services. Therefore, there would be no withholding of services should the victim be unwilling to name their abuser.

(h) A review of medical referrals shows a medical and mental health evaluation for those at risk of abusiveness is conducted immediately. The ECDF does not divert from its referral process between those who are identified to be at risk for victimization, at risk for abusiveness, or at risk for both. Referrals are made immediately upon the risk screening showing the detainee to be at risk.

Conclusion

All provisions for standard 115.83 are covered in policy and confirmed by staff interviews and a review of medical and mental health detainee records. The ECDF is found in compliance with standard 115.83.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ECDF Policy 1300.04 – Prison Rape Elimination Act
The GEO Group PREA After Action Report

Interviews

ECDF PREA Compliance Manager
ECDF Facility Administrator

Findings

(a)(b) Corporate policy 5.1.2-A, page 28, section 3a and ECDF policy 1300.04, page 26, section 3a require an incident review and the conclusion of every sexual abuse investigation in which the allegation has been determined substantiated or unsubstantiated. Further, ECDF policy outlines that if the allegation was reported by an ICE detainee (a former USMS detainee who is awaiting ICE pick up on a detainer), and after-action review is conducted whether the outcome is substantiated, unsubstantiated, or unfounded. A review of a 2020 substantiated detainee-on-detainee PREA allegation shows the after-action review was completed nine days after the date of finding.

(c) As required by both corporate and local policy the review was attended by upper-level facility management and included the facility administrator, chief of security, chief of unit management, health services administrator, and the PREA investigator.

(d)(e) The After-Action Review requires the attendees to consider the following: 1. Whether there is a need to change policy or practice to better prevent, detect or respond to sexual abuse, 2. If the incident was motivated by race, ethnicity, gender identity, LGBTI status or perceived status, gang affiliation, or motivated or otherwise caused by other group dynamics, 3. If there were any physical barriers present in the area where the incident allegedly occurred that may have enabled abuse, 4. Whether staffing levels were inadequate in the area where the incident allegedly occurred during different shifts, and 5 if there is a need for deployment or augmentation to monitoring technology to supplement supervision by staff in the area where the incident allegedly occurred. The findings are documented, and the ECDF PCM maintains a copy of the report. If any findings are discovered, it would be the PCM who would develop the plan for improvement, with input from upper-level management staff.

Conclusion

All provisions were documented by policy and a review of an investigative file with a substantiated finding and the corresponding PREA After-Action Review report. Coupled with interviews with the ECDF PCM and facility administrator, ECDF is found in compliance with standard 115.86.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ECDF Policy 1300.04 – Prison Rape Elimination Act
GEO PREA Annual Report - 2020

Interviews

ECDF PREA Compliance Manager

Findings

(a)(b)(c)(d) GEO corporate policy, page 28, section O1 requires that each GEO facility collect and maintain data related to sexual abuse as directed by the corporate PREA Coordinator. Policy further directs the data collected will be at a minimum the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence. The ECDF PCM indicated all data is collected and compiled, discussed with the facility administrator and forwarded to the corporate PREA Coordinator. Facilities are required to submit a monthly PREA Incident Tracking log and upload the information to the GEO Corporate PREA Portal. In addition to the monthly tracking log, the PCM will ensure that a PREA Survey is created, updated and submitted for review and approval in the Corporate PREA Portal for every allegation of sexual abuse and sexual harassment.

(e)(f) The ECDF does not contract with any private facilities for the confinement of its detainees.

Conclusion

Based upon the review of the GEO PREA Annual Report – 2020, and interviews with the PCM and facility administrator, ECDF is found in compliance with standard 115.87.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
GEO website

Interviews

GEO Agency Head
GEO PREA Coordinator
ECDF PREA Compliance Manager

Findings

(a)(b) Corporate policy mandates data collected is reviewed by the corporate designees of secure Services, Reentry and Youth Services and the CEO in order to assess and improve effectiveness of its plan to detect, prevent and respond to sexual abuse and sexual harassment. The ECDF PCM was able to articulate and show how the information is input into

the PREA portal. The agency head and PREA coordinator discuss the flow of information noting that when sexual abuse incident reviews are completed, any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the corporate PREA coordinator for review. In 2015, GEO designed a secure PREA Portal with restricted access to retain all PREA related data. Every sexual abuse incident is entered into the portal, confirmed by the ECDF PCM, and annually the corporate PREA team reviews the data to determine what improvements are needed. Divisional authority for both secure services and reentry services review and approve the annual recommendations.

(c) A review of the agency website shows the annual reports are posted. Reports for 2017 – 2020 are posted on the website.

(d) The GEO Group may redact specific material from reports when publication would represent a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

Conclusion

All provisions were demonstrated by policy, a review of the GEO website and through interviews. Based upon the review and analysis of all available evidence, the ECDF is found in compliance with standard 115.88.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Document Review

GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
ECDF Policy 1300.04 – Prison Rape Elimination Act
GEO Annual Report

Interviews

PREA Compliance Manager

Findings

(a) The ECDF maintains data collected pursuant to standard 115.87. This information is securely retained in a locked office, in locked filing cabinets. All information pertaining to the detainees at the ECDF, incidents of allegations of sexual abuse and sexual harassment, investigative reports, medical and mental health records, are securely and appropriately maintained at the facility.

(b) Aggregated sexual abuse data is provided to the corporate GEO Group via a secure document exchange. The GEO Group publishes their annual reports on the website.

(c) Before publishing annual reports, the GEO Group redacts personal identifiers.

(d) Both corporate and local policy require data collected to be securely retained for at least 10 years or longer if required by state statute. California has different terms of retention for different documents, with the exception of some documents requiring lifetime retention, most documents are required to be retained seven years post administrative audit.

Conclusion

All provisions are demonstrated by corporate and local procedures and articulated and confirmed by the PREA Compliance Manager. Based upon the review and analysis of information, ECDF is found in compliance with standard 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes 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.) Yes No 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 No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This is the first audit for the El Centro Detention Facility. The auditor had full, unfettered access to all data and documentation, all staff and detainees, and all contractors and volunteers. Access to detainee, staff, investigative, files, and training records, intake, classification, and risk assessments records were made available throughout the audit process. The auditor was provided various logs, including allegations, referrals to medical and mental health, and retaliation monitoring. Housing logbooks that showed unannounced rounds, detainee movement, and other operational information for each housing location were available. All interviews, random staff and detainees, targeted detainees and specialized staff were conducted in a private manner. There were no refusals for interviews. Sexual safety and the safety of staff and detainees at the ECDF is top priority.

During this audit year, the COVID-19 pandemic was still impacting the world. These impacts were present in many operations related to jails and prisons. In many cases, movement and visiting were curtailed. The ECDF was experiencing an outbreak of the virus during the onsite audit, in which two dorms were used for detainees with active infections. Considerations for the safety of staff, detainees and this auditor were appreciated.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The GEO Group PREA annual report for 2020 is available at www.geogroup.com. Since this is the first audit for the ECDF there is no previous posting of an audit. The 2020 report shows there was 1 initial certification and 22 recertifications in 2020. There were 13 prisons and jails, 7 community confinements, and 3 juvenile facilities audited. The 2020 report contains data collected from 48 corrections and detention facilities, 39 residential centers, and 8 youth services facilities.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Karen S. Dalton

01/25/22

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.