

PREA Facility Audit Report: Final

Name of Facility: Lea County Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 12/05/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Robert Manville	Date of Signature: 12/05/2024

AUDITOR INFORMATION	
Auditor name:	Manville, Robert
Email:	robertmanville9@gmail.com
Start Date of On-Site Audit:	10/01/2024
End Date of On-Site Audit:	10/04/2024

FACILITY INFORMATION	
Facility name:	Lea County Correctional Facility
Facility physical address:	6900 West Millen, Hobbs, New Mexico - 88244
Facility mailing address:	- 88244

Primary Contact

Name:	Brittni Buckelew
Email Address:	bbuckelew@geogroup.com
Telephone Number:	5759644036

Warden/Jail Administrator/Sheriff/Director	
Name:	David Cole
Email Address:	dcole@geogroup.com
Telephone Number:	575-392-4055

Facility PREA Compliance Manager	
Name:	Brittni Buckelew
Email Address:	bbuckelew@geogroup.com
Telephone Number:	(575) 964-4036

Facility Health Service Administrator On-site	
Name:	Lakeasha Stewart
Email Address:	lakeasha.stewart@wexfordhealth.com
Telephone Number:	575-392-4055

Facility Characteristics	
Designed facility capacity:	1266
Current population of facility:	1080
Average daily population for the past 12 months:	1096
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Mens/boys

<p>Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)</p>	
Age range of population:	18-83
Facility security levels/inmate custody levels:	Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	189
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	25
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	10

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

Agency Chief Executive Officer Information:	
Name:	Brian Evans

Email Address:	bevans@geogroup.com
Telephone Number:	5618930101

Agency-Wide PREA Coordinator Information			
Name:	Manuel Alvarez	Email Address:	Manuel.Alvarez@geogroup.com

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> • 115.42 - Use of screening information
Number of standards met:	
44	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION	
GENERAL AUDIT INFORMATION	
On-site Audit Dates	
1. Start date of the onsite portion of the audit:	2024-10-01
2. End date of the onsite portion of the audit:	2024-10-04
Outreach	
10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Phoenix House
AUDITED FACILITY INFORMATION	
14. Designated facility capacity:	1266
15. Average daily population for the past 12 months:	1096
16. Number of inmate/resident/detainee housing units:	1030
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1030
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	6
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	6
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	2
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	10
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

<p>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>14</p>
<p>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>5</p>
<p>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>29. 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>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>30. 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>189</p>
<p>31. 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>8</p>

32. 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:	25
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	23
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>I utilized the at risk log to view at risk inmates. I interviewed the medical staff to determine any medically disabled inmates. I asked inmates while touring the interviews I interviewed the mental health staff to determine any victimized and cognitively disabled inmates.</p> <p>I interviewed inmates in each of the housing units during the site review and doing the interview with inmates during the audit. I then chose some inmates from each of the housing units.</p>
<p>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>38. 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):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>21</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	

40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	3
41. 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:	1
42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
43. 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:	2
44. 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:	3
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1

<p>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>8</p>
<p>47. 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>47. 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>47. 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 auditor reviewed all allegation of sexual abuse in the last 12 months to determine if any of these inmates was housed in the segregation unit. The Lt. and staff assigned to the segregation unit were interview and all said they do not house victims of sexual abuse or make allegation of sexual abuse in the segregation unit.</p> <p>Inmate interview that were accused of sexually abuse another inmate was housed in the segregation unit pending the investigation</p> <p>The Warden indicated the agency does not utilized segregation for inmates that makes allegation of sexual abuse.</p>
<p>48. 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>2</p>

<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>1</p>
<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>51. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>14</p>
<p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Language staff that were noted on staff to provide translation services for other staff. Gender was interview to get a reference of staff.</p>
<p>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>12</p>
<p>56. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>58. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>59. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

The Lea County Correctional Facility is located at 6900 West Millen Drive, Hobbs, New Mexico. The facility consists of eight buildings within a secure perimeter. The facility houses level III adult male inmates who are committed to the custody of the New Mexico Corrections Department (NMCD) with the average length of stay being 5.5 years. The Administration building is located outside the secure compound and serves as the main entrance to the facility. Upon arriving at Lea County Correctional Facility each visitor and staff must sign in or provide identification in order to go to the main administrative building. At the administrative building, all staff must clear a metal detector and a body scan machine, then they are checked by a handheld metal detector and pat searched by staff of the same gender. After clearing the security system, visitors can go to the control room located in the administrative building and show proper credentials, receive a visitor pass. All visitors' passes are for escort only. The control room is manned by two staff. It controls the movement of all inmates and staff and monitors the security system, including the body scanners that all staff wear when in the secure area of the facility. Entrance to the security facility is through a multipurpose building. The multipurpose building houses kitchen, laundry, property room, academic and vocational programs, medical and behavioral health departments, supply room, caustic room, intake area, library, chapel and visitation. The Maintenance area is in a separate building within the secure perimeter and is accessed through the multipurpose building. There were PREA information posters located in the maintenance shop. There restrooms in this area have doors to provide privacy for inmates using the toilet. There are four housing units, with five pods in each housing unit. Inmates are housed in cells with usually two inmates in each cell. There is also a 42-bed restrictive housing unit. In

addition, there is seven-cell minimum custody unit housing inmates who work in the facility or allowed to be on work crews in the community.

There is a day room area located on the first floor of each unit. This area included telephones, kiosk, bulletin boards, televisions, and tables.

By each telephone, there is laminated reporting information for outside reporting and reporting to the victim advocate. The telephones were tested and found in noncompliance with the PREA standard. The facility conducted a test of all phones, and they were operational. The PREA compliance manager provided the auditor with a test email for the week prior to the audit. The facility completed a corrective action plan that included testing the telephone system daily, weekly and then monthly during different hours of the day and different days of the week.

Toilets and washbasins are in each cell and each housing pod has a shower room with a partial concrete wall surrounding the shower room and partial swing doors in the entrance of the shower room.

When entering the housing units there are case manager offices, a multipurpose room, a satellite medical office and in some units a mental health office, in a long hallway before entering the housing area. There is a housing control station in the housing units where staff posted in this area control movement in and out of the individual pods. Doors into each building are controlled from the facility's main control station.

There are drop boxes located in each housing unit that include grievance, mail, and staff communication notes. The inmate population indicated during the tour that the facility provided grievance forms and staff request forms. Inmate also indicated they are allowed to have paper and pencils that are sold on the inmate commissary. A grievance was placed in the grievance box and was delivered the following morning to the auditor by the PREA

	<p>compliance manager.</p> <p>There are two large recreation yards, north and south. Inmates exit and enter these areas through a metal detector. These recreation yards have cameras, basketball hoops and covered tables. There is also a large gymnasium located on this compound. These recreational areas also include an activity center, exercise equipment, hobby craft rooms and an outside recreation area. Zero-tolerance posters are located throughout the recreation area. The bathroom areas in each of the recreational areas include partitions to provide privacy.</p> <p>The restrictive housing unit includes segregation and disciplinary isolation. Inmates in restrictive housing units receive daily visits from medical and mental health staff, are allowed grievance forms.</p> <p>The medical unit includes single cells, observation rooms and dormitory style rooms. Medical There are offices located in this area which allow private interviews to be conducted. There is a security Xray chair located in this area that all inmates sit in prior to entering the facility. There were zero-tolerance posters displayed in the intake area.</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>70. 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>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Employee Files Reviewed

Fifteen (15) employee training records were reviewed. Included in the employee training records were random monitors (direct care staff), supervisors, investigator, PREA compliance manager. All training has been completed in the last 12 months.

Fifteen (15) background clearance files including five (5) new hired staff, five (5) staff that had been promoted and five (5) employees that had over five years tenure at the facility. All background checks had been completed prior to contact with inmates or prior to promotion or over 5 years tenure at the facility.

Inmate Files Reviewed

Twenty-four (24) resident records were reviewed. These records included the following information.

- Date of arrival
- Date of initial screening
- Date of referral to mental health staff and mental health initial interviews
- Referrals to transgender care committee
- Date of Initial PREA notification
- Date of PREA orientation

Fifteen (15) Transgender Care Committee meeting including inmates' preference sheets and housing request.

There was a total of 21 reported allegations of sexual abuse/sexual harassment. All cases were or are being conducted. Completed investigations included investigative information including interviews, credibility assessment, appropriate video, telephone and other evidence as required. All investigation included an administrative investigation and referrals to local law enforcement as required. Investigative files included retaliation monitoring, notification of outcome and incident review meeting as required.

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.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	9	2	9	2
Staff-on-inmate sexual abuse	2	0	2	0
Total	11	2	11	2

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	5	0	5	0
Staff-on-inmate sexual harassment	5	0	2	0
Total	10	10	10	10

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.

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	1	0	0	0	0
Staff-on-inmate sexual abuse	1	0	0	0	0
Total	2	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	1	3	1
Staff-on-inmate sexual abuse	1	1	2	1
Total	2	2	5	2

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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	2	2
Staff-on-inmate sexual harassment	0	1	3	1
Total	0	2	5	3

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

10

<p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>5</p>
<p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>5</p>
<p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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Sexual Harassment Investigation Files Selected for Review

<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>10</p>
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<p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>5</p>
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<p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	5
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The facility referred all allegations of sexual abuse to the local law enforcement. The local law enforcement reviewed the documents, interviewed the inmates and staff and determined they were not criminal and did not finalize the investigation. The law enforcement did provide their case notes to the facility.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, interviews and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities</p> <p>GEO Policy 5.1.2-E PREA Investigation Procedure</p> <p>GEO Organizational Chart</p> <p>Lea County Correctional Facility (LCCF) Organizational Chart LCCF Policy 10.22 Prison Rape Elimination Act (PREA) Employee Handbook</p> <p>Inmate Handbook</p> <p>PAQ</p> <p>Interviews</p>

Facility administrator

GEO PREA coordinator

Facility PREA compliance Manager

PAQ Requires:

1. The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.
2. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.
3. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.
4. The policy includes sanctions for those found to have participated in prohibited behaviors.
5. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates

115.11 (a): GEO Corporate Policy 5.1.2. A -and GEO Policy 5.1.2.E- exceed the requirements of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The agency and institution policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment.

GEO Policies includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in prohibited behaviors. Inmates are informed orally about the zero-tolerance policy and the PREA program during in-processing and additional admission and orientation presentations. The orientation is offered in English and in Spanish. Additional program information is contained in the Inmate manual, and postings distributed throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for Inmates who do not speak or read English. Both institution staff and inmates are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year. Newly hired correctional officers attend the New Mexico Department of Corrections Academy where they received additional training on PREA.

The institution meets the standards with all the programs they have implemented to ensure the inmates and staff understand its position on zero tolerance. Yearly GEO conducts a PREA review of the facility to determine level of compliance and to identify concerns that need to be addressed by the PREA compliance manager and the facility administrator.

	<p>115.11 (b): GEO employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency’s organizational chart depicts the position within the agency. The PREA Coordinator oversees the agency’s efforts to comply with the PREA standards in all of GEO’s facilities. GEO has a team of staff that supports the PREA coordinator’s efforts in meeting all PREA standards. The administrative team meets on a regular basis to develop strategies to establish a culture that provides a safe environment for staff and inmates. The PREA Coordinator's team are deeply knowledgeable about PREA and best practices to carry out the Agency’s approach to prevent, detect, and respond to sexual abuse or sexual allegations.</p> <p>115.11 (c): GEO ensures that all its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. The facility’s organizational chart illustrates the PREA Compliance Manager’s position within the facility. At Lea County, the PREA compliance manager is supervised by the Facility Administrator. LCCF provides support staff assisting the PREA compliance manager with his task in carrying out the PREA mandates from GEO. The administrative team meets on a regular basis to develop strategies to establish a culture that provides a safe environment for staff and inmates. Throughout the tour, staff, and es new the PREA compliance managers name and role at the facility. Both the GEO Group PREA Coordinator and Facility Compliance Manager advised they have sufficient time and authority to coordinate efforts to comply with PREA standards. The facility provides additional support for PREA related investigations, policy reviews, mock audits and follow up to corporate PREA coordinator’s office with questions or concerns.</p> <p>Compliance was determined by review of agency organization chart, agency, and facility policies, both staff and inmate training orientation power point presentations, posters, offender manual and interviews with staff, contractors, volunteer, and inmates further provided exceed compliance with this standard.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, interviews and documentation were reviewed in formulating compliance with this standard:</p> <p>Lea County Correctional Facility Contract</p> <p>Statement of Work</p> <p>Statement of Fact</p> <p>Interview</p> <p>PREA Coordinator</p>

	<p>GEO is a private provider and does not contract for the confinement of their inmates; therefore, this standard is not applicable to this facility. The contracting statement of work mandates that Lea County Correctional Facility remain in full compliance with PREA standards. In interviewing the PREA coordinator for GEO, he indicated that the agency does not contract any housing of inmates. If the facility is overcapacity, GEO would notify the contracting agency and document their capacity.</p>
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115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following policies, directives. Interviews and documentation were reviewed in formulating compliance with this standard:</p> <p>PAQ</p> <p>Daily unit logbooks</p> <p>PREA Annual Facility Assessment Staff Rosters Lea County Correctional Facility Schematics</p> <p>LCCF Policy 12.005 Inmate Protection against Sexual Abuse and Sexual Misconduct; Reporting Procedures</p> <p>LCCF Policy 03.001 Review of Staffing Requirement</p> <p>Unannounced Rounds</p> <p>9/16/2024 Annual Policy Review</p> <p>Interviews</p> <p>Contracting Positions</p> <p>Facility Administrator</p> <p>PREA Compliance Manager</p> <p>Intermediate Staff</p> <p>PAQ</p> <p>The agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse.</p>

Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates: 1096

The annual average daily number of staff that is utilized to develop a staffing plan was 1080 inmates.

LCCF Policy 03.001 Review of Staffing Requirement

Each department supervisor shall evaluate the department's operations and propose operational improvements within allotted resources. Consideration shall be realistic coverage for all essential posts and coverage required for training, days off, annual and sick leaves, and other authorized and unauthorized absences.

The facility administrator shall regularly evaluate the facility staffing needs to ensure the most efficient utilization of manpower resources. This evaluation shall include consideration of existing needs, staff suggestions and recommendations as well as current and projected plans and goals of the facility. Relief factors such as holidays, regular days off, sick leave, etc. shall be included in the formula used to determine staff.

115.13 (a)(b): LCCF Policy 03.001 requires the facility to review the staffing plans on an annual basis. Interviews with the facility administrator and executive staff revealed compliance with the PREA, and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans. The facility has a Staffing Report that is developed for each pay period. The facility provides the bimonthly reports that include mandatory post and hold over staffing to meet the mandatory posts. This report also includes the number of positions authorized, the number filled, the number vacant, recruitment efforts and any staffing concerns during the pay period. The Facility Administrator meets weekly with his executive staff, including Chief of Security, Lieutenant, and the Human Resource Manager (HRM) to address staffing issues as they relate to the PREA. New Mexico Department of Corrections requires the facility to review the staffing plans on an annual basis. Interviews with the facility administrator and executive staff revealed compliance with the PREA, and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans. The staffing plan is based on a population of 1500 inmates.

The staffing plan is based on the following criteria:

- Generally accepted detention and correctional practices.
- Judicial findings of inadequacy.
- Findings of inadequacy from Federal investigative agencies.
- Findings of inadequacy from internal or external oversight bodies.
- All components of the facility's physical plant.

The composition of the inmate population.

- The number and placement of supervisory staff.
- Institution programs occurring on a particular shift.
- Applicable State or local laws, regulations, or standards.
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and - Other relevant factors.

The institution has been provided with all the necessary resources to support the programs and procedures to ensure compliance with the PREA standards. The audit included staff interviews, and rosters. Supervisory and Administrative staff members routinely make unannounced rounds. These rounds are documented in Unit Logs located in each housing unit.

There have been no judicial findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. All essential posts are filled each shift and no essential posts are kept open for savings. When programs are offered, staffing is increased to provide additional supervision. There has been no deviation from the staffing plan based on interviews with facility administrator and PAQ.

115.13 (c): LCCF Policy 03.001 that whenever necessary and no less than annually, the staffing plan is reviewed and documented during the Annual PREA Facility Assessment. This completed form is submitted to the Corporate PREA Coordinator and the Corporate Divisional Vice President for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocations of additional resources to maintain compliance to the plan. In interview with GEO's PREA Coordinator, he reported being consulted regarding assessments or adjustments to the staffing plan through incident reviews of substantiated and unsubstantiated allegations and through the Annual PREA Facility Assessments he reviews and approves for each of the agency facilities annually. The latest staffing assessment was in September 7, 2022.

13 (d): According to facility policy and practice requiring department heads, facility executive staff and intermediate and higher-level custody supervisors conduct and document unannounced rounds on all shifts within their respective areas to identify and deter employee sexual abuse and sexual harassment. Policy also mandates that other staff are prohibited from telling other staff when supervisors are making unannounced rounds. The review of Institution Duty Officer (IDO) unannounced PREA rounds.

The facility housing unit logs confirmed that intermediate-level or higher-level supervisors, including shift supervisors and department heads, conduct and document such visits throughout the institution, during the day, at night and on the weekends. Additionally, the intermediate staff were interviewed. Each shift supervisor visits areas of the facility during the days, evenings, and weekend. The Shift Supervisor documents the visits on logbooks located in the housing unit control room.

	<p>Staff members are prohibited from alerting other employees regarding unannounced rounds. Interviews with housing unit officers also confirmed that supervisory staff document these visits on the unit log. The auditor reviewed logbooks during the tour and found multiple signs in documentation on each shift. While touring the control room, the control room officers showed her computerized PREA rounds documentation. The facility provided a page on each housing unit logs books for a 24-hour period of time.</p> <p>Facility Administrator Interview; We are mandated by contract to maintain a minimum mandatory post be filled by able alert staff at all times. We accomplish this by paying overtime, holdover staff and bringing in staff from other GEO facilities to man essential non direct care staff such as front entrance, roving perimeter patrol, control room operator and camera observers.</p> <p>Compliance Manager: We conduct an annual assessment with NMDOC and GEO for the review of PREA findings, review of camera, staffing plan based on the PREA standard on staffing and blind spots. I am part of that process and assist in providing data for the assessment team.</p> <p>Compliance was further determined by staff interviews conducted during the tour of all areas of the facility and interviews with the Chief of Security, Facility Administrator, PCM, Human Resource Manager and Correctional Staff; reviews of documented staffing rosters, daily supervisory checks, and facility workforce meeting records; pay period staffing reports and the examination of the video monitoring system. A comprehensive tour of the facilities was conducted during the audit that included looking for blind spots, reviewing cameras coverage and available staff in areas that inmates are assigned. A detailed review of the cameras was conducted by the auditor during the onsite tour. It was determined that the additional cameras and mirrors has enhanced the facility and reduced the blind spots where possible. The facility has made additional funding available to enhance in recruiting staff.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, interviews and documentation were reviewed in formulating compliance with this standard:</p> <p>New Mexico Correctional Statue</p> <p>GEO Cooperate Policy 5.1.2-A</p> <p>Lea County Correctional Facility (LCCF) Contract for Service Statement of Fact</p>

	<p>Interviews:</p> <p>Facility Administrator</p> <p>Lea County Correctional Facility does not house youthful inmates. Compliance was determined by reviewing Contract for Services, policy and interviews with intake staff, facility administrator and agency designee. The facility administrator provided a statement of fact that the facility is not allowed to house youthful offenders.</p> <p>Facility Administrator: We don't receive inmates from any jails or other program. All of our inmates come from NMDOC and are vetted prior to coming to this facility. By contract New Mexico Statue we are not authorized to house youthfully offenders.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PAQ indicates that a facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>The following policies, directives, interviews and documentation were reviewed in formulating compliance with this standard:</p> <p>LCCF Policy 08.008 Control of Contraband/Searches</p> <p>Video Camera/Housing Unit Fixed Camera Digital Video Maintenance and Retention Training Curriculum</p> <p>LCCF Staff Training</p> <p>Shift Logs- Announced gender presence Housing Unit Logbooks Unannounced Rounds</p> <p>Transgender Lists with Shower and Pat Down Search Preference Statement of Fact</p> <p>PAQ</p> <p>Interviews</p> <p>Transgender Inmates</p> <p>Random Staff</p> <p>Random Inmates</p> <p>Strip searches will be performed by staff of the same gender identity as inmate in other than emergent situations. Strip searches will not be conducted in "public" places, showers, gyms, dayrooms or in sight of staff or inmates not involved in the</p>

search, or in any area subject to video surveillance in other than emergent situations

A search warrant will be obtained before an instrument or manual body cavity search can be conducted, and only when there is reason to do so and when authorized by the Facility Administrator or designee. The search will only be conducted by off-site medical personnel, in a clinical setting (hospital, infirmary, etc), and in private.

115.15 (a): LCCF Policy 08.008 mandates a search warrant will be obtained before an instrument or manual body cavity search can be conducted, and only when there is reason to do so and when authorized by the facility administrator or designee. The search will only be conducted by off-site medical personnel, in a clinical setting (hospital, infirmary, etc), and in private. All security staff receive training on how to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. training on how to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. The lesson plan of this training was provided for review. Staff sign a PREA Basic Acknowledgement form acknowledging receipt and understanding of the training received. Review of random staff training records and in interview with security staff, revealed staff are receiving this training at pre-service and annually. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances.

115.15 (b): The facility houses male inmates. It does have transgender inmates that has requested hormone therapy. Each transgender meets with the Transgender Care Committee and are allowed to provide staff preference for pat down searches.

115.15 (c): All staff are required to document all cross-gender strip searches and cross-gender visual body cavity searches. The facility also maintains a log of all strip searches. This log indicates date, time, purpose and inmate's gender and gender of persons conducting the strip searches. The auditor reviewed the log which contained no entries of cross-gender searches.

115.15 (d): LCCF Policy 10.22 Prison Rape Elimination Act 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. The living areas showers have curtains that provide for inmate privacy while showering. Toilet areas have partitions with doors to allow inmates to use the restroom without being viewed by staff. The medical area has a wraparound curtain for privacy during examinations. All toilets in the living units have partitions and a wall in front of the toilet to provide privacy. All other areas that were reviewed during the tour had partitioned or single toilets with a door to provide privacy. All residents stated they can shower, use the toilet, and change clothes without being seen by staff members.

The facility has implemented a policy that all opposite gender staff working the units will announce themselves prior to walking the range to allow inmates the opportunity to prepare themselves from a privacy perspective. Inmates interviewed acknowledged they were allowed to shower, dress, and use the toilet without being

viewed by staff of the opposite gender. Postings are located throughout the living units that female staff are assigned to work in housing units.

Random Inmate Interviews: Thirty eight of the forty inmates interviewed indicated that female staff announce their presence when they enter their living units. All inmates indicated they are able to shower, change clothing, and use the toilet without being seen by staff of the other gender. They all indicated there were partitions and curtains around the showers and toilets and the facility did not have any group showers.

115.15 (e): LCCF Policy 10.22 Prison Rape Elimination Act address searches of transgender and intersex inmates. Facilities shall not search or physically examine a transgender or intersex inmate solely to determine their genital status. If the genital status is unknown, it may be determined during private conversation with the individual, by reviewing medical records or by learning this information as part of a broader medical examination conducted in private by a medical practitioner. At the time of the onsite audit, there were 8 inmate who disclosed being transgender or intersex.

Transgender Interviews: All of the transgender inmates were interviewed by the auditor. All indicated they met with the Transgender Care Committee when they arrived at the facility. All indicated they were asked if they felt safe at the facility, were given a preference on showering by themselves and preference on pat searches. Four of the inmates indicated she would prefer to be pat searched by female staff. Of the four, two indicated they have been searched by male and female and two indicated they had been pat searched by female staff.

Staff interviews: All staff have received training in conducting cross gender and transgender pat searches in the last 12 months. All were aware they agency prohibits the search of a transgender or intersex inmate to determine their sexual gender.

115.15 (f): All staff at LCCF receive training on how to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. Staff receive Limits to Cross Gender Viewing & Searches training. The lesson plan of this training was provided for review. Staff sign a PREA Basic Acknowledgement form acknowledging receipt and understanding of the training received. Review of random staff training records and interviews with security staff, revealed staff are receiving this training at pre-service and annually. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of a different sex except in exigent circumstances.

Interviews with transgender inmates indicated they are allowed to shower by themselves and are provided a preference sheet upon arrival as to what gender they preferred to conduct pat search. Based on documentation in the logbooks of shower times, interviews with random staff and transgender inmates it was determined that transgender inmates are allowed to shower by themselves. The transgender inmates indicated that staff and other inmates have been respectful and use the appropriate pronouns the majority of the time.

	<p>Based on the review of policies, training, and notices regarding the presence of female staff in the units, observation of the showering/dressing areas and interviews with staff and inmates it has been determined that LCCF is in compliance with this standard.</p>
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<p>115.16</p>	<p>Inmates with disabilities and inmates who are limited English proficient</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following policies, directives, interviews and documentation were reviewed in determining compliance with this standard:</p> <p>LCCF Policy 12.005 Inmate Protection against Sexual Abuse and Sexual Misconduct; Reporting Procedures</p> <p>Interpreter list</p> <p>PREA Posters (English, Spanish, Creole, French, German, and Russian) ADA training</p> <p>PREA Video Script</p> <p>Statement of Fact</p> <p>Inmate Handbook</p> <p>TTY Tablet</p> <p>PAQ</p> <p>Interviews</p> <p>LEP</p> <p>Blind</p> <p>Deaf</p> <p>Random Staff</p> <p>Intake staff</p> <p>PAQ</p>

The agency has established procedures to provide disabled inmates 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.

115.15 (a): LCCF Policy 10.22 Prison Rape Elimination Act mandates that the facility shall not discriminate against inmate with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services in accordance with the Americans with Disabilities Act and the provisions established in this Policy. The center has several bilingual staff at the facility and interviews with residents and staff indicated they knew staff members that were bilingual and utilized their services in communicating with the inmate population. Through policy and practice, the facility staff ensures that inmates with all disabilities listed in 115.16a have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The facility has TTY machines for hard or hearing inmates.

115.15 (b)(c): The targeted inmates interviewed stated they were instructed about PREA compliance and felt safe from sexual abuse. All PREA related information (written information), including postings, Brochures and handouts are available in English, and Spanish. The facility has access to translation services and written access in other languages. Staff also may read information to inmates when necessary. Agency and facility policies prohibit inmates from being relied on as readers or any types of assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety. The facility maintains a list of staff that are bilingual. During the onsite audit there was one deaf inmate, one blind inmate, one cognitive disabled inmate, two LEP inmate interviewed, and two disabled inmates interviewed. With the exception of the deaf inmates, all inmates indicated they were aware of PREA, had received training on PREA and were aware of the auditor being at the facility during the onsite audit. The facility provided a list of staff that were Spanish speaking. The language line staff were extremely fluent and provided the appropriate service to the auditor.

The deaf inmate was speech impaired arrived on the day of the onsite audit and the facility had no notice of his arrival. He was able to communicate and indicated by writing he communicated by writing and knew some prison sign language. While it is unfortunate that the facility did have advanced notice, the intake staff were not able to complete the intake process, and a correction action plan was required. The facility has reached out to sign language providers in the area and are working on a permanent MOU. They do have an agreement with a sign language provider to provide the services. The facility has tasked the ADA facility coordinator with the responsibility of securing the services for any target population. (see corrective action plan)

Compliance of this standard was confirmed by review of agency policy, contracting services for language interpretation services and interviews with PCM, intake staff, medical administrator, bilingual staff members, ESL inmates, blind inmate, and deaf and speech impaired inmate.

115.17	Hiring and promotion decisions
	<p data-bbox="310 176 963 207">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="310 249 574 281">Auditor Discussion</p> <p data-bbox="310 323 1395 390">The following policies, directives, interviews and documentation were reviewed in determining compliance with this standard:</p> <p data-bbox="310 428 1219 459">GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention</p> <p data-bbox="310 497 781 529">LCCF Policy 1.1.15 Code of Conduct</p> <p data-bbox="310 567 967 598">LCCF Policy 3.2.2 Standards of Employee Conduct</p> <p data-bbox="310 636 963 667">LCCF Policy 3.1.1 Selection and Retention of Staff</p> <p data-bbox="310 705 862 737">LCCF Policy 3.1.2 Transfer and Promotions</p> <p data-bbox="310 774 1099 806">GEO on-line application form PREA annual disclosure waiver</p> <p data-bbox="310 844 781 875">PREA promotional disclosure waiver</p> <p data-bbox="310 913 363 945">PAQ</p> <p data-bbox="310 982 552 1014">The PAQ indicate:</p> <p data-bbox="310 1052 1435 1377">Agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: (1) 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); (2) 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; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p data-bbox="310 1415 673 1446">The agency policy provided</p> <p data-bbox="310 1484 954 1516">GEO Policy 3.1.1 Selection and Retention of Staff</p> <p data-bbox="310 1554 1435 1736">When the hiring manager identifies a candidate for the job, the terms of the job offer will be submitted to the hiring authority for approval. The HR representative will communicate the offer to the candidate in writing (contingent upon successful background checks and drug screen), negotiate necessary terms (as approved by hiring authority) and schedule a mutually convenient start date.</p> <p data-bbox="310 1774 1386 1841">c. In the absence of specified requirements, the background investigation will include the following:</p> <p data-bbox="310 1879 1192 1911">Employment Verification for the last seven (7) years (if applicable).</p>

- ◇ Criminal Background checks for convictions and/or other disqualifying information (Federal, State, & Civil Court)
- ◇ Social Security Number Verification
- ◇ Sex Offender Check
- ◇ Education Verification (if necessary, based on the position)
- ◇ Pre-employment Physical (if necessary, based on the position)
- ◇ Driver's License checks (if operation of a company vehicle is a necessary component of the position).
- ◇ Credit Report (if required by client or if client contract or if current job entails fiduciary responsibilities)
- ◇ Drug Screen
- ◇ Office of Inspector General List of Excluded Individuals/Entities Screening (if applicable)
- ◇ License Verification/Eligibility

115.17 (a)(b): The Departmental Policy for Background Investigation and Appointment of Certified Officers does not allow hiring, promotions or contracting of anyone who has been convicted of sexual abuse in prison/jail or in community. Background checks are done on all employees, contractors, and volunteers. Background checks (FCIC/NCIC) are conducted on all new hires. The department is connected as a level II employer and any arrest is provided to the department upon entry into the system. All volunteer and contract re-checks are completed annually and are up to date. Interview with the Human Resource Manager and review of random employee, contractor and volunteer files were used to verify compliance to this standard. Prior to a transfer to the facility or promotions, employees' background review is conducted utilizing the Accurate Background Checks and answer the following questions. These same questions are asked each member of staff during the annual staff appraisal. This was confirmed by the human resources staff interview.

1. Have you engaged in sexual abuse in a prison, jail, lock up, community confinement facility, Juvenile facility, or other institution? (Please note that sexual abuse in this setting includes sexual acts with the consent of inmate, detainee, resident etc.).
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?
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?

115.17 (c): The agency requires that all applicants and employees who may have contact with inmates have a criminal background check. Criminal background checks for all potential employees are completed through the New Mexico Department of Corrections background division and through a contract with Accurate background checks. For those considered for promotions or who transfer from another facility, an internal GEO PREA verification and a background check through the Accurate are completed. If an applicant answers on their application, they are a prior institutional employee, information from prior institutional employers shall be requested. According to the PAQ in the past 12 months, there were 75 background checks completed.

115.17 (d): The facility performs criminal background checks through the Accurate Background before enlisting the services of any contractor or volunteer. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no background check for a contractor.

115.17 (e): Agency policy requires that criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates. In an interview with the human resource director, the facility maintains a spread sheet on all staff hiring dates and completes a background check prior to the staff five-year tenure. This was verified by reviewing staff with five year tenure personnel files.

115.17 (f): LCCF asks all applicants and employees who have contact with offenders directly about previous sexual misconduct. Applicants are asked these questions on the GEO application. Employees and contractors complete a PREA Disclosure and Authorization Form - Annual Performance Evaluation annually. For consideration for promotions or transfers, employees complete a PREA Disclosure and Authorization Form Promotions as well as a GEO internal PREA verification.

115.17 (g): Employees and contractors have a duty to disclose such misconduct referenced in this standard. Material omissions regarding this type of misconduct would be grounds for termination. The submission of false information by any applicant is grounds for not hiring the applicant. Human Resources interview indicate that GEO policy mandates staff report any contact with law enforcement or civil courts on their first day back to work. She indicated she keeps a folder and shares this to the facility administrator during their morning briefings.

115.17 (h): Unless prohibited by law, GEO will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the individual has applied for work. Human Resources interview indicated the facility will request a signed release of information and forward to Cooperate office who maintains the Sexual abuse and Sexual harassment bata base. The Cooperate office will forward the information to the perspective employer.

Exceed compliance was determined by pre audit documentation, the PAQ, interviews with the human resources director and review of thirty random staff files including new hires, promotions, and contractor files. All required information was noted

	utilizing the PREA Employee/Contractor worksheet and reviewing personnel files
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in determining compliance with this standard:</p> <p>Facility Camera System Annual PREA Assessment Monitoring System Upgrades Statement of Fact</p> <p>Interview with Agency Head</p> <p>Interview with Facility Administrator</p> <p>PAQ</p> <p>The agency PAQ indicated:</p> <p>The agency/facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>The agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since r since the last PREA audit.</p> <p>There have been no additional modifications or expansions to LCCF since the last audit period.</p> <p>The facility has made upgrades to the camera system utilizing advanced enhanced cameras and monitoring programs based on annual assessment and need for additional cameras. Compliance was determined by review of facility camera coverage and interviews with Agency Head Designee and Facility Administrator. The new high-definition cameras provided the ability to zoom in and out, scan the areas, and are high definition.</p> <p>In interview with the agency head designee he stated that the agency uses technology to assist the facilities in keeping inmates safe from sexual abuse. If new facilities are designed or there are modifications to existing facilities, the agency's PREA Coordinator works closely with the Corporate Project Development Team.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following policies, directives and documentation were reviewed in formulating compliance with this standard:

LCCF Policy 08.02 Crime Scene Procedures

LCCF Policy 08. 024 Evidence Preservation and Handling

PREA Handbook

LCCF MOU with Phoenix House

LCCF MOU with Hobbs Police Department

Interview with PCM

Interview with facility administrator

Interview with the facility investigator

Interview with Phoenix House Director

Interview with Covenant Medical Center SANE designee

LCCF provided LCCF Policy 08.02 Crime Scene Procedures, LCCF Policy 08. 024 Evidence Preservation and Handling, LCCF with Hobbs Police Department.

LCCF Policy 08.02 Crime Scene Procedures

If an inmate is a suspected participant in a new crime the Facility Administrator, or his designee, may order a complete search of the inmate, his property, and the entire area in which the suspected crime was committed.

If immediate action is necessary and the Facility Administrator is not present to order the search, the highest-ranking official present may order the search, however, the Facility Administrator or his designee is fully informed as soon as possible after the search

LCCF Policy 08. 024 Evidence Preservation and Handling

- Each item of evidence collected should be bagged and tagged separately in evidence envelopes. This prevents contamination.
- Evidence should be marked for identification, if possible
- Evidence envelopes should include the following information: Evidence description, date and time of recovery, location of recovery, type of offense, arrested party, victim's name, recovered by, comments, and the chain of custody
- Evidence that is dangerous in nature, weapons, drugs, drug paraphernalia, etc. will be deposited in the evidence locker located in central control. This evidence drop

will be logged on the evidence log and STIU will be notified of the drop.

· Inmate property confiscated as a result of a crime but not considered evidence and is not dangerous in nature will be noted on a property confiscation form and secured in the property room. The property will be logged on the property room entry log and STIU will be notified of the location of the property as soon as possible.

115.21a: LCCF is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). Hobbs Police Department or New Mexico State police are responsible for conducting criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct).

When conducting a sexual abuse investigation, the agency investigators follow uniform evidence as mandated by LCCF Policy 08.02 and 08.024.

115.21 (b): The PAQ Indicates the facility protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The facility provided documentation and interviews to confirm that the facility does not house youthful offender;

Per interview with the PCM facility administrator and facility investigators, Lea County does not house youthful offenders. Further documentation included the contract for services, and the yearly GEO database for the inmate population codified the facility does not house youthful inmates.

115.21 (c): The facility as an MOU was signed with Phoenix House. The program provides for a SANE to be completed at their program or at Covenant Health Medical Center. According to the information reported on the Pre-Audit Questionnaire, in the last 12 months there were no SANE performed for inmates at Lea County Correctional Facility. SANE staff are on call 24 hours a day. The facility PCM and medical staff as well as the Phoenix House indicated the SANE and related medical assistance to the inmates are free to the inmates.

115.21 (d): LCCF has a MOU with Phoenix House for victim advocate service. Inmates are made aware of the victim Advocacy support services available to them and how to access them in the Inmate Handbook and on PREA posters displayed throughout the facility in English and Spanish. The facility also trained Mental Health Staff to provide victim advocacy services as well as emotional support mental health treatment.

115.21 (e): The MOU and facility sexual abuse response plan requires an advocate to accompany and support the victim through the forensic medical exam process and the investigatory process and provide additional emotional support services. The

	<p>SANE staff indicated they include a victim advocate to meet with the victim prior to the examination.</p> <p>Based on statement of fact by LCCF facility administrator and MOU with Hobbs Police Department the facility investigator and the HPD investigators follow the provisions as indicated in audit standard 115.21.</p> <p>Compliance of this standard were confirmed by review of the policies, MOUs, Statement of Fact, PAQ, investigative files and interviews with facility investigator, PREA compliance manager and facility administrator.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following policies, directives, interview and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Cooperate Policy 5.1.2-E PREA Investigation Procedures</p> <p>GEO Website</p> <p>PREA tracking report.</p> <p>GEO referral for OPR investigative report</p> <p>Interviews:</p> <ul style="list-style-type: none"> · Agency head · PREA coordinator · PREA compliance manager · Facility administrator <p>PAQ requires The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct).</p> <p>GEO Cooperate Policy 5.1.2-E PREA Investigation Procedures requires;</p> <ul style="list-style-type: none"> · Each facility shall have a policy in place to ensure that 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. Facilities shall document all referrals.

- Due to client contract requirements, some facilities may be required to follow specific client PREA investigations policies. If for some reason, client policy is less restrictive than Section 28 C.F.R. Part 115 of the National PREA Standards, the PREA standards shall prevail and a site-specific supplemental policy shall be developed.
- GEO shall publish its corporate investigations policy on its website.
- Each facility shall attempt to secure a PREA MOU with local law enforcement outlining the responsibilities of each entity related to conducting PREA investigations that involve potentially criminal behavior and unsuccessful attempts to secure a law enforcement MOU shall also be documented and retained by the facility.
- Allegations of sexual abuse that include penetration or touching of the genital areas are referred to outside law enforcement agencies. Facilities shall document all referrals.
- The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including inmate-on-inmate sexual abuse and staff sexual misconduct).

115.22 (a): LCCF Policy 10.22 Prison Rape Elimination Act establishes responsibility for investigations. The facility refers allegations to the Hobbs Police Department. Facility staff is required to preserve the crime scene until the investigator arrives to process and collect the evidence. An Inspector from the HPD will process evidence from the crime scene. Facility investigators and the HPD staff are trained in conducting sexual assault investigations in confined settings/ prisons. A review of documentation and staff interviews confirmed compliance with this standard. A review of training documents confirmed that all investigators received instruction in conducting sexual assault investigations in confined spaces/ prisons. Interviews with staff, as well as an examination of policy/supporting documentation, confirm compliance with this standard. A review of training documents confirmed that LCCF investigator received training in conducting sexual assault investigations in confined spaces/prisons.

During the last 12 months there have been 21 allegations of sexual abuse or sexual harassment. While all allegation of sexual abuse were referred to HPD, none of the allegation were determined by HPD to be non criminal in nature.

Interviews with staff as well as an examination of supporting documentation confirm the facility's compliance with this standard.

The agency head and Agency PREA coordinator indicated that based on client contract requirements, an investigation would be conducted by either the client investigative unit, local law enforcement (if criminal) or a trained GEO facility investigator (administrative only)

GEO has designated staff at each facility that have received PREA Specialized Investigations training. GEO also utilizes local, state or federal agencies to investigate PREA allegations based on client contract requirements. Regardless of who does the

	<p>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 activity.</p> <p>The PREA compliance manager, facility administrator and three investigators indicated that all allegations of sexual abuse are referred to the HPD. HPD reviews the allegations and may interview the inmate to determine if it is criminal in nature. HPD conducts all investigations that are criminal in nature. If it is not criminal in nature the local investigator will conduct administrative investigations. If it involves staff misconduct, GEO may assign a staff member from their office of professional responsibility to conduct administrative investigations.</p> <p>Random staff interview included that all staff knew the investigative agency and investigators assigned to LCCF.</p> <p>115.22 (b): Policy ensures that allegations of sexual abuse or sexual harassment that appear to be criminal be referred for investigation to an agency that has the legal authority to conduct criminal investigations. The facility documents all referrals of allegations of sexual abuse or sexual harassment. All allegations are documented and tracked on the PREA Case Tracking Log. Interview with facility investigators confirmed this procedure. The agency policy regarding the administrative investigation of allegations of sexual abuse or sexual harassment and referrals for criminal investigations is published on the agency website and can be accessed at https://www.geogroup.com/ PREA.</p> <p>115.22 (c): Information published on the GEO website describes the responsibilities of the agency and the investigating agency in the investigation of allegations of sexual abuse and sexual harassment.</p> <p>Compliance was determined by review of investigations, policy, GEO website and interviews with investigator, agency head, PREA coordinator, PREA compliance manager and facility administrator.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, interviews and documentation were reviewed in determining compliance with this standard:</p> <p>LCCF Policy 04.001 Training and Staff Development</p>

PREA Training Power Point 1 and 2 (screen shot)

Annual Refresher Training

Random staff training records.

Interview

Random Staff Interviews

PAQ requires that The agency shall train all employees who may have contact with inmates on: (1) Its 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) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates 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 inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The facility provided policy

LCCF Policy 04.001 Training and Staff Development

Training Power Point Screen save

Documentation of Training

LCCF Policy 04.001 Training and Staff Development requires;

· The Lea County Correctional Facility will establish and maintain a training program and training staff to facilitate appropriate training for all employees. The training program will meet and/or exceed all ACA and NMCD standards as they relate to the training of facility employees, volunteers, and contract staff members. This program shall incorporate all levels of pre-service and in-service training for staff members. Staff will be compensated for their time to attend required training during off hours

· Maintain the training record established in the Enterprise Learning Management System for every active employee, contractor, and vendor working without escort in the facility. All active training records must be updated within 24 hours of completion of a training exercise. Inactive or terminated employee training records will be made inactive in the LMS automatically when the termination date is entered into the Infinium data base. Part-time employees are required to meet the same training requirements as full-time employees.

115.31 (a): All staff are provided with training that includes all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, and protecting the inmates and preserving the possible crime scene. Staff at the center go to the New Mexico Department of Corrections Academy for their Pre-Service training. Prior to attending the BCOT, staff include preservice training at the facility.

The preservice and annual training includes:

- Zero-tolerance policy for sexual abuse and sexual harassment
- How to fulfill staff responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- Inmates' right to be free from sexual abuse and sexual harassment.
- Inmates and employees rights to be free from retaliation for reporting sexual abuse and sexual harassment.
- Dynamics of sexual abuse and sexual harassment in confinement.
- Common reactions of sexual abuse and sexual harassment victims.
- How to detect and respond to signs of threatened and actual sexual abuse.
- How to avoid inappropriate relationships with inmates.
- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- How to conduct cross gender pat searches:

Employees carry a PREA first responder reference card. All staff receive annual refresher training in all areas of the PREA standards. Yearly refresher training is through the Computer Based PREA training program Certification. A review of the training curriculum, training sign-in sheets and other related documentation, as well as staff interviews, confirmed staff are required to acknowledge, in writing, not only that they received PREA training, but that they understood it.

Staff interviewed indicate they are required to attend New Mexico training academy which includes two days of PREA training. Prior to attending the academy staff receives preservice training that includes a video and the same training as they receive at the Academy. They also received annual in-service training. The in-service training is conducted by the training officer and includes classroom and computer based training.

115.31 (b): GEO Policy recognizes that the facility houses male detainee. Policy mandates that the facility will be required to modify training to meet the needs of a different population. Staff assigned to specialized Post such as transportation

	<p>officers, supervisors, and investigators receive additional training.</p> <p>115.31 (c): According to the computer database for training, all staff have received training in the last 12 months. Staff interviewed indicated they had received additional refresher training during the last six months. At LCCF staff receive annual in- service training. According to the PAQ and in interviews with staff between pre-service and in-service training, the facility provides additional training on a monthly basis through staff meetings and employees receive emails regarding PREA updates and information. Training Posters are displayed in various locations throughout the facility.</p> <p>115.31 (d): Upon completion of PREA pre-service and annual in-service training, staff sign an Acknowledgement of Receipt of Training and Brochures Sexual Assault Prevention form and a Preservice Training Record and an In-service Training Record form acknowledging receipt and understanding of all training received, including PREA. They also sign a PREA Basic Acknowledgment Training form upon completion of general PREA training and a Cross Gender Pat Searches & Searches of Transgender and Intersex acknowledgment form. Documentation of annual PREA training for employees is recorded on individual training records maintained by the training coordinator.</p> <p>A sample of nineteen (19) staff training files were reviewed and contained documentation supporting compliance with this standard. All staff interviewed indicated that they received the required PREA training initially and annually. Officers receive additional PREA training/updates when needed and officers assigned to the restrictive housing unit also receive additional training. The extensive training provided and the staff's knowledge of PREA requirements confirmed that the facility is compliant with this standard. A review of documentation and staff interviews further confirmed that the facility is compliant with this standard.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and no corrective action is required.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>LCCF Policy 07.001 Volunteer</p>

	<p>LCCF Policy 04.001 Training and Staff Development</p> <p>Volunteer and Contractor Curriculum</p> <p>PREA Training Power Point 1 and 2 (screen shot)</p> <p>Documentation of Contractor Training Acknowledgment of Receipt of Training and Brochures</p> <p>115.32 (a): LCCF Policy 04.001 and LCCF Policy 07.001 mandates that all contractors and volunteers who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The facility employees medical contractors. The facility has 25 contractors that have received training in the last 12 months.</p> <p>115.31 (b)(c): All contractors receive the same PREA training as employees prior to assignment and sign a PREA Basic Acknowledgement Form and an Acknowledgement of Receipt of PREA Brochures.</p> <p>The volunteer training curriculum was provided for review. The training included 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 intimates. Volunteers receive this training annually and sign a Documentation of Volunteer Training Form. Volunteer and contractor training is maintained in the volunteer electronic files.</p> <p>Compliance with this standard was determined through review of procedure, PREA lesson plan, Contractors and volunteer information, signed PREA acknowledgements and interviews with contractors and volunteer.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and no corrective action is required.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following policies, directives, interviews and documentation were reviewed in formulating compliance with this standard:

GEO Cooperate Policy 5.1.2-A

LCCF Policy 12.005 Inmate Protection against Sexual Abuse and Sexual Misconduct: Reporting Procedures

Inmate Handbook

Receipt of training for new arrivals Receipt of training for transfers Inmate PREA Brochure

Facility PREA Postings

Inmate Receipt of PREA Comprehensive Education Inmate Orientation PowerPoint
Twenty two inmate training files reviewed.

Site Review

Interviews:

Intake Staff

PREA compliance manger

Targeted inmates

Random inmates

PAQ indicates that Inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.

The facility provided the following information:

LCCF Policy 12.005

- Employees, contractors, and volunteers are informed of GEO's zero tolerance policy regarding sexually abusive behavior.
- Individuals in a GEO facility or program are informed of GEO's zero tolerance policy regarding sexually abusive behavior.
- Standard procedures are in place to detect and prevent sexually abusive behavior.
- Victims of sexually abusive behavior receive prompt and effective response to their physical, psychological, and security needs.
- Allegations of sexually abusive behavior receive prompt intervention upon report; and,
- Perpetrators of sexually abusive behavior are disciplined and, when

appropriate, referred for prosecution in accordance with GEP policy, federal, state, or local law.

· The Lea County Correctional Facility mandates zero tolerance towards all forms of sexual abuse and sexual harassment. It is the policy of the Lea County Correctional Facility (LCCF) that sexual conduct between employees, volunteers, or contractors and inmates regardless of consensual status is prohibited and subject to administrative and criminal disciplinary sanctions. [5-aci-3d-14] this prohibition includes conversations or correspondence of a romantic or sexual nature. All employees, contractors, and volunteers are expected to have a clear understanding that LCCF strictly prohibits any type of sexual relationship with inmate housed in the facility. This shall be considered a serious breach of the standards of employee conduct, volunteer agreements, as well as vendor, service, and contractor agreements and these relationships will not be tolerated

Intake staff interview indicated that inmates receives the initial orientations during the intake process and sign they have received the orientation. During the intake process the intake staff determines the inmates language and any barriers to understanding the orientation. The intake staff are bilingual and also have ability to utilize the language line contact. If the intake staff can determine if the inmate is able to understand the orientation or screening the intake staff notifies the facility ADA staff or mental health staff to assist in the training and orientation. The orientation and comprehensive education includes review of the inmate handbook and PREA video.

115.33 (a): All inmate receives information at time of intake and if transferred from another facility about the zero- tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency/facility policies and procedures for responding to such incidents. In interview with intake staff, on the day of arrival, inmate receive an Inmate Handbook, and a Sexual Assault Prevention and Reporting Inmate/Student Information brochure and sign a Receipt for Adult Inmate Handbook and Adult Disciplinary Procedures form. This was observed by the audit during the intake of an inmate. Also, during the intake inmate were watching a PREA video that included the same information. During the last 12 months 507 inmates have received the initial orientation and 507 have received the comprehensive education.

Inmates interviewed indicated they are provided with an orientation and comprehensive education the first day they arrive. The training included reviewing the handbook and watching a PREA video.

115.33 (b): Inmate receive comprehensive PREA education as part of the orientation process usually on the second day of their arrival, however by policy at a minimum within the first seven days of arrival to the facility. Inmate in Prison Rape Elimination Act (PREA) Inmate Education Program acknowledgement form acknowledging receipt of PREA education. The curriculum provided to inmates was provided for review. When entering the Intake area all inmates are provided with a poster that includes all required orientation requirements. The inmate also sign for the handbook that they

received when they receive the facility clothing and toiletry bag.

115.33 (c): The intake staff and PREA compliance manager stated that all inmates have received the training within 24 hours of arrival at the facility.

115.33 (d): All PREA education provided to inmates is in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, or have limited reading skills. The Inmate Handbook, the PREA brochure and all verbal information given is provided in both English and Spanish. While the majority of the staff are bilingual, the facility has a contract for ESL inmates to provide translation of any other languages. The facility houses deaf, cognitively disabled, blind and ESL inmates. The deaf inmate received the training through the Video script and inmate handbook. They indicated they did not use sign language were in the processes of learning to sign. The blind inmate indicated they had received the video by listening to the video and staff discussing PREA with him. He has a computer that also can provide verbal notification, and he can utilize to make reports of sexual abuse or sexual harassment.

Mental health provide services for training cognitive disabled inmates that is conducted in a private office by reviewing the handbook and the inmate watching the video. The cognitively disabled inmate that was interviewed indicated his mental health staff talked to him about PREA and talks to him on a regular basis.

On the day of the onsite auditor viewing the intake process a deaf, speechless, and limited vision. They indicated they had glasses in their personal property and the inmate wrote a note to the intake staff to indicated he could communicate through writing and knew prison sign language. While the facility had a plan for blind, cognitively disabled and deaf, they did not have a plan for an inmate that was deaf and speechless. A corrective action plan was implemented and is attached.

115.33 (e): The facility maintains documentation of inmates' participation in PREA education. In review of random inmate files had the documentation of receipt of written PREA education material. Additionally, over forty inmates were interviewed and stated they had received orientation training and PREA handbooks as well as comprehensive training when they arrived at the facility.

115.33 (f): Poster were located in each of the housing units, the education building, the staff break room, the front entrance, the segregation unit, the medical unit, one the main hallway between the housing units, dining room, and visitation area. The reporting poster was also located next to each of the inmate telephones. The poster included Sexual Assault Prevention and Reporting Posters; GEO Zero Tolerance Posters, End the Silence Posters. and Victim Advocacy Services. There was also a posting of the onsite audit notification dates in each of the areas and also on the front entrance to the facility.

Sexual Assault Prevention and Reporting Posters was a multicolored poster in the shape of a hand. The purpose of this poster is to provide inmates, staff and visitors with ways to make a report. It provided a reporting hotline including the internal external reporting hotline.

	<p>End the Silence Posters are large posters with bright large Fonts that is used to provide inmates with information about the agency zero tolerance, their right not be sexual abuse or harassed and how to report.</p> <p>GEO Zero Tolerance Posters are also bright and explain the agency zero tolerance policy.</p> <p>Victim Advocacy Services is a bright poster that provides the hotline and address of the Phoenix House.</p> <p>Per interviews with the PCM and case manager they stated PREA education provided to inmates is in formats accessible to all inmates, including those who are limited English proficient, or have limited reading skills. The facility has PREA pamphlets, posters handbooks and form available in both English and Spanish. The facility has</p> <p>bilingual staff that is used as interpreters. A contract with the Language Line Services provides translation of any other languages. The limited English proficient offenders interviewed acknowledged the information was provided in formats that could be understood.</p> <p>On information reported on the PAQ, there were 1054 offenders admitted to the facility in the past 12 months and 100% of the offenders were given PREA information at intake. There were 964 offenders whose length of stay in the facility was for 30 days or more during the past 12 months and 100% of the offenders received the comprehensive education.</p> <p>Based on review of the training curriculum, interviews with inmates and staff it was determined that the facility meets the standards for training inmates.</p> <p>Based on this analysis, the facility was not substantially compliant with this provision and a corrective action is required. The facility submitted the corrective action plan on November 10, 2024. The plan includes that the Facility ADA staff will be responsible to implementing arrangements for an orientation and comprehensive education for all ADA inmates. The ADA staff has made contact with local language line and implemented a training with the Deaf inmates for Sign Language program.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following policies, directives, interview and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Cooperate Policy 5.1.2-A Investigative Training Curriculum</p> <p>Specialized Training Certificates Training Rosters</p>

	<p>LCCF Policy 10.22 Prison Rape Elimination Act</p> <p>Interview with investigator</p> <p>Interview with Agency head.</p> <p>115.34 (a): LCCF policy mandates that in addition to the general training provided to all employees pursuant to §115.31, the agency ensures that, to the extent the agency itself conducts or assists in conducting investigation they will have been trained to conduct sexual abuse investigation in a correction setting.</p> <p>115.34 (b): The facility Investigators have completed investigating sexual abuse in a confinement setting and additional online training on investigating sexual abuse. Training includes Investigating Sexual Abuse through GEO training staff. The training curriculum was reviewed and included interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>115.34 (d): The facility has three trained investigators. The agency maintains documentation that investigators have received specialized training on conducting sexual abuse investigations in confinement settings. Upon completion of the training, investigators receive a certificate of completion. In review of investigators' training files, investigators have completed this specialized training, as well as general training provided to all employees and documentation is maintained by the facility. In the interview with the facility investigators, he confirmed receiving specialized training and general PREA education provided to all employees and were able to confirm the topics included in the specialized training they received.</p> <p>All three investigator were interviewed. Each indicated the training did include interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>The Agency head indicated that specialized training will be provided to staff to conduct any sexual abuse or sexual harassment investigation in a GEO operated facility.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and a no corrective action is required.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following policies, directives, interview and documentation were reviewed in formulating compliance with this standard:

Certificates of Completion of PREA Specialized Training Signed PREA training acknowledgements\

PREA Training Certification

Mandatory Pre-Service PREA Questions- Nurse Acknowledgment of Receipt of Training

Medical staff

Mental health staff

115.35 (a): The medical staff at LCCF received generalized training and specialized training through GEO and NMDOC. The training curriculum includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment as well of many other medical and mental health topics such as clinical interventions, and local policies.

115.35 (b): The medical and mental health staff do not conduct forensic examinations.

115.35 (c): Staff received a certification on completion for specialized training. They sign an acknowledgement of training for the specialized and generalized PREA training. Both documents were provided in the pre audit documentation and verified through interviews with nurses. Twenty-six nurses have received the training.

Nurses and mental health interviewed indicated they receive training the GEO training which they felt was from the NIC and they also received training from the New Mexico Department of Corrections.

115.35 (d): All medical staff assigned to the facility attend the same training as required mandated for employees by §115.31. They sign and acknowledge the statement that they received this training. In addition to this training the staff that were assigned to the facility through a contractor received specialized training.

Based on this analysis, the facility is substantially compliant with this provision and a no corrective action is required.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following policies, directives, interview and documentation were reviewed in formulating compliance with this standard:

PAQ

GEO Corporate Policy 5.1.2-A

Questionnaire Mental health referrals.

Screening Instrument

Mental Health Evaluations

115.41 (a): GEO policy 5.1.2-A, states, "a. All Individuals in a GEO Facility or Program shall be assessed during intake and upon transfer for their risk of being sexually abused by another Individual in a GEO Facility or Program or being sexually abusive towards another Individual in a GEO Facility or Program.

This screening shall take place within 24 hours of arrival at all Facilities utilizing an objective screening instrument. Lea County Correctional Facility utilizes Victim/Aggressor Screening Assessment. (VACSA)

In addition to the screening instrument, people tasked with screening shall conduct a thorough review of any available records (i.e., medical files or pre-sentence investigation reports, etc.) which can assist them with risk assessment.

The facility conducts initial and reassessments utilizing the Victim/Aggressor

Classification Screening which is an objective and standardized screening instrument by a trained Classification staff member. The instrument and related reviews of documents provided at intake have been designed to identify the potential risk each inmate presents for predatory behaviors or their potential risk to be preyed upon by other inmates.

According to information provided on the PAQ, in the past 12 months, 507 inmates that entered the facility were assessed for their risk of victimization or abusiveness upon arrival. Random sampling of inmate files and inmate interviews confirm inmates were typically screened within 24 hours of arrival.

115.41 (b): Intake screening takes place within 24 hours of the inmate's arrival to the facility. The process that is utilized includes part of the initial intake. Once the inmate is searched, they receive a handbook. During that time, the case manager or staff assigned to conduct the screening review the inmate's file and meet with the inmate. During this meeting staff introduce PREA to the inmate and explain the purpose of the screening with the residents. The inmate is then asked to sign to acknowledge they have received the screening. If the inmate has past history of victimization or predator behavior or if the inmate admits to being transgender the screening staff

completes a referral that is sent to the mental health staff to set up an interview with the resident. Medical and mental health staff are available during the screening process conducting a medical review and suicide screening. Most often the mental health staff will meet with the inmate prior to the referral, however according to the screening staff a referral is still completed as required by the database for tracking.

115.41 (c): The Victim/Aggressor Screening Assessment is an objective and standardized screening instrument that is conducted by a trained staff member.

115.41 (d)(e): The screening includes the screener's thorough review of any available records available to assist with determining the inmate's risk assessment. The Sexual Risk Indicator Tool was reviewed.

It contains:

- Whether the inmate has a mental, physical, or developmental disability?
- The age of the inmate?
- The physical build of the inmate?
- Whether the inmate has previously been incarcerated?
- Whether the inmates' criminal history is exclusively nonviolent?
- Whether the inmate has prior convictions for sex offenses against an adult or child?
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming?
- Whether the inmate has previously experienced sexual victimization?
- The inmate's own perception of vulnerability?
- Perpetrators of sexual abuse during incarceration?
- Prior conviction of violent offenses?
- History of Assaultive Conduct in DOC in the past 5 years?
- Whether the inmate is detained solely for civil immigration purposes

115.41 (f): Within a set time, not to exceed 30 days of inmate' arrival to the facility, inmates are reassessed by their assigned Case Manager for their risk for victimization and abusiveness using the Follow-up, Annual & Reassessment Sexual Violence Assessment Tool. In information provided on the Pre-Audit Questionnaire, 916 inmates were reassessed within 30 days of arrival.

115.41 (g): An inmate's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. Annually during annual classification review assessments, inmates are reassessed for

	<p>risk of victimization or abusiveness using the I Reassessment Sexual Violence Assessment Tool. Transgender inmates are reassessed a minimum of every six months.</p> <p>115.41 (h): Policy mandates that inmates are not disciplined for refusing to answer any questions or for not disclosing complete information. Interviews with screening staff confirmed they would not discipline or coerce an inmate to answer Screening questions.</p> <p>115.41 (i): LCCF implemented appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure sensitive information is not exploited by employees or other individuals. Sensitive information is limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions.</p> <p>All inmates are screened when they transfer into the facility including inmates that leave the facility for court appearance or other administrative transfer from the facility.</p> <p>Forty inmates were interviewed and asked if they had been screened and rescreened if they had been at the facility more than 30 days. All inmates said they had been screened and met with their case manager sometimes after they arrived and were asked about their safety and most indicated they were also asked about their sexual orientation and if they had been sexually abused since being at the facility or had a history of being abused.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and a no corrective action is required.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following policies, directives, interviews and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate GEO Policy 5.1.2-A</p> <p>Transgender Care Committee</p> <p>Transgender Preference Form</p> <p>PREA Reassessment of Transgender Inmate</p> <p>Interviews</p>

PREA compliance manager

Staff that conduct Screening

PREA Coordinator

Transgender inmates

115.41 (a): GEO policy 5.1.2-A, explains the use of PREA screening information. The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating inmates at high risk of being sexually victimized from inmates with those at high risk of being sexually abusive. The facility maintains a Bed Location chart that determines the at-risk inmates and possible predator inmates. The staff that conduct the screening and PREA compliance managers explained that prior to assigning an offender to a bed the intake staff reviews the open beds to determine the rooms that house at risk and possible predator inmates. This same information is utilized in programming and work assignments for inmates.

115.41 (b): Individualized determinations are made about how to ensure the safety of each offender. Inmates who score at risk of victimization or abusiveness are referred for further evaluation with the Mental Health provider. Inmates have an option of refusing these services.

115.41 (c): GEO policy mandates that making housing and programming assignments for transgender or intersex inmates, the facility will consider on a case-by-case basis whether the placement would present management or security problems. Inmates who self-disclose being gay, bisexual, transgender or intersex are tracked on a LGBTI List that is maintained by the PREA Compliance Manager. Transgender and intersex inmates are housed after meeting with the Transgender Care Committee (TCC). The PREA Compliance Manager, Chief of Security, Classification Supervisor and Health Services Director make up the TCC. The TCC would meet with the inmate, complete a GEO Statement of Search/Shower/Pronoun Preference Form and documents the meeting on the Transgender Care Committee Summary. At the time of the on-site audit visit, there was one inmate who self-disclosed being transgender or intersex assigned to the facility. Based on interviews with intake staff and transgender interviews, the inmate was asked about their safety during the intake process and again during the meeting with the TCC. The PCM interview indicated that the TCC make the decision of housing and work assignment after meeting with the inmates.

The transgender care committee asks the transgender inmate their pronoun, housing (male/female), showering and search preference. Based on these questions and general conversation with the transgender a final determination will be made by the committee.

Eight transgender inmates were interviewed; each indicated they had met with the TCC and had been asked several preferences and they had signed the form. It included their pronoun, if they were women to man; man to women transitioning,

	<p>their preference for shake down, showering and housing. All eight indicated they met with the TCC and with their case manager within a week after arriving at the facility and were asked about their safety. None had been in segregation or specialized housing since being incarcerated in New Mexico.</p> <p>115.41 (d) - (f) A transgender or intersex inmate's housing and program assignments will be reassessed every six months to review any threats to safety experienced by the offender. Transgender and intersex inmate placement and programming are reviewed as needed, but at least every six months. A transgender or intersex inmates' own views of their safety is taken into consideration. When the TCC meets with transgender or intersex inmates they are given an opportunity to express their views. In conversation with the TCC committee, each member indicated that the agency and facility would house inmates based on his/ her views unless it would jeopardize the safety and security of the facility. The facility provided the auditor with the schedule for TCC meetings with the Transgender inmates which is every 6 months.</p> <p>Transgender and intersex inmates are offered the opportunity to shower separately from other inmates as indicated in their Statement of Search/Shower/Pronoun Preference Form.</p> <p>GEO does not place lesbian, gay, bisexual, transgender or intersex inmates in dedicated units or wings solely based on such identification. In interview with one transgender inmates and four inmate who self-disclosed being lesbian/gay, they did not feel he was housed any differently because of his sexual orientation.</p> <p>There were two inmates that claimed past victimization were interviewed by the auditor. Both were seen by the mental health staff and were offered mental health services within three days of arriving at the facility.</p> <p>Exceed compliance was determined by review of policy and forms and interviews with the PREA coordinator, PREA compliance manager, agency head, review of the inmate data base, interviews with transgender, gay inmates and facility administrator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and no corrective action is required.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following policies, directive, interview and documentation were reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A

Sexual Abuse/Assault Available Alternatives Assessment Statement of Fact

PAQ

115.43 (a): The procedure prohibits the placement of inmates at high risk for victimization in segregated housing unless an assessment of all available alternatives has been made and there is no available means of separation from the likely abuser.

The facility utilizes a Sexual Abuse/Assault Available Alternatives Assessment whenever an inmate claims he has been sexually assaulted or abused. The same form is utilized when inmates claim fear of being placed in general population due to sexual orientation during the intake process. The alternative assessment provides

options for housing of inmates without utilizing the restrictive housing unit. The facility administrator provided a state of fact that the facility has not placed an inmate in involuntary segregation in restrictive housing during the last 12 months.

115.41 (b): Inmates placed in segregated housing for this purpose have access to programs, privileges, education, and work opportunities to the extent possible. The facility will document and justify any restrictions imposed.

115.41 (c): Based on interviews, when there is a situation of an inmate alleging risk of victimization and needing to be separated from the alleged abuser, segregation would be utilized as a last alternative. If this placement was necessary, staff stated that the inmate would have access to the appropriate privileges and the justification for the placement would be documented. The inmate would be reviewed by the Institution Classification Team every 30 days.

115.41 (d): If involuntary segregated housing assignment is made, the facility will document the basis for the facility's concern for the inmate's safety and the reason no alternate means of separation can be arranged.

115.41 (e): In cases where involuntary segregated housing is used for longer than the initial 30 days, the facility will review the status every 30 days to determine if ongoing involuntary housing is needed.

According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Administrator and security staff who supervise inmate in RHU, in the past 12 months there has not been a time that an inmate found at high risk of victimization or an inmate who alleged sexual abuse was placed in involuntary segregated housing.

	<p>The warden interview indicated the facility would never house a victim in segregation more than 24 hours. If there was no way to protect the victim the facility place the victim in medical or intake and place the abuser in segregation and as a last resort would move the victim to another facility.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and a no corrective action is required.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PAQ requires The agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>The following policies, directives, interviews and documentation were reviewed in formulating compliance with this standard:</p> <p>PAQ</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Sexual Assault Awareness Program brochure</p> <p>LCCF Inmate Handbook</p> <p>LCCF Site Review</p> <p>Interview with</p> <p>Agency Head</p> <p>PREA Compliance manager</p> <p>Facility administrator</p> <p>Random Staff</p> <p>Random Inmate</p> <p>Break the Silence PREA posters</p>

SCSAC- posters

Employee Handbook

Utilizing the Inmate phone system to call reporting Posters GEO website

GEO Corporate Policy 5.1.2-A

Each Facility shall provide multiple ways for Individuals in a GEO Facility or Program to privately report Sexual Abuse and Sexual Harassment, retaliation by other Individuals in a GEO Facility or Program or Employees for reporting Sexual Abuse and Sexual Harassment and staff neglect or violation of responsibilities that may have contributed to such incidents.

a. Facilities shall provide contact information to individuals detained solely for civil immigration purposes for relevant consular officials and officials at the Department of Homeland Security.

b. Facilities shall provide Individuals in a GEO Facility of Program contact information on how to report abuse or harassment to a public or private entity or office that is not part of GEO (i.e. contracting agency ICE, USMS, BOP, etc.) and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request.

c. Facilities shall provide Individuals in a GEO Facility or Program contact information on how to report Sexual Abuse incidents to the Facility PREA Compliance Manager.

d. Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports.

115.51 (a): GEO policy mandate that facilities provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents. Policies also mandate that a private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials and that the private entity or office allow the inmate to remain anonymous upon request. Inmates are informed in the Inmate Handbook and on posters located throughout the facility and by almost all inmate telephones.

LCCF provides multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Offenders are provided with the Sexual Assault Awareness Program brochure, the offender handbook. Various PREA posters and notification posted by all phones provide reporting options. Interviews with offenders verified that offenders knew of multiple internal ways to report.

The handbook provides the following information to inmates. The same information is

found on posters throughout the facility:

A PREA allegation can be reported in writing (sick call, counselor Request form, grievances, or on kind of paper) and in person by reporting it to any staff member. If you do not feel comfortable reporting an allegation to a Security staff, a request can be made to speak with the chaplain, medical or mental health staff or by claiming a medical emergency. Reports can be made to third parties and anonymously. The number can be dialed from the inmate phones free of charge to report and allegation. The number is not monitored by the New Mexico Department of Corrections. Any allegation made to this number will be forwarded to the Facility PREA compliance Manager for review. An allegation can also be made to the PREA Compliance Manager/ Mental Health Director. Once the allegation has been reported an investigation will be initiated. Medical and Mental Health evaluations will be offered as well. The inmate handbook provides the following information on reporting:

Reporting the incident to any staff member or employee, correctional officer, contract staff or volunteer.

Filing a grievance

Placing a note or memo in any drop box located throughout the facility for classification, grievance, medical or Behavioral Health staff and/or regular mail boxes (please be as specific as possible when submitting information in writing).

Providing the information either verbally or in writing by any means and to any person with whom the inmate is comfortable making the report. 3rd party reporting is acceptable and will be treated seriously.

Sending the information directly to the Secretary of corrections, the Office of Professional Services, the on-site NMCD contract Monitor, Facility Administrators,

Written reports can be made to:

NMCD PREA Coordinator at

PO Box 27116

Santa Fe, New Mexico

GEO PREA Coordinator at

The GEO Group

One Park Place

Suite 700, 621 Northwest 53rd Street

Boca Raton, Florida, 33487

Or

Inspector General

1250 Academy Park Loop

Colorado Springs, Colorado

The auditor called the speed dial numbers several times during the tour. Each telephone call was not able to be completed in a timely manner without providing a PIN. A corrective action plan was implemented during the tour. Once the system became operational it was tested. Inmates were advised to leave a message and a person would respond to the appropriate authorities.

Staff were interviewed during the site review. Staff was aware of the multiple signs located in the facility and were able to articulate the sign that provides way for staff to make a report through GEO hotline for staff.

115.51 (b): The facility also provides multiple external ways for inmates to report allegations to a public or private agency that is not part of LCCFF. Inmates are informed on posted information they can call an outside entity hotline utilizing the inmate phones, free of charge to report and allegation. The number is not monitored by the New Mexico Department of Corrections. Any allegation made to this number will be forwarded to the Facility PREA compliance Manager for review. An allegation can also be made to the PREA Compliance Manager/ Mental Health Director. Once the allegation has been reported an investigation will be initiated. GEO contracts with Colorado Inspector General to receive reports outside of the facility.

115.51(c): Staff interviewed were aware of the requirement to accept reports made verbally, anonymously and from third parties. All staff interviewed indicated they would document verbal reports immediately and notify the shift supervisor by phone or in person.

115.51 (d): Staff have access to private reporting by calling the Employee Hotline (866-568-5425) or the Corporate PREA Coordinator (561-999-5827). Information for inmate and staff reporting was found on the GEO website (<https://www.geogroup.com/PREA>. Third Party Reporting posters and the Employee Handbook informs employees of their responsibility of reporting sexual abuse and sexual harassment and their reporting options. Staff carry with them a Sexual Abuse First Responder Card, which has the employee hotline number and the website address for anonymous reporting. The auditor contacted the GEO staff and third party number and spoke with a staff member with the cooperate PREA coordinator's staff.

Site Review;

§ Signage language is clear and easy to understand.

§ Signage specific to services, such as emotional support services, civil immigration, and external reporting, should include language that clearly details what services are available and for what purposes.

§ Signage is provided in English and Spanish

	<p>§ The signage is located in bulletin boards and framed information on reporting next to each inmate telephone banks in the housing units.</p> <p>§ The information provided by the signage is not obscured, unreadable by graffiti, or missing due to damage</p> <p>§ Signage is accurate and consistent throughout the facility</p> <p>§ How to report sexual abuse and/or sexual harassment (external and internal reporting methods)</p> <p>§ The internal reporting includes a mechanism or mechanisms for submitting a written report . Inmate are allowed to have paper and pen which can be sent in through the package request or bought through the inmate commissary.</p> <p>§ Drop boxes are located in all housing unit and according to grievance officer are picked up daily by designated staff.</p> <p>A corrective action plan was required and was completed during the onsite audit and monitored for 30 days by testing the telephone daily for two week and then weekly for the next two weeks. Compliance was determined by testing the telephone system, reviewing policies and procedure, posters, and the resident handbook. Compliance was also determined by interviews with inmates, staff, shift supervisors, PCM, and facility administrator.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, interviews and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Inmate Handbook</p> <p>Grievance form</p> <p>Grievance Log for last 12 months</p> <p>Interview with</p> <p>Grievance Coordinator</p> <p>GEO Corporate Policy 5.1.2-A</p>

Exhaustion of Administrative Remedies (§115.52/§115.252) a. Facility grievance policies shall include the following procedures regarding Sexual Abuse grievances: 1) No time limit on when an Individual in a GEO Facility or Program may submit a grievance regarding an allegation of Sexual Abuse. 2) Individuals in a GEO Facility or Program have a right to submit grievances alleging Sexual Abuse to someone other than the staff member who is the subject of the complaint. Such grievance is also not referred to a staff member who is the subject of the complaint. 3) Third parties (e.g. fellow Individuals in a GEO Facility or Program, Employees, family members, attorneys and outside advocates) may assist Individuals in a GEO Facility or Program in filing requests for administrative remedies relating to allegations of Sexual Abuse and may file such requests on behalf of Individuals in a GEO Facility or Program. 4) The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. 5) Individuals in a GEO Facility or Program are not required to use any informal grievance process or attempt to resolve with Employees an alleged incident of Sexual Abuse. 6) A final decision shall be issued on the merits of any portion of the grievance alleging Sexual Abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in a GEO facility or program in preparing any administrative appeal. 7) Facilities 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. 8) 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.

b. Emergency Grievances: 1) Individuals in a GEO Facility or Program may file an emergency grievance if he/she is subject to a substantial risk of imminent Sexual Abuse. 2) After receiving an emergency grievance of this nature, the Facility Administrator or designee shall ensure that immediate corrective action is taken to protect the alleged victim. 3) An initial response to the emergency grievance to the individual is required within 48 hours and a final decision shall be provided within five (5) calendar days. c. Individuals in a GEO Facility or Program may receive a disciplinary report for filing a grievance relating to alleged Sexual Abuse in bad faith. d. The PREA Compliance Manager shall receive copies of all grievances related to Sexual Abuse, Sexual Harassment or Sexual Activity, for monitoring purposes.

115.52 (a) Poster located throughout the facility advise resident that they may file a grievance. The inmate handbook explains the process for filing a grievance. Any grievance that alleges sexual abuse, sexual harassment, retaliation for reporting an allegation or for cooperating in an investigation will be immediately forwarded to Investigators and GEO OPR.

15.52 (b): There is no time limit when a inmate can submit a grievance regarding sexual abuse. GEO does not impose a time limit to any portion of a grievance that does not allege an incident of sexual abuse. Inmates are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict GEO's ability to defend against a lawsuit filed by a inmate on the grounds that the applicable statute of limitations has expired.

The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In the interview with the PREA Compliance Manager and information provided on the Preaudit Questionnaire, in the past 12 months there were no PREA related grievances filed.

115.52 (c): GEO policy provides that inmates have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. If a third-party file a grievance on a inmate's behalf, the alleged victim must agree to have the grievance filed on his behalf.

115.52 (d): A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal. GEO or the facility may claim and extension of time to respond (for good cause) for up to 70 days and shall notify the individual of the extension in writing. I was recommended by the auditor that the agency and facility update the extension to be in line with the latest PREA working group modification of the standard by adding "and provide a date by which a decision will be made."

115.52 (e): Third parties such as fellow inmates, family members, attorneys or outside advocates may assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of inmates. The alleged victim must agree to have the request filed on his or her behalf; however, he/ she is not required to personally pursue any subsequent steps in the administrative remedy process. If the offender declines to have the request processed on his or her behalf, the agency shall document the offender's decision. In an interview with the PREA Compliance Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.

115.52 (f): GEO policy provides inmates may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the facility administrator or designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days.

In an interview with the PREA grievance coordinator and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances alleging sexual abuse filed.

115.52 (g): A detainee can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the inmate filed the grievance in bad faith.

Site Review

During the site review it was noted there were grievance boxes located in each of the housing units. There were grievance forms located in all but two of the housing unit.

	<p>Staff placed forms during the tour of the facility. Inmates were writing letters during the tour.</p> <p>Informal conversation with inmates and staff indicated inmate knew how to file a grievance and new where the drop boxes and forms were located.</p> <p>The grievance coordinator indicated they pick up grievances each week day and forward all grievances dealing with sexual abuse or harassment to the PREA compliance manager. If it is an emergency grievance the grievance officer indicated they would notify the PCM, chief of security and warden immediately.</p> <p>Compliance was determined by review of the policies, grievance, and by interviews with grievance coordinator,</p> <p>It was recommended that 115.52 (d): add “provide a date by which a decision will be made” to the present policies. There were no grievances filed by detainees in the last 12 months and no extension was necessary in the last 12 months.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, interviews and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Acknowledgement of Receipt of Orientation Inmate PREA Handbook</p> <p>Acknowledgement of Receipt of Handbook</p> <p>Victim Advocate Posters</p> <p>MOU with Phoenix House</p> <p>PREA posters (English and Spanish)</p> <p>Interviews with</p> <p>Random Inmates</p> <p>Target Inmates</p> <p>Director of Phoenix House</p>

PAQ indicates The facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations.

The facility provided GEO Corporate Policy 5.1.2-A which indicates The facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility has an MOU with Phoenix House

115.53 (a). The facility enables reasonable communication between the inmate and Phoenix House in a confidential manner. The inmates are informed by the facility and according to interviews with the Phoenix House of the extent to which communications will be monitored. According to the PREA compliance manager and Southern Crescent Assault Center the facility would monitor only to the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

115.53 (b): The information on the telephone hotline and address is part of the PREA Sexual Abuse Poster located throughout the prison. While the telephone system was under a corrective action plan, the auditor called the speed dial number and spoke with a counselor with the Phoenix House. Once the system was updated the auditor called the hotline and was asked first if the call was in English or Spanish; then was it to report an allegation or to contact and emotional support staff. When the call went to the emotional support staff they staff answering the telephone explained that the call was confidential and no one would listen to the call. They further explained that while the call is confidential, they are required to report any illegal acts. They indicated if this is to report, I should call 911.

115.253 (c): The facility has an MOU with Phoenix House to provide victim advocacy services and follow up services following sexual abuse if requested. Interviews with the center indicated they are certified through New Mexico

Coalition Against Sexual Violence. The center indicated that inmates that call or write their office are provided with victim advocacy and emotional support services during the call. The center will make arrangements through the Facility to provide emotional support by telephone in a private office or visit inmates at an approved private office and time. The center will also allow for a Zoom call if the inmate wishes to talk on a Zoom call. The staff that visit the facility have had background checks approved prior to visiting. The facility is responsible for paying for the background checks.

Forty inmates were interviewed about the Emotional Support program. Thirty four of the inmate indicated the knew about the program, Thirty one knew the program offered counseling, victim advocacy or emotional support. All knew the call was free and they could call at any time. Only five knew the program was a local rape crisis center.

115.54	Third-party reporting
	<p data-bbox="310 176 963 207">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="310 249 574 281">Auditor Discussion</p> <hr/> <p data-bbox="310 386 1396 459">The following policies, directives, interviews, and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="310 491 699 525">GEO Cooperate Policy 5.1.2-A</p> <p data-bbox="310 556 654 590">GEO website GEO website</p> <p data-bbox="310 625 688 659">Third Party reporting posters</p> <p data-bbox="310 693 1446 1079">115.54 (a): Reporting Posters are visible in the visitation room, lobby and is found in the inmate handbook. GEO provides Reporting system on GEO Website http://www.geogroup.com/PREA (Social Responsibility-PREA Certification Section) provides information on ways for third party reporting including anonymous reporting. New Mexico Department of Corrections website outlines methods to report sexual abuse and sexual harassment on behalf of inmate. Third party grievance forms are available on the website and are sent to the facility's Warden. Inmates can accomplish third- party reporting by having a friend or family member contact the OIG Bureau of State investigations through the complaint form on the OIG's website. The electronic form will go directly to the OIG for review.</p> <p data-bbox="310 1113 1435 1304">Posters on display at the facility provide the visitors, staff, and inmates with third party reporting options. Inmates can accomplish third-party reporting by having a friend or family member call the PREA hotline or email the GEO coordinators office at PREAinfo@geogroup.com. Interviews with inmates demonstrated they knew how third-party reporting could be accomplished.</p> <p data-bbox="310 1337 1424 1411">The poster is in the shape of a hand and multi-colored and includes the GEO hotline, the NMDOC reporting lines and website reporting.</p> <p data-bbox="310 1444 1425 1556">The posters family and friends can contact the facility administrator or PREA compliance managers or file a grievance on behalf of the inmate. This information is posted in</p> <p data-bbox="310 1589 1446 1858">areas visible to staff and visitor Poster include anyone needed to report abuse/ sexual harassment or to report an allegation of Sexual Abuse/ Sexual Harassment on behalf of an individual who is or was housed in any GEO facility or program, may contact the Facility Administrator's Office in the facility where the alleged incident occurred or where the individual is housed. The visitation room had the inmate reporting poster displayed for visitors. The poster provided information for hotline posting utilizing the inmate phone system.</p> <p data-bbox="310 1892 1440 1965">Compliance was determined by review of the postings, reviewing the websites and interviews with PREA coordinator, PREA compliance manager of facility administrator.</p>

115.61	Staff and agency reporting duties
	<p data-bbox="310 176 963 207">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="310 249 574 281">Auditor Discussion</p> <hr/> <p data-bbox="310 428 1386 499">The following policies, directives, interviews and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="310 533 878 564">GEO Cooperate Policy 5.1.2-A Staff training</p> <p data-bbox="310 598 967 630">Specialized medical training. Mandatory reporting</p> <p data-bbox="310 663 1406 695">Survey of Vulnerable Persons GEO PREA Lesson Plan Statement of Fact Staff Report</p> <p data-bbox="310 728 448 760">Interviews</p> <p data-bbox="310 793 488 825">Random staff</p> <p data-bbox="310 858 480 890">Medical staff</p> <p data-bbox="310 924 558 955">Mental health staff</p> <p data-bbox="310 989 586 1020">Facility administrator</p> <p data-bbox="310 1054 537 1085">PREA coordinator</p> <p data-bbox="310 1119 363 1150">PAQ</p> <p data-bbox="310 1184 500 1215">PAQ stipulates</p> <p data-bbox="310 1270 1438 1415">The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.</p> <p data-bbox="310 1449 1446 1719">115.61 (a):Staff, volunteers and contractors must take all allegations of sexual abuse and sexual harassment seriously and are required to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against inmate or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This information is to be reported to the Shift Supervisor, the PREA Compliance Manager, or facility executive staff.</p> <p data-bbox="310 1753 1446 1940">In interviews with random staff and contractors, they knew their reporting duties. Staff receive training on reporting. GEO have implemented a specialized training program for medical and mental health professionals that includes duties to report, the State’s vulnerable persons’ reporting duties and confidential reporting duties. The facility provided a statement of fact that there have been no allegations by</p>

vulnerable persons in the last 12 months.

Random Staff interview that they would accept any allegation of abuse or harassment would document the allegation as soon as possible and notify the shift supervisor, PREA compliance manager. Random staff interviewed indicated they are mandatory report and must report allegation or suspicion of sexual abuse or sexual harassment regardless of when or where it may have happened.

Staff interview also noted that if the allegation was sexual abuse they would implement the response plan.

- Would separate the victim and abuser
- Would notify their supervisor
- Would secure the crime scene
- Would ask the victim and abuser not to wash, use the toilet, or change clothes
- Would notify medical as needed.

115.61 (b): Policy and training mandates that apart from reporting to designated supervisors, staff are not to reveal any information related to a sexual abuse report to anyone. Staff and contractors interviewed knew this information is to be kept confidential and knew whom to report allegations.

115.61 (c)(d): Medical specialized medical training includes medical staff are required to report sexual abuse and to inform inmate of their duty to report and the limitations of confidentiality at the initiation of services. The training also provides reporting of a vulnerable adult under a State or local vulnerable person's statute, under applicable mandatory reporting laws. The facility does not house inmates under the age of 18. Medical and mental health staff interviewed confirmed this practice.

The Nurse indicated that the inmate signs a statement that includes her limitation of confidentiality.

The PREA Coordinator interview indicated that unless precluded by state, federal or local law medical and mental health staff are required to report allegation of sexual abuse or sexual harassment is made by someone under the age of 18 or someone considered a vulnerable adult under state or local law.

115.61 (e): In interview with the facility administrator and his executive team, the LCCFF reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to New Mexico Department of Corrections and LCCF facility investigators. There are staff reporting posters located throughout the facility. Staff carry a PREA card with this information for easy reference in making reports.

According to statements, there have been no reports from third parties, contractors, or volunteers in the last 12 months. Interviews with the Agency PREA coordinator and agency head confirmed that GEO mandates staff, volunteers, and contractors report all sections of this standard.

	<p>The facility administrator interview indicated it is his expectation that staff report all allegations of sexual abuse or sexual harassment immediately to their shift supervisor.</p> <p>Site Review: During the tour of the facility, staff were asked how they would make a report of abuse or harassment. All indicated they would report to their immediate supervisor. Some indicated they would also report to the PCM. There are reporting posters throughout the facility including the staff roster room and break room. Staff also were aware of the GEO hotline for staff for them to make an anonymous report.</p> <p>Compliance was determined by review of the policies, training curriculum and interviews with random staff, medical staff, and facility administrator.</p>
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115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives, interviews and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Cooperate Policy 5.1.2-A</p> <p>Statement of Fact</p> <p>Interviews with</p> <p>Agency Head</p> <p>Facility Administrator</p> <p>Random Staff</p> <p>PREA Coordinator</p> <p>PREA Compliance manager (chief of security)</p> <p>PAQ</p> <p>The PAQ indicates that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p>

	<p>115.62 (a): GEO Cooperate Policy 5.1.2-A mandates when the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the alleged victim. All allegations of sexual abuse are to be handled in a confidential manner and conversations with the victim are sensitive, supportive, and nonjudgmental.</p> <p>The PAQ indicated in the past 12 months there were no times it was necessary for the facility to take immediate action regarding an inmate being in substantial risk of sexual abuse. The facility administrator stated that if it was suspected an inmate was at substantial risk of sexual abuse, he would immediately separate the inmate abuser or victim and investigate. Staff interviewed were aware of their responsibilities if they felt an inmate was at risk of sexual abuse.</p> <p>Random staff and shift supervisor indicated that the inmate that was in imminent danger would be separated from the accuser. The staff presented several options to include moving the victim to medical, intake or to the supervisor’s office.</p> <p>All random staff indicated they would take immediate action to protect the victim.</p> <p>The facility administrator indicated the victim would be immediately protected. There has been no incident when an inmate was moved to another facility for a separation of victim or abuser.</p> <p>The facility agency head indicated it is his expectation that the inmate will immediately placed in an area where they could be protected.</p> <p>Compliance was determined by review of policy and interviews with the GEO agency head, PREA coordinator, facility administrator, and random staff.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, interviews and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Cooperate Policy 5.1.2-A</p> <p>PAQ</p> <p>Interviews</p> <p>Agency head</p> <p>Facility administrator</p>

	<p>PAQ indicates the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards.</p> <p>115.63 (a)-(c): GEO Cooperate Policy 5.1.2-A mandates on receiving an allegation that an inmate was sexually abused while confined at another facility, the incident will be reported to the PREA Compliance Manager. The Facility administrator will notify the agency or facility head where the abuse is alleged to have occurred. but no later than 72 hours of receiving the allegation. The PREA Compliance Manager will maintain documentation that notification was made and include all actions taken regarding the incident. Copies of this documentation will be forwarded to the OIG office and GEO PREA Coordinator.</p> <p>In interview with the agency head; All reports received will be reported to the sending facility administrator by the housing facility administrator within 72 hours. The agency head indicated that the administrator can no designate staff to conduct this notification</p> <p>The facility administrator interviewed indicated they are aware of that responsibility.</p> <p>115.63 (d): Interview with the facility administrator and PREA compliance manager they indicated along with notification to the sending facility director the facility administrator will notify NMDOC investigative division and will document notification of an allegation of sexual abuse or sexual harassment and offer to provide whatever services needed by the facility investigator during the investigative process.</p> <p>According to the PAQ and statement of fact there have been no allegations by a receiving inmate that they had been sexually abused or harassed. According to interview PREA compliance manager there have been no reports from another facility that an inmate made an allegation that occurred as Lea County Correctional Facility.</p> <p>Compliance was determined by review of the policy and interviews with intake staff, PREA compliance manager, agency head, PREA compliance and facility administrator</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, interviews and documentation were reviewed in formulating compliance with this standard:</p> <p>PAQ</p> <p>GEO Corporate Policy 5.1.2-A</p>

PREA lesson plan

PREA Responder pocket card Coordinated Response Plan Investigative Reports Log
Interview

Random Staff

First Responders

Mental health staff that were first responders

The PAQ requires the agency has a first responder policy for allegations of sexual abuse

LCCF provided GEO Corporate Policy 5.1.2-A

Upon receipt of a report that an Individual in a GEO Facility or Program was Sexually Abused, or if the Employee sees abuse, the first Security Staff member to respond to the report shall:

Separate the alleged victim and abuser.

Immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel.

Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. Do not let the alleged victim or abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

If the first responder is not a Security Staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify Security Staff.

It is important that all contact with the alleged victim be sensitive, supportive, and non-judgmental.

Apart from reporting to designated supervisors, Employees shall not reveal any information related to the incident to anyone other than to staff involved with investigating the alleged incident.

Following a reported allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the "at risk" log as soon as possible and tracked as a potential victim and housed separately from potential abusers pending the outcome of the investigation.

115.64 (a): GEO training requires that correction staff that are the first responders of a sexual assault shall:

- Separate the alleged victim and abuser,
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim 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,
- Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, bushing 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.
- Notify the shift supervisor by telephone or in person and tell only those staff who need to know to assist you in carrying out these responsibilities.

Staff are issued a card that includes steps to take as first responders. All random staff were able to articulate their responsibilities and have received training on preserving and protecting the crime scene.

115.64 (b): Staff training requires that non correctional staff that are first responders are required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. All staff interviewed, including non-custody staff, were well aware of their responsibilities as first responders.

All non-contact staff that were interviewed knew their duties and reported they received the training during yearly in service and on reminder training that is sent out by the PREA compliance managers from time to time. During the last 12 months there was one allegations of sexual abuse that were reported.

All staff interviewed, including non-custody staff, were well aware of their responsibilities as first responders. 100% of staff reported that they would immediately separate the offenders, keep the victims safe, do what they could to preserve a crime scene and advise involved offenders not to wash, shower, change clothing, brush teeth, eat, drink, or use the toilet. They all said they would also immediately call a supervisor and remain on the scene until relieved by responding personnel. All staff are trained as first responders and were issued a pocket card that lists the steps to take when responding to an allegation that an inmate was sexually abused.

Compliance was determined by review of the policies and training and by interviewing non-contact staff during the onsite audit. As an auditor I randomly tour the administrative, classification area and educational areas and ask staff if I could ask them a question. After reminding them that they don't have the answer the questions I ask them, "what would you do if an inmate came to you and said it was sexual assaulted". All staff were able to articulate they would follow the above requirements.

115.65	Coordinated response
	<p data-bbox="310 176 963 207">Auditor Overall Determination: Meets Standard</p> <p data-bbox="310 249 574 281">Auditor Discussion</p> <p data-bbox="310 323 1382 390">The following policies, directives, interview and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="310 428 711 459">GEO Corporate Policy 5.1.2-A .</p> <p data-bbox="310 497 1065 529">LCCF PREA Coordinated Response Plan dated 09/23/2024</p> <p data-bbox="310 630 1398 661">PREA Incident Checklist for Incidents of Sexual Abuse and Harassment PREA Cards</p> <p data-bbox="310 699 435 730">Interview</p> <p data-bbox="310 768 589 800">Facility Administrator</p> <p data-bbox="310 837 1429 1058">115.65 (a): GEO Corporate Policy 5.1.2-A mandates that facilities have a coordinated response plan. LCCF Coordinated Response Plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A PREA Incident Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan are conducted, and proper notifications are made. The Coordinated Response Plan includes:</p> <p data-bbox="310 1096 1338 1163">Action required after report of sexual abuse: Initial response. Shift supervisors Responsibility Facility Crime Scene</p> <p data-bbox="310 1201 1349 1268">Notification required when a sexual abuse is alleged Evidence Protocol Medical Response</p> <p data-bbox="310 1306 1018 1337">Mental Health Response Investigative Responsibilities</p> <p data-bbox="310 1375 1369 1442">Responsibilities when sexual harassment is alleged Responsibilities when sexual activity is alleged.</p> <p data-bbox="310 1480 1373 1547">Each of the above responses includes but not limited to staff, contractors, victim advocates, OIG, and GEO PREA coordinator.</p> <p data-bbox="310 1585 1442 1776">A PREA Incident Checklist for Incidents of Sexual Abuse and Harassment is completed to ensure that all steps of the plan are carried out and proper notifications are made. The Chief of Security, Lieutenants, the PREA Compliance Manager, the Lead Investigator, and members of the administrative staff are responsible to ensure compliance to the plan.</p> <p data-bbox="310 1814 1427 1881">The Facility administrator indicated they the facility has a coordinated response plan that is updated yearly and is part of staff annual training.</p> <p data-bbox="310 1919 1321 1950">Staff interviewed confirmed that they are knowledgeable of the plan and the</p>

	necessary actions to be taken in response to an allegation of sexual abuse.
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115.66	Preservation of ability to protect inmates from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A Statement of Fact</p> <p>Interview with</p> <p>Agency Head</p> <p>FAQ indicates that The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>GEO Policy 5.1.2-A and 5.1.2-E states, "GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits a Facility's ability to remove alleged Employee sexual abusers from contact with any Individual in a GEO Facility or Program pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted." The policies also state, "In every case where the alleged abuser is an Employee, Contractor or Volunteer, there shall be no contact with the offender pending the outcome of an investigation." Review of investigations demonstrates that LCCF will separate the victim from the accused staff member in both sexual abuse and harassment usually by placing the staff member in a position where there would be no contact with the offender. Per interviews and the Statement of Fact, Lea County Correctional Facility has not entered into any collective bargaining agreements that would limit the ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation.</p> <p>The agency head indicated that GEO would not enter into or renew any collective bargaining agreement or other agreement that limits a Facility's ability to remove alleged Employee sexual abusers from contact with any Individual in a GEO Facility or Program pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A Documentation of Monitoring</p> <p>Protection from Retaliation Logs</p> <p>Statement of Fact</p> <p>PAQ requires that the facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff.</p> <p>115.67 (a): GEO Policy 5.1.2-A require the facility to implement procedures to protect offenders and employees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by offenders or employees. The policies also state the Facility PREA</p> <p>Compliance Manager or Mental Health personnel shall be responsible for monitoring retaliation of offenders in the facility. LCCF designated the PCM and mental health staff are responsible for monitoring retaliation.</p> <p>15.67 (b): The procedure states the agency has 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 inmate or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place.</p> <p>115.67 (c): Inmates who allege sexual abuse will be monitored by the PREA Compliance Manager who will meet weekly with the alleged victim beginning the week following the incident and continue monitoring for at least 90 days or longer if there is a continuing need. The Human Resource Manager will monitor the conduct and treatment of employees who reported staff misconduct or employee witness who cooperate with these investigations every 30 days for 90 days. Retaliation monitoring of inmate is documented on the New Mexico database program.</p> <p>115.67 (d): Procedure also requires Monitoring of inmate including periodic status checks. The PREA compliance manager was interviewed and indicted he would review the monitoring logs on the data base on an ongoing basis and randomly will see the inmate during tour to check on his/her status.</p>

	<p>In interviews mental health staff indicated they meet with the alleged victim weekly for the first several weeks and then every other week for at least 90 days. This is documented on the Retaliation Log.</p> <p>The PCM indicated they receive a copy of the log and briefing from Mental Health staff. They also see the alleged victim as soon as possible after the allegation.</p> <p>The agency head indicated in interview that the agency is pro active in protecting victims of sexual abuse or sexual harassment. The office off professional responsibility we be notified and investigate any allegation of retaliation.</p> <p>The facility administrator indicated the shift supervisor provides information to his office of the status of anyone that make a report or has an allegation made against them.</p> <p>The PREA coordinator indicated that all allegation that are retaliated against by staff will be turned over to the Office of Professional Responsibility for investigation. They also indicated that staff that are accused of retaliation would be placed on administrative leave or no contact status</p> <p>115.67 (e): Retaliation monitoring may be terminated if it is determined that the allegation was unfounded. The Retaliation monitor indicated that while the official monitoring will end, the facility would continue to check on the inmate for retaliation for making a report.</p> <p>In interview with Retaliation Monitor, the PREA Compliance Manager and the Human Resource Manager and information provided on the Pre-Audit Questionnaire, in the past 12 months there were no incidents of retaliation that occurred.</p> <p>NMDOC has developed a monitoring log that is uploaded into the agency database for review to assure retaliation monitoring in occurring in all operated facilities. The form identifies the victim’s name, number, date of allegation, current housing unit, date of check, issues or concerns, corrective action taken and is sign after each visit by the victim and monitor. Per the PAQ, Lea County has not received or incurred any reports of retaliation during the past 12 months. There is a separate form that is used to monitor staff for retaliation.</p> <p>Compliance was determined by review of the monitoring logs, agency policy and procedures, investigative files and interviews with the retaliation monitor, agency head, and facility administrator.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following policies, directives, interview and documentation were reviewed in

formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A

Completed PREA Victim Housing Preference Form

At Risk Logs for 12 months.

Statement of Fact

Interview with

Facility Administrator

Staff that supervises segregation

PAQ requires that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.

GEO Corporate Policy 5.1.2-A requires involuntary segregated housing may be used only after an assessment of available housing alternatives has shown there is no other means of protecting the detainee. 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.

115.68 (a) The facility has not utilized voluntary or involuntary restrictive housing for a PREA related incident for protection of inmates for sexual abuse in the last 12 months. This was verified by statement of fact, PAQ, and interview Restrictive Housing Unit LT. review of the Restrictive Housing log book, review of the door sheets and interviews with random staff.

The facility utilizes a Sexual Abuse/Assault Available Alternatives Assessment whenever an inmate claims he has been sexually assaulted or abused. The same form is utilized when inmates claim fear of being placed in general population due to sexual orientation during the intake process. The alternative assessment provides options for housing of inmates without utilizing the Restrictive Housing Unit. The facility administrator provided a state of fact that the facility has not placed an inmate in involuntary segregation in restrictive housing during the last 12 months.

During the tour of the facility, the auditor reviewed the logbook which provided the purpose of all inmates housed in the RHU. There were no inmate that was housed in voluntary or involuntary confinement for allegations of sexual abuse or sexual harassment nor for fear of being sexual abused or harassed in general population.

The facility administrator indicated that they would not utilize SHU to house victims of sexual abuse. They indicate the facility is large enough that the facility can find appropriate housing for at risk inmates. He also indicated he would housed the abuser in RHU. At a last resort if he could not protect the victim he would require he be transferred. He indicated he has not had to transfer or house a victim in RHU since

	<p>he was working at the facility.</p> <p>The Lt. that supervises the RHU indicated that there has not been anyone placed in RHU that were a victim of sexual abuse or at risk of be sexually abused.</p> <p>Compliance was determined by review of the PAQ and interviews with Restrictive Housing Unit LT and facility administrator.</p>
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115.71 Criminal and administrative agency investigations	
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-E- PREA Investigation Procedure</p> <p>Investigative files</p> <p>Interviews</p> <p>Facility administrator</p> <p>Investigators</p> <p>PREA coordinator</p> <p>PREA compliance manager</p> <p>PAQ</p> <p>The PAQ indicates that the agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>The facility provided GEO Corporate Policy 5.1.2-E</p> <p>Policy 5.1.2 - E stipulate Criminal and Administrative Agency Investigations (§115.71/115.271/115.371)</p> <p>An administrative or criminal investigation shall be completed for all allegations of sexual abuse, and sexual harassment at GEO facilities.</p> <p>The facility administrator and contracting agencies shall be notified prior to investigating all allegations of sexual abuse and sexual harassment. Client notifications shall be documented and maintained as part of the investigative file.</p> <p>Specific procedures not listed in this policy which are required by contractual</p>

obligations shall be followed.

When the facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The complete preliminary investigative report will be forwarded to the Corporate PREA Office (to the corporate PREA manager with oversight of your facility) for review and approval no later than 60 calendar days after the allegation is reported. Extensions must be authorized by the corporate PREA manager. The facility will use the latest GEO investigation report template unless the individual facility contract or client policy dictates the client forms must be used. GEO shall use investigators who have received specialized training in sexual abuse investigations. 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 specialized training shall also include techniques for interviewing juvenile sexual abuse victims.

115.71 (a): GEO Corporate Policy 5.1.2-E requires an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the Lea County Correctional Facility, promptly, thoroughly, and objectively, including third party and anonymous reports. All allegation of sexual abuse or sexual harassment are reported to the Hobb Police Department and New Mexico Department of Corrections.

115.71 (b): facilities shall use investigators who have received specialized training in Sexual Abuse investigations. 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 facility has three trained investigators that have completed specialized training in the investigation of sexual abuse allegations in a confinement setting. The facility provided documentation of completion of specialized investigative training completed by facility investigators. The investigator was interviewed and was extremely knowledgeable regarding conducting investigations in a confinement setting. All investigation reviewed were conducted by trained investigators.

The auditor reviewed the Investigator Training curriculum and found it to be very comprehensive. Documentation was provided to the auditor that confirmed the investigator had received the specialized training.

115.71 (c): GEO policy 5.1.2-E mandates it is the responsibility of investigators to gather and preserve circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators will interview alleged victims, suspected perpetrators and witnesses and review prior reports of sexual abuse involving the suspected perpetrator.

15.71 (d): Based on policy and in reviewing the investigative file when the quality of evidence appears to support criminal prosecution, the facility shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews

may be an obstacle for subsequent criminal prosecution.

115.71 (e): The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or staff. An inmate who alleges sexual abuse is not required to submit to a polygraph examination.

115.71 (f): The administrative investigation will include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation shall be documented in a written report and include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.

115.71 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence. The facility shall request a copy of completed investigative reports from the Hobbs Police Department investigative unit. Allegations will be tracked on the PREA Tracking Log.

115.71 (h): Substantiated allegations of conduct that appear to be criminal shall be referred for criminal prosecution. According to information reported on the Pre-Audit Questionnaire and in interview with facility investigators, since the last PREA audit there no allegations of sexual abuse referred for prosecution. Criminal investigations are conducted by the Hobbs Police Department. If an allegation involves staff, notification is made to GEO's Office of Professional Responsibility for investigation.

115.71 (i): The agency will retain all written reports as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.71 (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

115.71 When outside agencies investigate sexual abuse allegations, the facility will cooperate with investigators and will try to remain informed about the progress of the investigation. In interview with the PREA Coordinator, he reported that facilities are required to check in with outside investigators at a minimum of every 14 days and document that contact was made to ensure that requirements such as retaliation monitoring and notices of outcome of investigations are completed as required. In interview with facility investigators, they were knowledgeable of their responsibilities of conducting administrative investigations of all allegations received and knew when to refer allegations that appear to be criminal for criminal investigation.

There were 23 allegations of sexual abuse or sexual harassment in the last 12 months. All allegations of sexual abuse were sent to the Hobbs Police Department. Based on a review of the allegations Hobb's police department did not conduct any criminal investigations.

Compliance was determined by review of policy, training curriculum, investigative report and interview with trained investigator.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, interviews and documentation were reviewed in formulating compliance with this standard:</p> <p>The PAQ requires the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The facility provided:</p> <p>GEO Corporate Policy 5.1.2-E.</p> <p>Training Curriculum</p> <p>Investigative Files</p> <p>Interviews with Investigator</p> <p>115.71 (a): Based on GEO policy and Investigator training the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Based on interviews with investigators; investigators make a finding of Substantiated, Not Substantiated, Unfounded, or Pending Further Investigation. The finding will be made using the standard of proof of the preponderance of the evidence (51 % of the evidence). The Investigator must objectively review all the evidence which is in favor of or contrary to the finding. The investigator must objectively consider and balance the evidence in favor of or contrary to the finding; and to support a finding of sexual abuse or harassment by a preponderance of evidence. Investigator must be convinced that the evidence in favor of the finding outweighs the evidence against the finding, or is convinced that the evidence, when taken as a whole, shows that it is more probable than not that the alleged incident took place in this case.</p> <p>Compliance was determined by review of policy, training curriculum, investigative report and interview with trained investigators.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following policies, directives, interviews and documentation were reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A

GEO Corporate Policy 5.1.2-E Investigative report

Notification to Inmates

Interviews

Facility administrator

Facility Investigator

115.71 (a): GEO policy 5.1.2-E, indicates that following an investigation of sexual abuse of a inmate, the inmate shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PREA Compliance Manager is responsible for preparing the Notification of Outcome of Allegation form and presenting it to the alleged victim for his signature. The inmate receives a copy of the form, a copy is placed in the investigative file and a copy is forwarded to the PREA Coordinator office.

In interview with the PREA compliance manager PCM, and a review of the investigative files confirmed there was notification provided to an inmate. Inmates that were transferred are notified. The facility attempted to reach the inmates that had left the prison system by contacting the last facility where the inmates were housed.

The facility administrator designated the PCM to complete this task. They sign the report and send copy to GEO coordinators office.

115.72 (b): According to policy and PREA compliance manager if the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the offender.

115.73 (c): GEO policy and procedure requires following an offender's allegation that an employee has committed sexual abuse against the offender; the facility is required to inform the offender of the outcome of the investigation. The inmate is to be informed if the staff member is no longer posted within the inmate's unit, if the staff member has been indicted on a charge related to sexual abuse within the facility or if the staff member has been convicted on a charge related to sexual abuse within the facility. There was one substantiated allegation of sexual abuse that resulting in the termination of a staff member. The inmates was no longer at the facility and had been released from the GDC prison system and did not leave a forwarding address at the time of his release. The notification letter was attached to the investigative file as required by GEO policy.

	<p>115.73 (d): GEO policy and procedure requires following an offender’s allegation that he has been sexually abused by another offender, the agency will inform the alleged victim if the alleged abuser has been indicated on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>115.73 (e): All Notification of Outcome of Allegations or attempted notifications are documented and filed in the corresponding investigative file.</p> <p>In interviews with the PREA compliance manager he meets with the inmate and explains the outcome of the investigation. This helps inmates know what an unsubstantiated allegation means in layman terms. There were 8 notification to an inmate during the last 12 months. Notification forms are filed in the investigative folders and notification of when the inmate left the facility was documented.</p> <p>Compliance was determined by review of the investigative files, agency and facility policy and interviews with PREA compliance managers, investigators, and facility administrator.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility PAQ requires Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Staff Handbook</p> <p>115.76 (a): GEO Corporate Policy 5.1.2-A establishes the standard that employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy.</p> <p>115.76 (b): Based on GEO policy termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. There have been no termination or other adverse action taken against staff during the last 12 months.</p> <p>115.76 (c): Based on GEO policy and facility administrator and human resources staff disciplinary sanctions for violations of agency policies related to sexual abuse or</p>

	<p>sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>115.76 (d): All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations, shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal.</p> <p>In the interview with the facility administrator the information and information provided by the facility investigator there has been one staff that resigned during the investigation which is considered a presumptive termination when the allegation was substantiated.</p> <p>Based on review of Policy, interviews with PREA compliance manager and facility administrator confirm compliance with this standard.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The PAQ requires Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.</p> <p>Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates.</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A GEO Corporate Policy 5.1.2-E</p> <p>PREA training curriculum</p> <p>Statement of fact</p> <p>Interview with Facility administrator</p> <p>115.76 (a): Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to the appropriate investigator and law enforcement or relevant professional licensing/certifying bodies unless the activity was clearly not criminal in nature. Any contractor or volunteer who engages in sexual abuse even though it was not criminal will be reported to professional licensing/certifying bodies.</p>

	<p>115.76 (b): In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with inmates.</p> <p>During the previous year, there were no incident where a contractor or volunteer was accused of, suspected, or found guilty of sexual abuse or sexual harassment at LCCF.</p> <p>The facility administrator indicated during their interview that volunteer and contractors that violate PREA or any misconduct are terminated and are not allowed to have contact with inmates.</p> <p>Compliance was determined by review of the volunteer and contractor training and statement acknowledging violation of PREA standards. Also interviews with contractor and volunteer, PREA compliance manger and facility administrator confirm compliance with this standard.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PAQ requires that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse.</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-E</p> <p>NMDOC Offender Discipline Standard Operating Procedure NMDOC Offender Disciplinary Code</p> <p>Offender Handbook</p> <p>PREA Posters of Zero Tolerance Statement of Fact</p> <p>Interview with</p> <p>Facility administrator</p> <p>Medical staff</p>

Mental health staff.

By contractual agreement Lea County Correctional Facility is mandated to utilize the New Mexico Department of Corrections Policy and operating procedures for inmate's discipline.

115.76 (a): According to NMDOC Offender Discipline Standard Operating Procedure, if a inmate is found guilty of engaging in sexual abuse involving another inmate, either through administrative or criminal investigations, the offender will be subject to formal disciplinary sanctions. According to the PAQ, there have been no findings of sexual activity by inmates. All inmates interviewed indicated they were told it was against the rules to participate in any sexual abuse, sexual harassment, or sexual activity while at the facility. The inmates are provided a handbook that clearly identifies the facility's rules against sexual activity including consensual activity.

115.76 (b): Sanctions will be 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.

115.78 (c): Based on NMDOC Offender Discipline Standard Operating Procedure, the disciplinary process may consider whether an individual's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.

115.78 (d): The facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending individual to participate. The referring agency will determine if the inmate will be required to participate in counseling or other interventions designed to address the reasons or motivations for the abuse. In an interview between the HSA and the Mental Health Provider, they confirmed the facility does provide counseling service or other interventions designed to address the reason or motivations for the abuse. They do provide mental health services and would review the mental health status of an inmate prior to a disciplinary hearing.

115.78 (e): NMDOC Offender Discipline Standard Operating Procedure provides that disciplining an inmate for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact with the inmate.

115.78 (f): NMDOC policy includes the provision that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g): The agency prohibits all sexual activity between inmates and staff. Facilities may not deem that sexual activity between inmates and staff is sexual abuse unless it is determined that the activity was coerced by the inmate.

Compliance was determined by reviewing the facility and NMDOC policy, review of investigator files, and interviews with the investigator, PREA compliance manager, mental health staff and facility administrator.

115.81	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="310 176 963 207">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="310 247 574 279">Auditor Discussion</p> <p data-bbox="310 319 1429 428">The PAQ requires that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner</p> <p data-bbox="310 468 1386 535">The following policies, directives, interviews and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="310 575 695 606">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="310 646 915 678">Facility Intake Risk Assessment Referral to MH</p> <p data-bbox="310 718 1195 749">Consent for Mental Health Services form Mental Health Evaluations</p> <p data-bbox="310 789 448 821">Interviews</p> <p data-bbox="310 861 565 892">Mental Health Staff</p> <p data-bbox="310 932 712 963">Staff that conducts Screenings</p> <p data-bbox="310 1003 1446 1671">115.81 (a): If during initial PREA screening, the inmate reports prior sexual victimization, whether in an institutional setting or in the community, staff will ensure the inmate will be referred to mental health for further evaluation within 14 days. In review of the 30-day follow-up assessments the offender discloses prior victimization not reported during initial screening, the PREA Compliance Manager will refer the inmate to mental health for further evaluation. Medical and the Mental Health Provider, according to their professional judgement, determine the nature and scope of these services. In information reported on the Pre-Audit Questionnaire, 100% of the inmates assigned to the facility in the past 12 months who disclosed prior victimization were offered a follow-up meeting with the Mental Health Provider. At the time of the audit, there were three inmates that claimed prior victimization. The auditor reviewed 22 resident screening files and referrals were documented on all inmates that claim prior victimization or were considered to be at risk of victimization. As part of the interviews of inmates included inmates that were considered at risk of victimization by the intake staff including case manager and medical practitioners. Each interviewed indicated that they were seen by the mental health professional during their first 2 days of arriving at the center. Three of these at-risk inmates claimed sexual victimization.</p> <p data-bbox="310 1711 1443 1896">115.81 (b): Any inmate who reports during initial PREA screening or in follow-up screenings he has previously perpetrated sexual abuse in an institutional setting or in the community will be offered a follow meeting with medical or mental health within 14 days of the screening. There was no inmate that claimed he perpetrated a sexual abuse.</p>

	<p>115.81 (d): Information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform treatment plans, security, and management decisions or otherwise federal, state or local law.</p> <p>115.81 (e): Medical and mental health providers obtain consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the victimization occurred when the inmate was a minor.</p> <p>Based on interviews with mental health services, inmates who report prior sexual victimization and those who disclose previously perpetrating sexual abuse are being referred for evaluation and consent forms or refusals are being obtained. The Mental Health provider indicated that he makes himself available when new intakes arrive at the facility and tries to see each of the new intakes. They indicated that if any resident claims prior victimization or inmates that are considered at risk by the screeners, they see them when they arrive and speaks with them in private and offers a follow up meeting the same or following day.</p> <p>Compliance with this standard was based on policies, mental health referrals, interview with the medical administrator and mental health staffing.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PAQ requires that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>LCCF Coordinated Response Plan</p> <p>Medical and Mental Health assessments</p> <p>Statement of Fact</p> <p>Interviews with</p> <p>Phoenix House staff</p> <p>Medical staff</p>

Mental Health Staff

115.82 (a): GEO policy 5.1.2-A, states, "Victims of Sexual Abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners. Lea County Correctional Facility utilized Covenant Medical center to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.82 (b): All staff first responders are trained to take preliminary steps to protect the victim and notify medical and mental health practitioners. Both security and non-security staff interviewed knew their first responder duties. Forensic exams are not performed by facility medical staff. Inmate victims of sexual abuse are referred to Covenant Medical Center for emergency care.

115.81 (c): Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical staff indicated that is part of the SANE process and she would follow up when the offender returns to the facility.

In interviews with staff of Phoenix house, the program provides SANE services for all residents and incarcerated people in Lea county. The services are provided at the facility or in case of medical or mental health needs the service is provided at Covenant medical center.

The mental health staff indicated that crisis intervention services are provided to victims of sexual abuse immediately and is consistent with professional protocol

Medical staff interviewed indicated that as soon as a inmates makes and alleagiton of sexual abuse they are brought to the medical area and seen by medical staff immediately.

115.81 (d): Based on review of GEO policy and in interviews with PREA compliance manager all services are provided without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. During the last 12 months there was no inmate that was transported to an outside facility for a SANE or forensic examination.

Lea County Correctional Facility medical department is staffed 24/7 and mental health is offered on-site. A MOU with Phoenix House was established to provide crisis intervention services. All services are provided at no cost to inmates regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Medical Staff interviewed reported that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. They also stated that once the report is received, the offender would be seen immediately. The HSA verified that the nature and scope of the

	<p>treatment and crisis intervention services are determined by the professional judgment of the medical and mental health treatment staff. She also verified that they offer information about and timely access to sexually transmitted infections prophylaxis, where medically appropriate. An interview with a Mental Health Director verified that mental health also meets with an inmates within 24 hours of an alleged incident of sexual abuse to offer supportive counseling. Interviews with random staff indicated that taking victims to medical is a required step when responding to an allegation of sexual abuse.</p> <p>Compliance was determined by review of the coordinated response plan, interview with Phoenix house, random staff, PREA compliance manager and facility administrator.</p>
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<p>115.83</p>	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The PAQ requires that the facility offers 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.</p> <p>The following policies, directives and documentation, interviews were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Mental Health evaluations Inmate Handbook</p> <p>Interviews with:</p> <p>Mental Health staff</p> <p>Phoenix House staff</p> <p>Medical administrator</p> <p>115.81 (a): According to GEO Corporate Policy 5.1.2-A and interviews with medical and mental health staff. the LCCF will offer medical and mental health evaluations (and treatment where appropriate) to all victims of Sexual Abuse that occurs in any prison, jail, lockup, or juvenile Facility.</p> <p>115.81 (b): The facility provides victims with medical and mental health care consistent with the community level of care, which was confirmed by interview of the nurse. The facility has full-time medical staff and 12 hours of mental health services with on-call mental health staff as needed. If an inmate went to the hospital for a</p>

	<p>SANE, the hospital would send discharge summary and mental health evaluation with the inmate. The medical administrator indicated they would call the health authority clinical director and go over the discharge summary and carryout recommendations from the hospital. The mental health staff indicated they would conduct a mental health screening and develop a treatment plan and implement the services as required.</p> <p>Per interview with the medical and mental health staff the level of care provided is that least equal or better then community level of care. Staff verified that victims of sexual abuse are offered information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate Services are provided at no charge to the offender. Per the Statement of Fact, LCCF has not had any instances of sexual abuse where ongoing medical and mental health services have been needed in the past 12 months. Mental health staff indicated they have a sex offender program for know predators.</p> <p>115.83 (c)(d): The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or released These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community.</p> <p>115.83 (f)(g): Victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim. Treatment service shall be provided to the victims without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>115.83 (h): GEO policy and practice is for the facility to attempt to conduct a mental health evaluation of all known abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate. The center would provide follow up treatment for inmates that had a history of victimization or were victims of sexual abuse.</p> <p>The Phoenix staff interviewed indicated they would provide ongoing care as requested by the inmate. They would provide the service by phone, in person, or through zoom calls.</p> <p>Compliance was determined by review of the GEO policy, interviews with medical, mental health staff, PREA compliance manager and facility administrator.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The PAQ requires the facility conducts a sexual abuse incident review at the

conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.

The following policies, directives, interviews and documentation were reviewed in formulating compliance with this standard:

GEO Corporate Policy 5.1.2-A LCCF Policy 10.22

Report of Investigation

After Action Reviews

1 15.86 (a): GEO policy 5.1.2-A, requires facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated. At the time of the PAQ there were 9 investigations that required an incident review team meeting. GEO has developed an After-Action report that contains all the elements of an incident review team meeting.

The facility administrator interviewed provided the staff that would be on the incident review team and confirmed all elements of the incident review standard are met. They indicated that GEO has an after action report that is forwarded back to GEO coordinator regional staff and reviewed by GEO management.

The chief of security set on the committee and explained that the committee reviews the staff on the day of the incident, goes to the area of the incident and discusses the incident in great detail.

The PCM is on the committee and prepares the final report for submission to cooperate office for approval.

115.86 (b): The review is conducted within 30 days of the conclusion of the investigation.

115.86 (c): The Incident Review Committee consists of the facility director, Chief of Security, PREA Compliance Manager, Lead Investigator, Unit Manager, Classification Supervisor, and the nurse. The PREA Coordinator or his staff may attend via telephone or in person.

115.86 (d): The team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area may have contributed to the abuse, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate. There were nine After-action reports completed during the last 12 months.

GEO has an excellent PREA after action review form that addresses all elements of the standard. The form addresses whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual

	<p>abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the institution; whether physical barriers in the area may enable abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff.</p> <p>115.86 (e): The facility will implement recommendations for improvement or document the reasons for not doing so.</p> <p>Compliance was based on a review of after-action reports from and by interviews with the PREA Compliance Manager, and other Incident Review team members. When interviewed, the members of the incident review team knew their responsibilities as they relate to the review of sexual abuse incidents. The facility does after action reports on Sexual harassment when substantiated or unsubstantiated.</p>
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PAQ requires that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>The following policies, directives, interviews and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Annual Report PREA Tracking Log</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Annual Assessment</p> <p>GEO Group Annual Reports (2019-2021)</p> <p>GEO Group Annual Report (2022-2023)</p> <p>115.87 (a): GEO policy 5.1.2-A mandates that all facilities under the GEO umbrella collect uniform data for every allegation of sexual abuse at all facilities under their control. GEO requires facilities to utilize a standardized instrument that includes clearly defined definitions. The incident-based data collected shall include, at 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.</p>

	<p>115.87 (b): LCCF policy mandates that the Facility PREA Compliance Managers shall be responsible for compiling data collected on Sexual Activity, Sexual Harassment and Sexual Abuse incidents and forwarding statistical reports to the Corporate PREA Coordinator. The PREA Compliance Manager ensures that the data is compiled and forwarded to the PREA Coordinator monthly on the Monthly PREA Incident Tracking Log. In addition to submitting the Monthly PREA Incident Tracking Log, the PREA Compliance Manager ensures that a PREA Survey is created, updated, and submitted for review and approval in the PREA Portal for every allegation of sexual abuse, sexual harassment, sexual activity and voyeurism. At least annually, the PREA Coordinator aggregates this data.</p> <p>115.87 (c): 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 conducted by the Bureau of Justice Statistics (BJS).</p> <p>115.287 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>115.87 (e): This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of inmates.</p> <p>115.87 (f): Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. The facility provided a copy of the monthly log and annual log for review. The log contained all elements required by policy.</p> <p>The facility administrator confirmed that they are required to upload all allegations to the GEO portal for submission to the annual report</p> <p>The GEO PREA coordinator indicated this office is responsible for gathering the information and working with corporate office and facilities to analyze the information GEO gather each year in the facility’s annual assessment.</p> <p>The review of the incident log and interview with facility administrator and PREA coordinator confirmed compliance with this standard.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives, interview and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate PREA Procedure 5.1.2-A LCCF Policy 10.22</p>

GEO Annual PREA Data Report Annual PREA assessments.

115.88 (a): GEO Policy 5.1.2-A states, "GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

-Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse. -The annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEO's website or the client's website as required by contract. GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted."

Interviews with the agency head indicated that his team reviews all allegations of abuse and take corrective action plan as identified. The agency head indicated that the agency does a annual review of all allegations for the last three (3) years to determine the need for policy, training, staffing and upgrade in monitoring such as cameras and video systems.

Interview with PREA coordinator indicated his office gathers data on a monthly basis and complete and annual report which is compared with the last three years.

The PREA compliance manager sends a report with all information each year. All allegation of sexual abuse and sexual harassment is documented on the GEO data base.

115.87 (b): The PREA Coordinator reviews the data collected and the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. This information is also captured in the annual PREA assessment completed by PREA coordinator's staff.

115.87 (c): The PREA Coordinator forwards the annual report to the Senior Vice President of GEO Care and to the Senior Vice President, US Secure Services and International Operations for their signatures and approval. The report is made public on the GEO website at <https://www.geogroup.com/prea>.

115.87 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted as stated on the last page of GEO's annual report.

Compliance of this standard was determined by reviewing annual reports for GEO, reviewing the facility policy and interviews with the PREA coordinator and PREA

	<p>compliance manager. The annual assessment for this fiscal year was on September 22, 2022. A review of the GEO website for the last 3 years confirmed the findings of the assessment team. The GEO annual report provides more information than is required and at the same time provides the person reviewing the report with a detailed look at PREA in action in GEO facilities.</p>
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115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The PAQ requires the agency ensures that incident-based and aggregate data are securely retained.</p> <p>The following policies, directives, interview and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate PREA Procedure 5.1.2-A</p> <p>GEO Annual PREA Data Report</p> <p>PAQ</p> <p>115.89 (a): GEO Corporate PREA Procedure 5.1.2-A mandates all case records associated with claims of sexual abuse are maintained and filed in a secure file cabinet in the PREA compliance manager’s office. During the tour of the facility, the auditor noted that the PREA compliance office was locked in each visit by her office. The auditor was required to return all investigative file to the PREA compliance manager when leaving the conference room during the review of investigative files. The auditor noted that all computers in the case manager, medical and mental health areas were closed if no one was in the offices. Interview with case managers indicated they do not have access to investigative files on their GEO database.</p> <p>115.87 (b): GEO makes all aggregated sexual abuse data from all its facilities made public annually on their website at https://www.geogroup.com/prea. A review of the website confirmed that the agency has PREA reports from 2017 until 2023 uploaded to the above website. The facility has password protected computer access and non-GEO staff are not allowed to utilize their computers. All staff at the facility interviewed indicated they must go to training in handling sensitive information.</p> <p>115.87 (c): Before making aggregated sexual abuse data public, GEO removes all personal identifiers. This was confirmed by reviewing past audits and GEO annual reports.</p> <p>115.87 (d): Corporate Policy: 5.1.2-A mandates data collected pursuant to this procedure shall be securely retained by the facility or corporate office for at least 10 years or longer if required by state statute. Before making aggregated Sexual Abuse</p>

	<p>data publicly available, all personal identifiers shall be removed. All case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/ or counseling are retained in accordance with Federal and State statues and guidelines specified by contract authority. Confinement facilities ensure that data collected are securely retained for at least 10 years.</p> <p>Compliance was determined by reviewing three (3) annual reports, corporate policy, facility policy and interview with the Agency PREA Coordinator.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO policy 5.1.2-A</p> <p>115.401 (a): GEO policy 5.1.2-C - states, "During the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department shall ensure that each Facility is audited at least once by a PREA Auditor who has been certified through the Department of Justice." GEO's Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice audits each facility at least once. This is the fourth PREA audit of Lea County Correctional Facility.</p> <p>115.401 (b): According to GEO's PREA Coordinator and the annual PREA report, during the three-year period beginning on August 20, 2013, GEO ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. During the last cycle many audits were scheduled, rescheduled, and postponed due to the pandemic. However, each facility was audited during the last 3-year cycle. This is the third year of this cycle. According to GEO coordinator all facilities are scheduled to be audited during this cycle.</p> <p>115.401 (h): During the audit, the auditor was allowed access to all areas of the facility during the official tour and additional visits to different areas of the facility while interviewing and observing camera locations.</p> <p>115.401 (i): I requested personnel files, inmate files, training records, investigation files, logbooks, and pertinent forms utilized to conduct the requirement of the audit process. Each document was provided on a timely basis.</p>

	<p>115.401 (m): I interviewed specialized staff, random staff, random inmates, and targeted inmates during the onsite audit. One inmate who made an allegation of sexual abuse declined to be interviewed and the facility did not prohibit me from interviewing inmates selected for interview. Interviews were conducted in a secluded area of the facility.</p> <p>115.401 (n): Inmates were notified a minimum of six weeks prior to the onsite audit on posted facility notices in English and Spanish that they could send confidential correspondence to the Auditor. Interviews with offenders stated they have seen posting. One inmate contacted the Auditor prior to or during the audit.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 (f): Per agency policy and standard requirements, GEO assures me that this final report will be published on their website at (https://www.geogroup.com/prea) to be available to the public. This is the fourth PREA audit of Lea County Correctional Facility. The audit reports are posted on the website within the 90-day requirement.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious 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.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender nonconforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	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.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b) Reporting to inmates		
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c) Reporting to inmates		
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	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?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted 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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)		
	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p>	yes