

PREA Facility Audit Report: Final

Name of Facility: El Centro Detention Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/08/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Robert Manville	Date of Signature: 01/08/2025

AUDITOR INFORMATION	
Auditor name:	Manville, Robert
Email:	robertmanville9@gmail.com
Start Date of On-Site Audit:	11/11/2024
End Date of On-Site Audit:	11/14/2024

FACILITY INFORMATION	
Facility name:	El Centro Detention Facility
Facility physical address:	1115 North Imperial Avenue, El Centro, California - 92243
Facility mailing address:	

Primary Contact

Name:	Brandy Galvan
Email Address:	brgalvan@geogroup.com
Telephone Number:	7602592500 Extension

Warden/Jail Administrator/Sheriff/Director	
Name:	Mark Bowen (Regional Director)
Email Address:	mbowen@geogroup.com
Telephone Number:	3103483000

Facility PREA Compliance Manager	
Name:	Brandy Galvan
Email Address:	brgalvan@geogroup.com
Telephone Number:	(760) 259-2500 Ext:

Facility Health Service Administrator On-site	
Name:	Elizabeth Smith
Email Address:	elismith@geogroup.com
Telephone Number:	7602592500 Extension

Facility Characteristics	
Designed facility capacity:	512
Current population of facility:	272
Average daily population for the past 12 months:	263
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both womens/girls and 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>	
<p>Age range of population:</p>	19-69
<p>Facility security levels/inmate custody levels:</p>	low, medium, high
<p>Does the facility hold youthful inmates?</p>	No
<p>Number of staff currently employed at the facility who may have contact with inmates:</p>	257
<p>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</p>	17
<p>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</p>	2

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:	Manny Alvarez	Email Address:	Manuel.Alvarez@geogroup.com

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

7	<ul style="list-style-type: none"> • 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.17 - Hiring and promotion decisions • 115.21 - Evidence protocol and forensic medical examinations • 115.33 - Inmate education • 115.81 - Medical and mental health screenings; history of sexual abuse • 115.88 - Data review for corrective action • 115.401 - Frequency and scope of audits
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Number of standards met:

38
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:	2024-11-11
2. End date of the onsite portion of the audit:	2024-11-14

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:	Sure Help Line Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	512
15. Average daily population for the past 12 months:	268
16. Number of inmate/resident/detainee housing units:	8
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:	263
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:	5
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:	4
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:	1
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:	0
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:	4

<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>1</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>1</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>6</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>The number of LEP detainees is more than 50 however the facility does not track this number.</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>236</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>2</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:	17
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:	13
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The detainees at the El Centro Detention Facility (ECDP) are largely from the Imperial Valley and the Southern California border region. Nearly 90% of the population in this region. Detainees were randomly selected from their housing unit rosters utilizing the at risk log to establish the housing assignments of targeted detainees. I then utilize the age, length of stay at the facility, gender and housing assignments.</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 detainee refused to be interviewed. Due to random interview several LEP detainees were interviewed as random detainees.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>14</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>	
<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:</p>	<p>1</p>

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:	2
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:	1
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:	2
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:	1

<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>1</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>0</p>
<p>49. 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>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed the daily roster of detainees in the restrictive housing unit. All investigations were reviewed to include any housing movements during the retaliation monitoring or during the investigations. The detainee that claimed sexual abuse that was still at the facility was interviewed. He also claimed retaliations during the retaliation monitoring. He indicated the abuser was placed in the restrictive housing unit. A review of the PAQ and ECDF policy 1300.04, indicates involuntary restricted housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the detainees. Additionally, during the site tour of the Restrictive Housing Unit (RHU), a review of the RHU logs, and interview with the RHU Lt. indicated the ECDF does not utilize the RHU for segregates housing for risk of sexual victimization or who alleged to have suffered sexual abuse. The PCM acknowledged the utilization of protocol of housing near the officer station and providing regular "check-ins" by the PCM to ensure safe housing.</p>
<p>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>The El Centro Detention Facility worked closely with the auditor, making detainee and staff interviews a priority. There were no issues or barriers to identifying detainees to be interviewed. The medical, mental health, security, PREA compliance manager, other detainees, and investigator provided input into the targeted population. Documentation reviewed, which included intake, classification, and comprehensive detainee files, as well as medical files showed a consistency with interview responses that the detainee population who met a classification threshold displayed.</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 type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</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>22</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>

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

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 checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Grievance Officer; Mail room staff, Case Managers, Training Coordinator
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 checked="" type="checkbox"/> Other

63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.
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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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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 El Centro Detention Facility is located in El Centro, California and serves as a detention and processing center for United States Marshal Services.

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 detainees 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 8 housing units. There is also a 16 cell Restrictive Housing Unit.

There is a day room area located in each unit. This area included telephones, 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 compliance with the PREA standard. Any time you pick up the telephone receiver you are prompted to dial 1 or 2 for the appropriate language and asked if you want to make a report of sexual abuse or sexual harassment and then provides you instructions on how to make the call. The outside entity clearly identified themselves as the El Centro Police Department dispatch officer. The victim advocate and emotional support staff clearly

identifies themselves also. If you dial 4 you get a voice mail from the PREA compliance manger (they were with me at the time of the call).

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. There is a housing control station in the housing units where staff posted in this area monitor movement in and out of the individual pods. Doors in 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. A grievance was placed in the grievance box and was delivered the following morning to the auditor by the PREA -compliance manager.

The correctional staff indicated during the tour they are provided weekly briefings about PREA. Each was able to articulate their first responder duties. Three pulled their PREA card to respond to the question. When ask to just tell the auditor what they would do, all were able to respond without the aid of the PREA card.

The 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, 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.

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.

The medical unit includes single cells, observation rooms and one dormitory style rooms. There are offices located in this area which allow private interviews to be conducted.

During the tour the intake staff provided a mock demonstration of intake. The intake area has holding cells with partitions for detainees to use restrooms in privacy. There is also an area for strip searches and for detainees to change clothes in privacy. There are offices located in this area which allow private interviews to be conducted. There were zero-tolerance posters displayed in the intake area. The demonstration included an intake staff, PCM, and facility quality control staff. Prior to going through intake all detainees are seen by the medical for a medical appraisal. This also includes information on prior sexual abuse, abusive behaviors and sexual orientation. The medical appraisal also includes a mental health questionnaire that is completed by mental health staff. The detainee then are shown a PREA video in English and Spanish. The intake staff then meet with the detainee in a private office where they are administered the screening instrument. During this time the staff provide the detainee with a GEO PREA pamphlet and ECDF PREA pamphlet and detainee handbook. The intake staff notifies the classification and PCM staff to review the screening and mental health appraisal. The classification then determines appropriate housing assignments with input from the PCM. If the detainee is transgender the classification would notify mental health, PCM and medical (however medical would probably already know) and the team would meet with the transgender detainee and conduct a Transgender Care Committee meeting to decide placement and job assignments. The staff would listen to the detainee and accommodate their request

unless it would pose a serious security risk. All of the detainees interviewed formally or informally during the tour of the facility indicated they felt safe at the facility.

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.

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?

Yes

No

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

Document sampling was applied to staff, contractor, and detainee files.

Personnel files included new hires and those promoted within the past year, those who had five year tenure at the facility. Files were reviewed to ensure background checks were conducted and or consideration of any sexual abuse or sexual harassment allegations were considered in hiring and or promoting staff. The auditor documented the information that was requested, and the facility uploaded the information in the OAS portal.

Two contracting and one volunteer files were reviewed.

Reviewed 19 staff training files including 10 direct care and 9 support staff including medical and investigator and contract staff. All training has been completed in the last 12 months: Interviews with random staff indicated they had received refresher training during the last quarter.

Detainee Files Reviewed:

18 detainee records were reviewed. These records included the following information.

- Identification Number
- Date of Birth
- Date of Arrival
- Date of Screening
- Date of Follow-up Screening
- Date of Initial PREA notification
- Date of PREA orientation/ education: referral to mental health and mental health intake documentation.

All screening, rescreening, orientation and comprehensive education acknowledgements were located in the detainees' file.

All investigative files were reviewed as were all grievances filed at the facility within the past 12-months. Additionally, supervisory logs were reviewed in each of the housing units, and ancillary buildings such as medical and mental health, intake and classification, laundry and the kitchen.

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	6	0	6	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	6	0	6	0

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	2	0	2	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	3	0	3	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	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	0	3	1	3
Staff-on-inmate sexual abuse	0	1	0	0
Total	0	5	1	3

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	0	1	1
Staff-on-inmate sexual harassment	0	0	1	0
Total	0	0	2	1

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:

6

<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 type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<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>6</p>
<p>81. Did your sample of INMATE-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 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>0</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 type="radio"/> No</p> <p><input checked="" 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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
<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>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<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>
<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>

Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
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.	A review of the PAQ, grievance files, and discussions with the PCM and staff indicated there were one allegations of sexual abuse that was referred for criminal investigation. In reviewing the investigative file and discussing with the facility investigator the allegation involved touching. The El Centro Police interviewed the victim and determined the allegation was not criminal and declined to investigate. The client (US Marshal) reviewed the allegation and declined to investigate.
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: Exceeds Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA)</p> <p>GEO Policy 5.1.2-E PREA Investigation Procedure</p> <p>GEO Organizational Chart</p> <p>El Centro Detention Facility (ECDF) Organizational Chart ECDF Policy 1300.04 Prison Rape Elimination Act (PREA)</p> <p>PAQ</p> <p>Interviews</p> <p>Facility administrator</p>

GEO PREA coordinator

Facility PREA compliance Manager

PAQ

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

The facility provided the GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA), GEO Policy 5.1.2-E PREA Investigation Procedure, GEO Organizational Chart, El Centro Detention Facility (ECDF) Organizational Chart and ECDF Policy 1300.04 Prison Rape Elimination Act (PREA)

GEO policy 5.1.2- A and El Centro policy 1300.04 mandates zero tolerance towards all forms of sexual abuse and sexual harassment in all its facilities. It is the policy of GEO that sexual conduct between employees, volunteers, or contractors and individuals in a GEO facility, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions. This prohibition includes conversations or correspondence of a romantic and/or sexual nature. All employees, contractors, and volunteers are expected to have a clear understanding that GEO strictly prohibits any type of sexual relationship with individuals in a GEO facility. These relationships will not be tolerated and shall be considered a serious breach of GEO policies. Engaging in a romantic and/or sexual relationship with individuals in a GEO facility may result in employment termination, termination of the contract or volunteer status, and/or criminal charges. GEO staff must take prudent measures to ensure the safety of employees, contractors, volunteers, and individuals in a GEO facility. All employees, contractors and volunteers have an affirmative duty to immediately report all allegations or knowledge, suspicion or information of sexual abuse, sexual harassment, romantic, or sexual contact that takes place within any GEO facility. All cases of alleged sexual conduct shall be thoroughly investigated. Retaliation against individuals for filing a complaint and/or cooperating with an investigation will not be tolerated. Upon substantiation of any allegations of sexual conduct, appropriate disciplinary actions will be taken against employees, contractors or volunteers, including possible criminal prosecution.

115.11 (a): 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.

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.

115.11 (b):

The PAQ requires the agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

The facility provided the GEO Policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA), and GEO Organizational Chart,

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.

The PREA coordinator interviewed indicated:

I have enough time and a dedicated staff to assist. The corporate PREA team consists of four PREA compliance managers (PCMs) and a PREA compliance specialist. There are also three regional PREA coordinators and three PREA compliance managers for the Secure Services division and one PREA division coordinator and three PREA compliance managers that assist with the Reentry Services division. Furthermore,

each of the PREA compliance managers on my team have investigative oversight for each assigned facility and serve as the main point of contact for all PREA related questions. Presently there are 77 PCM's who indirectly report to me: 42 (Secure Services) 35 (Reentry Services). The agency conducts internal audits to identify any issues with compliance on an annual basis. The results of the internal audits are thoroughly reviewed during the post audit workshop and a corrective action plan is developed. In addition, our internal auditing tools are reviewed/updated annually to include methodologies for maintaining compliance and improving overall quality. In conjunction with the PREA compliance managers we utilize the PREA Resource Center for the most up-to-date guidance and as a resource for standard interpretation. We also provide the PREA "standards in focus" to the facility PCMs as a resource for implementing best practices. Our specialized investigator training format is an interactive (trackable) web-based curriculum that is updated annually. Additionally, we have a web-based specialized investigator refresher training and a PCM orientation guide which are updated annually as well.

115.11 (c):

The PAQ requires where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The facility provided the ECDF policy 1300.04 Sexually Abusive Behavior Prevention and Intervention Program (PREA), and ECDF Organizational Chart,

GEO ensures that all its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the PREA efforts. The facility's organizational chart illustrates the PREA Compliance Manager's position within the facility. At ECDF, the PREA compliance manager is supervised by the Facility Administrator. ECDF 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 inmates 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.

The PREA compliance manager interview indicated they have time to carry out their PREA responsibilities. This is their major role at the facility.

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.12	Contracting with other entities for the confinement of inmates
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <p>El Centro Detention Facility Contract 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 El Centro Detention Facility remain in full compliance with</p> <p>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> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <p>US Marshal Service staffing plan for 512 detainees</p> <p>Daily unit logbooks</p> <p>PREA Annual Facility Assessment 2024</p> <p>PREA Annual Facility Assessment 2023</p> <p>PREA Annual Facility Assessment 2022</p> <p>ECDF Policy 1300.04 Prison Rape Elimination Act (PREA)</p> <p>Staff Rosters</p> <p>El Centro Detention Facility Schematics</p> <p>Staffing Requirement</p>

Unannounced Rounds

Interviews

Facility Administrator

PREA Coordinator

Intermediate Staff

115.13 (a)(b):

The PAQ requires the agency shall ensure that each facility it operates shall 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 sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.

Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of detainees: 313

The annual average daily number of detainee that is utilized to develop a staffing plan was 512 detainees.

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.

The facility provided policy 1300.04 and annual assessment for the preceding three years.

ECDF Policy 1300.04 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. 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 512 detainees.

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 detainee 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):

The PAQ requires Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.11, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

The facility provided policy ECDF Policy 1300.04 and annual assessment for the past three years.

Policy 1300.04 requires 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 24, 2024. The assessment recommended two additional cameras. This request is pending.

115.13 (d)

Each agency operating a facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit 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.

The facility provided policy 1300.04 and documentation of unannounced rounds

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 (ADO) 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 respective areas including housing units.

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 PREA rounds documentation. The facility provided a page on each housing unit logs books for a 24-hour period of time.

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 detainees 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.

The facility administrator interview indicated that each year the facility undergoes a PREA staffing assessment. In doing the assessment a team from other facilities reviews all components of the staffing plan and determine the need for additional cameras, staff or mirrors. The latest staffing plan was in September 2024

There have been no deviation from the contracted staffing plan. Staff assigned to a Post must remained until properly relieved. If there were a deviation staff would remain on post and volunteer lay over staff, or call in staff would be used to cover the post.

The GEO PREA coordinator interviewed indicated that each facility is required to conduct an annual PREA facility assessment which requires them to review their staffing plan and all components of the physical plant to include blind spots and areas where staff and inmates can be isolated. Completed assessments are forwarded to me which include recommendations for equipment, cameras, additional staffing, etc. I review and consult with the appropriate divisional leadership (i.e., secure services and reentry services) and we assess the request. It is either approved or denied, signed, and sent back to the facility.

Two intermediate staff were interviewed from each shift. All interviewed indicated they make a round on each shift and a PREA unannounced rounds on a weekly basis. Staff are not allowed to tell other staff that the supervisor is making rounds and the supervisor knows based on clicking radios that someone is alerting staff. Intermediate staff indicated they vary their times and how they enter the housing units to keep staff from knowing they are in the area. All admitted that it is mostly impossible not to alert staff due to the number of cameras throughout the facility.

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Cooperate Policy 5.1.2-A</p> <p>El Centro Detention Facility (ECDF) Contract for Service</p> <p>Statement of Fact</p> <p>Interviews:</p> <p>Facility Administrator</p> <p>El Centro Detention Facility does not house youthful detainees. 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 detainees from any jails or other program. All of our detainees come from US Marshal services. The detainees are vetted prior to coming to this facility.</p> <p>A review of the data base provided by the facility, there were no youthful offenders housed at the facility found on the data base.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <p>ECDF Policy 1300.04</p> <p>Video Camera/Housing Unit</p> <p>Fixed Camera Digital Video Maintenance and Retention</p> <p>Training Curriculum</p>

ECDF Staff Training

Shift Logs- Announced gender presence Housing Unit Logbooks

Transgender Lists with Shower and Pat Down Search Preference Statement of Fact

PAQ

Interviews

Transgender Detainee

Random Staff

Random Detainees

PAQ

The 115.15 (a):

The PAQ requires 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.

The facility provided ECDF Policy 1300.04 and statement of fact

Policy mandates strip searches will be performed by staff of the same gender identity as detainee in other than emergent situations. Strip searches will not be conducted in "public" places, showers, gyms, dayrooms or in sight of staff or detainees not involved in the search, or in any area subject to video surveillance in other than emergent situations

Statement of fact indicated during this audit period, El Centro Detention Facility (ECDF) has not had any cross gender strip searches, cross-gender visual body cavity searches or cross-gender pat down searches. ECDF has not had medical practitioners perform cross-gender strip searches or cross-gender visual body cavity searches.

During this audit period, ECDF has not conducted any cross-gender pat-down searches of female inmates. There has been no search or physical examining of transgender inmates for the sole purpose of determining the inmates' genital status.

Resident Interview indicated that no female detainee has been searched by male staff. No female resident has been denied services due to lack of female staff to conduct the search. All detainees indicated they are able to change clothes, take shower and use the toilet without being viewed by staff. They all indicated there were partitions and curtains around the showers and toilets and the facility did not have any group showers.

The one transgender detainee is a biological female transitioning to male. He indicated that he has asked that female conduct his searches as he still has female features.

Staff interviewed indicated all staff announce their presence when entering the opposite gender housing units. All staff indicated they had received training on cross gender and transgender searches however all staff said they had not conducted a cross-gender search. All staff said that detainees are able to change clothes, use the toilet and take showers without being viewed by any staff.

ECDF Policy 1300.04 mandates an instrument or manual body cavity search can be conducted 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 professional 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 detainees 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 detainees of the opposite sex except in exigent circumstances.

115.15 (b):

PAQ indicates the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

The facility houses male and female detainees. Resident Interview indicated that no female detainee has been searched by male staff. No female resident has been denied services due to lack of female staff to conduct the search. Staff interviewed indicated they had received training on cross gender and transgender searches. All staff indicated they had not conducted a cross gender search.

115.15 (c):

PAQ indicates the facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female inmates.

The facility provided Policy 1300.04 and statement of fact

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 detainee's gender and gender of persons conducting the strip searches.

The facility provided a statement of fact that there were no cross gender or

transgender searches during the last 12 months.

115.15 (d)

PAQ indicates the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).

The facility provided Policy 1300.04 and signage located through out the facility.

ECDF Policy 1300.04 Prison Rape Elimination Act enables detainees 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 detainee privacy while showering. Toilet areas have partitions with doors to allow detainees 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 detainees the opportunity to prepare themselves from a privacy perspective. Detainees interviewed acknowledged they were allowed to shower, dress, and use the toilet without being viewed by staff of the opposite gender.

Twenty-eight detainees were interviewed. Two detainees indicated that staff do not announce their presence when entering their living unit.

Postings are located throughout the living units that female staff are assigned to work in housing units.

During the tour of the facility and in reviewing the facility's camera system, the auditor did not find any areas in which detainees would be viewed by staff while taking showers, using toilet or dressing.

115.15 (e):

PAQ requires the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

ECDF Policy 10.22 Prison Rape Elimination Act address searches of transgender and intersex detainees. Facilities shall not search or physically examine a transgender or

intersex detainee 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 was one detainee who disclosed being transgender or intersex.

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 detainee to determine their sexual gender.

The one transgender detainee is a biological female transitioning to male. He indicated that he has asked that female conduct his searches as he still has female features.

115.15 (f):

The PAQ indicates the agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. All staff at ECDF receive training on how to conduct cross-gender pat searches and searches of transgender and intersex detainees in a professional and respectful manner. Staff receive Limits to Cross Gender Viewing & Searches training during basic PREA training.

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 detainees of a different sex except in exigent circumstances.

Interviews with transgender detainee indicated he is allowed to shower by himself and are provided a preference sheet upon arrival as to what gender he preferred to conduct pat search.

Site Review:

During the review all staff announce their presence when entering the housing units. There were shower curtains and partition in all bathroom areas. A review of the camera did not reveal any camera that provided view of detainees in showers or toilets.

General interviews with staff indicated they are mindful of shower times and avoid being in that area if at all possible. Male staff indicated they don't go in the female housing units during showers unless there were a pressing security need such as a group fight.

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

<p>115.16</p>	<p>Inmates with disabilities and inmates who are limited English proficient</p> <hr/> <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>ECDF Policy 1300.04 Prison Rape Elimination Act</p> <p>PREA Posters English and Spanish,</p> <p>PREA Video Script</p> <p>Statement of Fact</p> <p>Detainee Handbook</p> <p>Detainee PREA Brochure</p> <p>TTY Tablet</p> <p>Contract with Big Language Solutions</p> <p>PAQ</p> <p>Interviews</p> <p>LEP</p> <p>Low Vision</p> <p>Hard of Hearing</p> <p>Random Staff</p> <p>Intake staff</p> <p>115.16 (a):</p> <p>PAQ requires that the agency has established procedures to provide disabled detainees 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.</p> <p>The facility provided policy 1300.04 Prison Rape Elimination Act, PREA Posters, PREA Video Script, Detainee Handbook, Detainee PREA Brochure, TTY Tablet, and Contract with Big Language Solutions</p> <p>ECDF Policy 1300.04 mandates that the facility shall not discriminate against detainee 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 facility has several bilingual staff at the facility and interviews with residents and staff indicated</p>
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they knew staff members that were bilingual and utilized their services in communicating with the detainee population. Through policy and practice, the facility staff ensures that detainees 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 detainees. The auditor utilized the language line to conduct two LEP detainee interviews. The hard of hearing detainee was aware of the TTY machine, however, he indicated he always used his hearing aids.

115.16 (b)(c):

The PAQ requires that the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The facility provided Policy 1300.04

Policy mandates the agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants 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.

The targeted detainees 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 detainees when necessary. Agency and facility policies prohibit detainees 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 detainee's safety. The facility maintains a list of staff that are bilingual. During the onsite audit there was one hard of hearing, one low vision and two cognitive disabled detainee, and one detainee in a wheelchair. The hard of hearing detainee utilizes hearing aids which enable him to hear. The low vision detainee indicated he can read the posting on the wall and can use the telephone with high-volume control. He knew of the TTY machine but indicated he has a hard time typing and can utilize the high-volume phone. The two cognitive detainees indicated that mental health staff help them understand PREA and count on the mental health staff for any problems they would have.

All staff interviewed indicated they would not use detainees to make any allegations or provide any training to other detainees. Eight of the staff interviewed indicated they would utilize other staff. four were bilingual. Eight of the staff interviewed knew about the language line, however, had not utilized the system.

Site Review

All posters were found to be in English and Spanish

	<p>TTY phones is centralized in intake for facility use as needed. However, during the site review it was located in one of the housing units.</p> <p>The agency head indicated that in all of GEO's facilities we have developed PREA education materials in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. We have developed posters, pamphlets, videos, large print materials, etc. as well as providing TTY phones, access to language lines and designated staff interpreters to ensure we can effectively communicate the PREA procedures and available services to the individuals we house. Facilities are prohibited from relying on inmates to do this for us. GEO also reaches out to community-based resources (i.e. local colleges or organizations) that might be willing to assist us.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required</p>
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115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations</p> <p>GEO Policy 3.1.9 Initial Background Screening</p> <p>ECDF Policy 1300.04</p> <p>GEO on-line application form PREA annual disclosure waiver</p> <p>PREA promotional disclosure waiver</p> <p>Background Checks for contractors with contact with detainees</p> <p>Promotion Letter and PREA Promotion Disclosure Waiver</p> <p>Personnel Records</p> <p>Accurate Background Checks</p> <p>115.17 (a)(b):</p> <p>The PAQ requires 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</p>

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.

Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

The Departmental Policy 3.1.9 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 with this standard. Prior to 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 by each member of staff during the annual in-service training.

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 detainee, 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?

ECDF Policy 1300.04 Mandate the following:

- a. ECDF is prohibited from hiring or promoting anyone (who may have contact with prisoners) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or the community.
- b. ECDF shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with prisoners.
- c. ECDF shall conduct criminal background checks and do its best to contact

prior institutional employers to obtain information on substantiated allegations of sexual abuse, harassment or any resignation pending investigation of an allegation of sexual abuse or harassment, prior to hiring new employees. Background checks shall be repeated for all employees at least every five years.

d. ECDF shall ask all applicants and employees who may have contact with prisoners directly about previous sexual misconduct as part of its hiring and promotional processes and during annual performance reviews for current employees. ECDF shall also impose upon employees a continuing affirmative duty to disclose any such conduct.

e. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

f. Unless prohibited by law, ECDF shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

115.17 (c):

PAQ requires agency policy requires that before it hires any new employees who may have contact with inmates, it conducts criminal background record checks, and consistent with federal, state, and local law, makes 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.

The agency requires that all applicants and employees who may have contact with detainees have a criminal background check. Criminal background checks for all potential employees are completed through the US Marshal Services 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 36 background checks completed.

115.17 (d):

PAQ requires agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates.

The facility performs criminal background checks through the US Marshall Services before enlisting the services of any contractor or volunteer. In the information provided on the Pre-Audit Questionnaire, in the past 12 months there was 1 background check for a contractor.

115.17 (e):

PAQ requires agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees.

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 detainees. 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):

PAQ requires Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

ECDF 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 of promotions or transfers, employees complete a PREA Disclosure and Authorization Form Promotions as well as a GEO internal PREA verification.

115.17 (g):

PAQ requires Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

ECDF Policy 1300.04 mandates that Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Employees and contractors interviewed were aware of their duty to disclose such misconduct referenced in this standard.

Interview with Human Resources: All persons applying for employment with El Centro Detention Facility must submit an application through the GEO online application. The application asks the question as noted in the questionnaire.

We utilize accurate to conduct background check that include past work history prior incident of sexual abuse or harassment, domestic violence and NCIC. We then submit the application to US Marshal's services to conduct a similar background check. The US Marshal notifies the facility when they have completed an background check and the person is approved to hire.

When a person applies for promotion, the applicant must submit an affidavit with the PREA questionnaire. The human resources staff also indicated they the annual PREA questionnaire during the annual performance review. We find that this is a good way

	<p>of making sure the annual training and questionnaire are completed.</p> <p>If a person applies to work at another facility, we complete a form for the applicant or agency to send to my office or cooperate office. The cooperate office maintains our investigative database and they will respond to the request. I am pretty sure the person making the application must sign a statement to release this information.</p> <p>115.17 (h):</p> <p>The PAQ Requires that unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.</p> <p>ELCF Policy 1300.04 indicates 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.</p> <p>The human resource staff indicated in interview that if a person applies to work at another facility, we complete a form for the applicant or agency to send to my office or cooperate office. The cooperate office maintains our investigative database and they will respond to the request. I am pretty sure the person making the application must sign a statement to release this information.</p> <p>Exceed compliance was determined by pre audit documentation, the PAQ, interviews with the human resources director and review of fifteen 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.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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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>There have been no additional modifications or expansions to ECDF during the last</p>

	<p>audit period. The facility has not made any upgrades to the camera system. The facility had a major upgrade in 2020 utilizing advanced enhanced cameras and monitoring programs. Compliance was determined by review of facility camera coverage and interviews with agency head designee, and facility director. The new high-definition cameras provided the ability to zoom in and out, scan the areas, and are truly high definition.</p> <p>In interview with the Vice President, Risk Management (agency head designee) he stated that the agency uses technology to assist the facilities in keeping detainees 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> <p>The facility administrator indicated that the facility conducts yearly assessment of staffing and camera coverage. There were two additional cameras requested in the last facility assessment.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations</p> <p>MOU with Sure Help Line</p> <p>MOU with El Centro Police Department</p> <p>ECDF Policy 1400.04 PREA Investigations</p> <p>GEO Policy 5.1.2-E PREA Investigations</p> <p>Statement of Fact</p> <p>Interviews:</p> <p>PREA compliance manager</p> <p>Facility investigator</p> <p>Staff from Pioneer Medical Center</p> <p>Staff from Sure Help Line</p>

PAQ

115.21 (a):

The PAQ requires

The agency/facility is responsible for conducting administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct).

The facility provided Policy 1400.04 ensures 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. The facility shall document all referrals.

Due to client contract requirements, the facility may be required to follow specific client PREA investigations policies. If the 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.

ECDF shall ensure that:

- 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 GEO policy and federal, state or local laws.

El Centro Police Department is responsible for conducting criminal sexual abuse investigations and sexual harassment allegations that have the possibility of being criminal in nature. ECDF trained investigators will conduct administrative investigations.

115.21 (b):

To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Per interview with the PCM, the agency and facility follow a protocol developmentally appropriate for youth where applicable and adapted from or otherwise based on the U.S. Department of Justice's office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". El Centro Detention Facility does not house youthful offenders.

115.21 (c):

The PAQ requires The agency shall 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. Such examinations shall be performed

by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

An MOU was signed with Sure Help Line. The MOU and in interviews with Pioneer Medical Center the medical center has SANE staff on call and utilize the Sure help line for victim advocacy. According to the information reported on the Pre-Audit Questionnaire, in the last 12 months no SANE exams were performed.

115.21 (d):

The PAQ requires

The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency makes available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. ECDF has a MOU with Sure Help Line for victim advocate services. Detainees are made aware of the victim Advocacy support services available to them and how to access them in the Detainee Handbook and on PREA posters displayed throughout the facility in English and Spanish.

Sure Help Staff interviewed indicated that the center does have trained victim advocates and a working relationship with the medical center to provide victim advocates. The center indicated they received training through California Victim Advocacy Training.

115.21 (e):

The PAQ requires as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

The terms of the MOU require 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 SANE staff indicated they include a victim advocate to meet with the victim prior to the examination.

During the interview the program staff indicated that the center provides the service

	<p>for all residents and work with local law enforcement and the facility to provide victim advocates during the investigative process.</p> <p>15.21 (f):</p> <p>The PAQ requires to the extent that the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.</p> <p>Based on MOU with El Centro Police Department, ECPD conduct all criminal investigations at the facility. The facility trained investigative staff conduct all sexual harassment or non-criminal administrative investigations. Incident that includes allegations of sexual harassment or non-criminal sexual abuse is also referred to GEO Office of Professional Responsibility.</p> <p>The Facility Administrator and facility compliance manager indicated during interview that they have a working relationship with the police department. The police department give the center the investigative case number and they can access process through the case number for calling the detective referring the case number.</p> <p>115.21 (h)</p> <p>The PAQ requires that a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.</p> <p>Staff at Pioneer Medical Center and staff from the Sure Help Line that SANE staff are trained on conducting forensic examination. The Sure Help Center indicated that their staff train with the SANE staff in order to establish a cohesive team in working with victims of sexual abuse, assaults or incest. Exceed compliance was based on interviews with the SANE, Victim Advocate, Investigator (PCM) and facility administrator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

GEO Cooperate Policy 5.1.2-E Investigative Procedures.

ECDF Policy 1400.04 Investigative Procedures

Prison Rape Elimination Act GEO Website

Monthly PREA tracking report.

MOU with El Centro Police Department (ECPD)

Interviews with

Agency head

Facility investigator

115.22 (a):

PAQ requires the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

ECDF Policy 1400.04 Act establishes responsibility for investigations. The facility refers allegations to the El Centro Police Department. Facility staff is required to preserve the crime scene until the investigator arrives to process and collect the evidence. The Police Department and facility investigator will process the evidence from the crime scene. Facility investigators are trained in conducting sexual assault investigations in confined settings/ prisons.

A review of documentation and investigator 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 ECDF investigator received training in conducting sexual assault investigations in confined spaces/prisons.

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

The agency head interview 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 investigation, all PREA allegations are documented and referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve criminal behavior.

115.22 (b):

	<p>The PAQ requires;</p> <p>The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.</p> <p>GEO policy 5.1.2 E and ECDF policy 1400.04 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. Based on statement of fact by ECDF facility administrator, ECDF refers all allegations of sexual abuse that are criminal in nature to ECPD. 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):</p> <p>The PAQ requires:</p> <p>If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p> <p>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>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Cooperate Policy 5.1.2-A</p> <p>ECDF Policy 400.01 Training Requirements</p>

Training and roll call meetings.

Annual Refresher Training

GEO Pre Service training Power Point

Training Power Point Presentation Curriculum

Staff attendance Record Random staff training records.

115.31 (a):

The PAQ requires 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 the following.

All staff are provided training that includes all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, and protecting the detainees and preserving the possible crime scene. Staff go through pre-service training at the facility prior to having any contact with detainees.

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.
- Detainees' right to be free from sexual abuse and sexual harassment.
- Detainees 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 detainees.
- How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees.
- 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.

Fourteen random staff were interviewed. All staff attended pre-service and annual in service training based on interviews and review of their training files.

115.31 (b):

The PAQ requires that training is tailored to the gender of the inmates at the facility.

GEO and ECDF policies recognize that the facility houses male and female detainee. Policy mandates that the facility will be required to modify training to meet the needs of a different population. All staff at the facility received training that is tailored to male and female detainees. Staff assigned to specialized Post such as transportation officers, supervisors and investigators receive additional training.

115.31 (c):

The PAQ requires:

All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

The facility provided:

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 ECDF 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>115.31(d):</p> <p>The agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.</p> <p>The facility provided:</p> <p>Upon completion of PREA pre-service staff sign an Acknowledgement of Receipt of Training. Staff also sign a PREA Basic Acknowledgment Training form upon completion of annual PREA training. 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 corrective action is not required.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <p>ECDF Policy 400.01 Training Requirements</p> <p>Documentation of Contractor Training Acknowledgment</p> <p>115.32 (a):</p> <p>The PAQ requires:</p> <p>All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>The facility provided</p> <p>ECDF Policy 400.01 mandates that all volunteers and contractors who have contact</p>

with detainees 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 18 contractor. The facility has one volunteer that has received volunteer training in the last 12 months.

115.32 (b)(c):

The PAQ requires:

The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates.

The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

The facility provided:

All contractors receive the same PREA training as employees prior to assignment and sign a PREA Basic Acknowledgement Form.

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 inmates. Volunteers receive this training annually and sign a Documentation of Volunteer Training Form. Volunteer and contractor training is maintained in the volunteer electronic files.

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.33	Inmate education
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Cooperate Policy 5.1.2-A</p> <p>ECDF Policy 1300.04 Prison Rape Elimination Detainee Handbook</p> <p>Receipt of training for new arrivals</p> <p>Receipt of training for transfers</p> <p>Detainee PREA Brochure</p>

Facility PREA Postings

Detainee Receipt of PREA Brochure

Detainee Receipt of PREA Comprehensive Education Detainee Orientation

Eighteen detainee training files reviewed.

115.33 (a):

The PAQ requires:

During the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

The facility provided

GEO Cooperate Policy 5.1.2.A and ECDF Policy 1300.04 mandates all detainee receive 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, detainee receive an Detainee Handbook, and a Sexual Assault Prevention and Reporting Detainee information brochure and sign a Receipt for Adult Detainee Handbook. This was observed by the audit during the intake of a detainee. Also, during the intake detainee were watching a PREA video that included the same information.

115.33 (b)(c):

The PAQ requires

Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The facility provided:

Detainees receive comprehensive PREA education as part of the orientation process. Based on interviews with the intake staff and PREA compliance manager the comprehensive education occurs within the first 24 hours of arrival to the facility. Detainee in Prison Rape Elimination Act (PREA) Detainee Education Program acknowledgement form acknowledging receipt of PREA education. The curriculum provided to detainees was provided for review. When entering the Intake area all detainees are provided with a poster that includes all required orientation requirements. The detainee watches the PREA information video during the intake process. They are provided with a brochure and handbook during the intake process.

The intake staff and PREA compliance manager stated that all detainees have received the training.

The intake staff interviewed and provided the process of new arrivals. They indicated that the video is in the holding room and continuously plays during the intake process. The intake staff indicated that the detainee is provided with a brochure in the language they prefer and are given a handbook during this process. The intake staff indicated they work with mental health staff if they feel the detainee is not comprehending the information they are being provided to determine if they need to read the information to the detainees. The intake staff indicated that usually mental health will conduct the orientation of cognitive disabled detainees.

115.33 (d):

The PAQ requires that the agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills.

The facility provided:

All PREA education provided to detainees is in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, or have limited reading skills. The detainee handbook, the PREA brochure and all verbal information given is provided in both English and Spanish. A contract for translation services is provided for ESL detainees to provide translation of any other languages. Many of the staff at the center are bilingual and provided training as needed. All of the staff assigned to the Intake area are bilingual. TTY machine is available for hard of hearing. Vision Impaired detainee that was interviewed indicated he understood the training and could read the large posters throughout the facility.

115.33 (e):

The PAQ requires the agency shall maintain documentation of inmate participation in these education sessions. The facility maintains documentation of detainee's participation in PREA education.

In review of 18 random detainee files reviewed, all had the documentation of receipt of written PREA education material. Additionally, over forty detainees 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):

The PAQ requires In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.

The facility provided posters including Sexual Assault Prevention and Reporting Posters; GEO Zero Tolerance Posters, End the Silence Posters. and Victim Advocacy

	<p>Services. These posters were informative and included telephone numbers and addresses. Also Notice of Audit was posted throughout the facility.</p> <p>Per interviews with the PCM and case manager they stated PREA education provided to detainees is in formats accessible to all detainees, 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 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 detainees admitted to the facility in the past 12 months and 100% of the offenders were given PREA information at intake. There were 857 detainees 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>All detainees indicated they had received training when they first arrived at the facility. The interviewed detainees indicated they watched a video and was given information. Five of the detainees indicated they did not read the information. All other detainees indicated they read and understood the information they received when they arrived. Four detainees interviewed were LEP and indicated that staff at the intake were bilingual and provided information the their language.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Cooperate Policy 5.1.2-A Investigative Training Curriculum</p> <p>Specialized Training Certificates Training Rosters ECDF Policy 400.04 Training requirements</p> <p>115.34 (a):</p> <p>The PAQ requires in addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in</p>

conducting such investigations in confinement settings.

The facility provided:

ECDF policy 400.04 mandates that in addition to the general training provided to all employees pursuant to §115.31, the agency ensure that, to the extent the agency itself conducts or assist in conducting investigation they will have been trained to conduct sexual abuse investigation in a correction setting.

115.34 (b):

The PAQ requires specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The facility provided:

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. A copy of the training curriculum was provide for review.

115.34 (d):

The PAQ requires the agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

The facility provided:

The facility has one trained investigator. 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 investigator they 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.

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <p>Certificates of Completion of PREA Specialized Training</p> <p>Signed PREA training acknowledgements</p> <p>Training Curriculum</p> <p>Interviews with Medical and mental health staff</p> <p>115.35 (a):</p> <p>The PAQ require the agency ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>The facility provided acknowledgement of general and specialized training. The medical staff at ECDF received generalized training and specialized training through GEO. 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.</p> <p>115.35 (b):</p> <p>The PAQ requires that If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.</p> <p>The facility provided:</p> <p>The medical and mental health staff do not conduct forensic examinations.</p> <p>115.35 (c):</p> <p>The PAQ requires the agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.</p> <p>The facility provided:</p>

	<p>Staff sign an acknowledgement of training for specialized and generalized PREA training. The staff documentation is maintained on the GEO database that was provided for review. Twenty-five medical staff received the training.</p> <p>In interviews with medical and mental health staff the staff indicated the training included (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>115.35 (d):</p> <p>The PAQ requires all medical staff assigned to the facility attend the same training as required mandated for employees by §115.31.</p> <p>The facility provided:</p> <p>The staff provided an acknowledgement that medical and mental health staff 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.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations:</p> <p>PAQ</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Intake Screening by medical/mental health staff</p> <p>Completed ECDF Victim/Aggressor Classification screening form Completed PREA Vulnerability Reassessment Questionnaire Mental health referrals.</p> <p>Mental Health Evaluations</p> <p>115.41 (a):</p>

The PAQ requires All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

The facility provided

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. El Centro Detention Facility utilizes the PREA/Sexual Abuse and Assault Prevention and Intervention (SAPPI) Risk Assessment.

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 PREA/Sexual Abuse and Assault Prevention and Intervention (SAPPI) Risk Assessment which is an objective and standardized screening instrument by a trained classification/intake staff member. The instrument and related reviews of documents provided at intake has been designed to identify the potential risk each detainee presents for predatory behaviors or their potential risk to be preyed upon by other detainees.

According to information provided on the PAQ, in the past 12 months, 1269 detainees that entered the facility were assessed for their risk of victimization or abusiveness upon arrival. Random sampling of detainee files and detainee interviews confirm detainees were typically screened within 24 hours of arrival.

There were twenty-eight detainees interviewed during the onsite audit. All detainees interviewed indicated they had received the screening within the first two days of being at the facility.

115.41 (b):

The PAQ requires Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

The facility provided:

Intake screening takes place within 24 hours of the detainee's arrival at the facility. The process that is utilized includes part of the initial intake. Once the detainee is searched, they receive PREA pamphlets and handbooks. During that time, the case manager or staff assigned to conduct the screening, review the detainee's file and meet with the detainee. During this meeting staff introduce PREA to the detainee and explain the purpose of the screening with the residents. The detainee is then asked to sign to acknowledge they have received the screening. If the detainee has past history of victimization or predator behavior or if the detainee 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 detainee prior to the referral, however according to the screening staff a referral is still completed as required by the database for tracking.

The facility also utilizes a medical screening that includes some of the same information found in the screening instrument.

115.41 (c):

The PAQ requires Risk assessment is conducted using an objective screening instrument.

The facility provided:

The PREA/Sexual Abuse and Assault Prevention and Intervention (SAPPI) Risk Assessment is an objective and standardized screening instrument that is conducted by a trained classification/intake staff members. A review of the screening instrument provide confirmation that it is an objective screening instrument.

115.41 (d)(e):

The PAQ requires The intake screening shall 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; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes.

The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

The screening includes the screener's thorough review of any available records available to assist with determining the detainee's risk assessment. The Sexual Risk Indicator Tool was reviewed.

It contains:

- Whether the detainee has a mental, physical, or developmental disability?
- The age of the detainee?
- The physical build of the detainee?

- Whether the detainee has previously been incarcerated?
- Whether the detainees' criminal history is exclusively nonviolent?
- Whether the detainee has prior convictions for sex offenses against an adult or child?
- Whether the detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming?
- Whether the detainee has previously experienced sexual victimization?
- The detainee's own perception of vulnerability?
- Perpetrators of sexual abuse during incarceration?
- Prior conviction of violent offenses?
- History of Assaultive Conduct in the past 5 years?

115.41 (f):

The PAQ requires within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

The facility provided policy 1300.01 which requires within a set time, not to exceed 30 days of detainee' arrival to the facility, detainees are reassessed by their assigned Case Manager for their risk for victimization and abusiveness using the Follow-up, PREA Vulnerability Reassessment Questionnaire. In information provided on the Pre-Audit Questionnaire, 826 detainees were reassessed within 30 days of arrival.

There were twenty-eight detainees that were interviewed. Twenty-two of these detainees had been at the facility more than thirty days. Each of the detainees indicated they had been reassessed within the first thirty days.

115.41 (g):

The PAQ requires that a detainee's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

The facility provided policy 1300.01 which requires a detainee'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, detainees are reassessed for risk of victimization or abusiveness using the PREA Vulnerability Reassessment Questionnaire. Transgender detainees are reassessed within the first 30 days and a minimum of every six months.

115.41 (h):

The PAQ requires that the policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability.

The facility provided Policy 1300.04 which mandates that detainees 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 a detainee to answer screening questions.

115.41 (i):

The PAQ requires the agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

ECDF 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.

The PREA coordinator indicated that only persons that need to know in order to make housing, work or program assignment has access to the screening instruments.

Staff that conduct screening indicate they would provide a copy to Mental health as part of the referral process, intake staff, and PCM.

The facility PREA compliance manager indicated that only case managers, mental health, medical and PCM have access to the detainee's screening information.

During the on-site assessment, the detainee files were reviewed. They were locked in a sliding cabinet in the records office and can only be accessed through going into the office and unlocking the sliding cabinet.

All detainees are screened when they transfer into the facility, including detainees that leave the facility for court appearance or other administrative transfer from the facility.

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <p>Risk assessment log</p> <p>ECDF Policy 1300.04</p> <p>GEO Policy 5.1.2-A</p> <p>Transgender Care Committee</p> <p>PREA Reassessment of Transgender Detainee</p> <p>Interview with PCM, Staff that conduct screening</p> <p>115.42 (a):</p> <p>The PAQ requires that the agency shall use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>The facility provided:</p> <p>GEO policy 5.1.2-A and ECDF Policy 1300.01 explain 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 detainees at high risk of being sexually victimized from detainees with those at high risk of being sexually abusive. The facility maintains a Bed Location chart that determines the at- risk detainees and possible predator detainees. The classification 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 detainees. This same information is utilized in programming and work assignments for detainees.</p> <p>115.42 (b):</p> <p>The PAQ requires the agency shall make individualized determinations about how to ensure the safety of each inmate.</p> <p>The facility provided policy 1300.04 which states individualized determinations are made about how to ensure the safety of each offender. Detainees who score at risk of victimization or abusiveness are referred for further evaluation with the Mental Health provider. Detainees have an option of refusing these services.</p> <p>The facility does not have any specialized housing based on sexual orientation. It does have housing plan for housing detainees based on risk assessment.</p>

115.42 (c):

The PAQ requires In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

The facility provided:

GEO policy mandates that making housing and programming assignments for transgender or intersex detainees, the facility will consider on a case-by-case basis whether the placement would present management or security problems. Detainees 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 detainees are housed after meeting with the Transgender Care Committee (TCC). The Facility Administrator, and/or Assistant Facility Administrator, PREA Compliance Manager, Chief of Security, Classification Supervisor and Health Services Director make up the TCC. The TCC would meet with the detainee, 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 detainee who self-disclosed being transgender or intersex assigned to the facility. Based on interviews with intake staff and transgender interviews, the detainee was asked about their safety during the intake process and again during the meeting with the TCC.

115.42 (d) - (f)

The PAQ requires

Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.

A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.

Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

The facility provided:

ECDF Policy 1300.04 requires that a transgender or intersex detainee's housing and program assignments will be reassessed every six months to review any threats to safety experienced by the offender. Transgender and intersex detainee placement and programming are reviewed as needed, but at least every six months. A transgender or intersex detainees' own views of their safety is taken into consideration. When the TCC meets with transgender or intersex detainees 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 detainees based on

	<p>his/ her views unless it would jeopardize the safety and security of the facility.</p> <p>Transgender and intersex detainees are offered the opportunity to shower separately from other detainees as indicated in their Statement of Search/Shower/Pronoun Preference Form. The transgender detainee indicated that he could shower separate, however the other detainees in his living unit allows him to shower when he chooses and do not go into the showering area when he is showering.</p> <p>GEO does not place lesbian, gay, bisexual, transgender or intersex detainees in dedicated units or wings solely based on such identification. In interview with one transgender detainees and four detainee who self-disclosed being lesbian/gay, they did not feel they were housed any differently because of their sexual orientation.</p> <p>PREA compliance manager interview: We have a Transgender care committee that meets on detainees that indicate they are transgender or intersex upon arrival at the facility. The team and detainee review housing options and their own view of their housing options. We have a transgender female to male that arrived recently and indicated he wanted to be housed with the female population. The facility has single showers and the transgender are allowed to shower by themselves. The TCC meet with the detainee at least every six months.</p> <p>Transgender detainee interview. When I first came, I indicated I was Gender non-conforming however I am actually Transgender and have made that declaration to the medical and mental health staff. I told the PCM and other people that I met with last week that I prefer to remain in the female housing unit as I still have my female anatomy. I don't care who pat searches me. The facility said they would continue to have female search me. I am allowed to shower by myself.</p> <p>Staff that conduct screening. Detainees are allowed to shower by themselves. I am not part of the TCC, so I am not sure how they make a final determination about housing or working. That is up to the committee and detainees.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>ECDF Policy 1300.01</p>

Sexual Abuse/Assault Available Alternatives Assessment Statement of Fact

PAQ

115.43 (a):

The PAQ requires that the agency has a policy prohibiting the placement of 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.

The facility provided:

ECDF Policy 1300.04

Protective Custody (§115.43)

- a. Involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the prisoner.
- b. If the facility cannot conduct such assessment immediately, the prisoner may be placed in involuntary segregated housing for no more than 24 hours while completing the assessment.
- c. ECDF shall utilize the "Sexual Abuse Available Housing Alternatives Assessment" form to document the assessment. All completed forms shall be reviewed and signed by the facility administrator or assistant facility administrator upon completion.
- d. If segregated housing is used, the prisoner shall have all possible access to programs and services for which he/she is otherwise eligible, and the facility shall document and justify any restrictions imposed. Justification must include the services restricted, reason for restriction, and duration of the restriction.
- e. Involuntary segregated housing shall not ordinarily exceed a period of 30 days.
- f. In cases where involuntary segregated housing is needed for longer than the initial 30 days, the facility shall review the status every 30 days to determine if ongoing involuntary segregated housing is necessary.

The procedure prohibits the placement of detainees 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 administrator provided a state of fact that the facility has not placed a detainee in involuntary segregation in restrictive housing during the last 12 months.

The auditor reviewed the housing assignments database, the investigative files and Segregation daily roster to corroborate the statement of fact. The one detainee that made

an allegation of sexual abuse that was still at the facility indicated he had request protective custody prior to reporting the sexual abuse. He indicated he was in segregation at his own request when he made the allegation. He indicated he spoke to the PCM and local law enforcements and was moved to another housing unit the same day he made the report.

The facility administrator indicated he or his designee must approval all placement to segregation and does not recall ever using restrictive housing to house someone who had made an allegation of sexual abuse or sexual harassment.

The Lt. that supervises segregation indicated he has never known of anyone being placed in restrictive housing unit for fear of sexual abuse or harassment or for making an allegation of sexual abuse. They did report that a preliminary investigation of the sexual abuse was conducted and the detainee that was accused of inappropriate touching was placed in segregation.

115.43 (b):

The PAQ requires inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations.

The facility provided:

ECDF Policy 1300.01 If segregated housing is used, the detainee shall have all possible access to programs and services for which he/she is otherwise eligible, and the facility shall document and justify any restrictions imposed. Justification must include the restricted services, reason for restriction, and duration of the restriction.

115.43 (c):

The PAQ requires the facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

The facility provided:

Based on interviews, when there is a situation of a detainee 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 detainee would have access to the appropriate privileges and the justification for the placement would be documented. The detainee would be reviewed by the Institution Classification Team every 30 days.

115.43(d):

The PAQ requires If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document: (1) The basis for

	<p>the facility's concern for the inmate's safety; and (2) The reason why no alternative means of separation can be arranged.</p> <p>The facility provided:</p> <p>If involuntary segregated housing assignment is made, the facility will document the basis for the facility's concern for the detainee's safety and the reason no alternate means of separation can be arranged.</p> <p>115.43 (e):</p> <p>The PAQ requires 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.</p> <p>The facility provided:</p> <p>According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Administrator and security staff who supervise detainee in RHU, in the past 12 months there has not been a time that a detainee found at high risk of victimization or a detainee who alleged sexual abuse was placed in involuntary segregated housing.</p> <p>ECDF Policy 1300.04 mandates in cases where involuntary segregated housing is needed for longer than the initial 30 days, the facility shall review the status every 30 days to determine if ongoing involuntary segregated housing is necessary.</p> <p>Compliance with this standard was determined through review of procedures, observation during tour and interviews.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.51	Inmate reporting
	<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>PAQ</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>ECDF Policy 1300.04</p>

Sexual Assault Awareness Program brochure

Break the Silence PREA posters

PREA hotline reporting posters

Detainee Handbook

Utilizing the Detainee phone system to call reporting Posters GEO website

115.51 (a):

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.

The facility provided

ECDF policy 1300.04 and GEO policy 5.1.2-A mandate that facilities provide multiple internal ways for detainees to privately report sexual abuse and sexual harassment, provide multiple internal ways for detainees to privately report retaliation by other detainees or staff for reporting sexual abuse and sexual harassment, provide multiple internal ways for detainees 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 detainee reports of sexual abuse and sexual harassment to agency officials and that the private entity or office allow the detainee to remain anonymous upon request. Detainees are informed in the Detainee Handbook and on posters located throughout the facility and by almost all detainee telephones.

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

The handbook provides the following information to detainees. The same information is found on posters throughout the facility:

Report all instances of Sexual Assault/Harassment against you. 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 auditor tested the telephone system from several telephones including the rolling telephone locates in the restrictive housing unit. Whenever you pick up the phone the user is asked to indicate English or Spanish. Immediately the announcement asks if the individual would like to make a report or access confidential emotional support services. During the site review the auditor used the telephone to access all reporting options; Option 4 was directed to the ECDF PCM, Option 1 to the ECPD and option 2 that accesses the Sure Helpline Crisis Center. The Sure Helpline Crisis Center was accessed from the detainee telephone system and the auditor was able to connect with a live person at the rape crisis center. Only after hearing the options for making a PREA notification was the user able to make a personal phone call, which initiated the PIN number and recording that call are subject to being monitored. In discussion with PCM, the telephone recordings are initiated once the user bypasses the PREA reporting options.

115.51 (b):

The PAQ requires the agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided with information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

The facility provided the following response:

The facility also provides multiple external ways for detainees to report allegations to a public or private agency that is not part of ECDF. Detainees are informed on posted information they can utilize the telephone system to call the ECPD by dialing Extension 9 Option 1/ To report a sexual abuse anonymously to an outside agency ECPD. The auditor called the ECPD and spoke with the dispatch officer. They indicated they would notify a deputy to report to the facility unless it was not criminal. In cases of sexual harassment or no criminal sexual abuse the dispatcher would notify the facility PCM or the facility administration of the report. If the detainee asked that it be anonymous they would one report to the facility that a detainee has notified the ECPD that they had received an anonymous report and would provide the information the detainee, staff or volunteer provided their office. Dialing the Sure Helpline Crisis Center only provides a emotional support staff and is not a reporting line. The staff from the center interviewed indicated they would explain their role to the detainee and how they can report to the ECPD.

There are postings on how to report throughout the facility.

These include a GEO and facility Brochure that detainee receive during intake that provides telephone numbers and the multiple ways to report.

There is a poster that includes ways to report located throughout the facility.

These include two Brochures that detainee receive during intake that provide

	<p>reporting options by telling staff, telling medical or mental health staff, telling PCM, filling a grievance or call the hotline.</p> <p>The facility has a large poster that provides contact information on how to report to the local consultant office and how to contact the US Marshal Services.</p> <p>115.51(c):</p> <p>The PAQ requires the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.</p> <p>GEO policy 5.1.2-A and ECDF policy 1300.04 require employees to accept reports made verbally, in writing, anonymously and from third parties and verbal reports shall be promptly documented.</p> <p>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.</p> <p>115.51 (d):</p> <p>The PAQ requires the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates.</p> <p>A GEO corporate phone number is provided to staff for the purpose of reporting privately any sexual abuse or sexual harassment of detainees. The GEO website provides the following PREA information: GEO Employees may report sexual abuse or sexual harassment information to the Chief of Security or facility management privately if requested. They may also report sexual abuse or sexual harassment directly to the employee hotline, which is an independent professional service, available 24 hours per day, seven days a week on the Internet at www.reportlineweb.com/geogroup or at the toll-free phone number (866) 568-5425. Employees may also contact the Corporate PREA Coordinator directly at (561) 999-5827. Staff were aware of how they could report and felt, if necessary, they would feel comfortable reporting privately to the ECDF PREA compliance manager. Staff carry with them a Sexual Abuse First Responder Card, which has an employee hotline number and the website address for anonymous reporting.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:

ECDF policy 1400.02 Grievance Procedure

ECDF policy 1300.04 Prison Rape Elimination Act

Statement of Fact

ECDF Detainee Handbook

ECDF Detainee Request Form – triplicate

ECDF Grievance Log

Interview with

Grievance Officer

PCM

Test of grievance system

115.52 (a)

The PAQ requires that an agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.

The facility provided.

GEO policy 5.1.2-A, ECDF and Policy 1400.02 provides a procedure in place for detainees to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Poster located throughout the facility advise resident that they may file a grievance. The detainee handbook explains the process of 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.

115.52 (b):

The PAQ requires an agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred

The facility provided.

GEO and ECDF policy mandate there is no time limit when a detainee 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. Detainees 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 detainee 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. Policy also provides that the agency policy requires a detainee do not have to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

115.52 (c):

The PAQ requires The agency's policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

The facility provided:

GEO and ECDF policy provide that detainees 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 grievance on a detainee's behalf, the alleged victim must agree to have the grievance filed on his behalf.

115.52 (d):

The PAQ requires (1) The agency issues 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. (2) Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal. (3) The agency may claim an extension of time to respond of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. (4) 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, the inmate may consider the absence of a response to be a denial at that level.

The facility provided

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 an extension of time to respond (for good cause) for up to 70 days and shall notify the individual of the extension in writing and provide a date by which a decision will be made.

115.52 (e):

The PAQ requires Agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual

abuse and to file such requests on behalf of inmates.

The facility provided:

Third parties such as fellow detainees, family members, attorneys or outside advocates may assist detainees in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of detainees. 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.

The PAQ requires the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse.

115.52 (f): GEO and EPDF policy provides detainees 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 made within five calendar days.

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

115.52 (g):

The PAQ requires the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith.

The facility provided

GEO policy 5.1.2-A, ECDF Policy 1300.05 provides a detainee can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the detainee filed the grievance in bad faith.

The Grievance officer was interviewed. They indicated the officer retrieves grievance daily. If any grievance pertains to a PREA allegation, the grievance officer takes them to the facility administrator and PREA compliance manager immediately.

Site Review:

There were grievance boxes located in each of the housing units. There were also grievance forms located in the same area. The facility allows detainees to have paper and pencils as noted by conversations with detainees during the initial tour.

	<p>The auditor placed a mock grievance in a grievance box during the onsite tour. The PCM responded and provided their response on the second day of the on-site audit.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.53	Inmate access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>ECDF Policy 1300.04 - Prison Rape Elimination Act</p> <p>Acknowledgement of Receipt of Orientation</p> <p>Detainee PREA Handbook</p> <p>Acknowledgement of Receipt of Handbook</p> <p>Victim Advocate Posters</p> <p>ECDF PREA Pamphlets</p> <p>MOU between GEO/ECDF and Sure Helpline Center</p> <p>115.53 (a)</p> <p>The PAQ requires the facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.</p> <p>The facility provided</p> <p>ECDF Policy 1300.04 - Prison Rape Elimination Act addresses the agency/facility's policies on providing detainees with access to outside victim advocates for emotional support services related to sexual abuse. The facility enables reasonable communication between the detainees and these agencies in a confidential manner. The detainees are informed by the facility and according to interviews with the Sure</p>

Helpline Center staff of the extent to which communications will be monitored. According to the PREA compliance manager and Sure Helpline 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.

The facility provides detainees with a facility brochure that includes information on how to access the emotional support staff by dialing 9 and then 2 on the detainee phone system. This information was located next to the detainee telephones.

The facility also provides detainees with a handbook that includes the same information that is in the brochures.

In interviews with the Sure Help Line, the staff indicated they present a program at the facility every Wednesday. In interview with the PREA compliance manager, the center doesn't come to the center every Wednesday. They do provide emotional support at the center and are available by calling a dedicated hotline that does not require a pin in order to contact for emotional support.

The auditor called the hotline number and spoke with an emotional support staff at the center. They were very familiar with the facility and the MOU with the facility.

115.53 (b):

The PAQ requires the facility shall 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 law

Residents PREA Handbook provides a phone number and address of the Sure Helpline Center and posters located throughout the facility provide the same information. The handbook and poster indicate that the telephone call to the center is confidential and no one will listen to their calls.

115.53 (c):

The PAQ requires the agency, or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse.

The facility provided the following information

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

	<p>administrator.</p> <p>Twenty- eight detainees were interviewed. Twenty - one of the detainees knew about the Victim Emotional Support program. All of the 21 knew the phone call was free and the information was available on the walls, in the handbook and in a brochure. Only five knew the program was a victim advocacy program. All indicated they could call anytime. Nineteen indicated that no one would listen to their calls and the calls were private. Two indicated they knew the calls were private however were not sure if someone would not listen to your calls.</p> <p>The PREA compliance manager indicated that it is part of the MOU that the center has to have been trained to provide advocacy service and emotional support. They indicated they were the a lead advocate and development manager for the program prior to joining GEO and knew the training includes classroom and video training as part of the California Coalition against Sexual Abuse.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Cooperate Policy 5.1.2-A</p> <p>ECDF Policy 1300.04 Prison Rape Elimination Act</p> <p>GEO website</p> <p>Third Party reporting posters</p> <p>115.54 (a):</p> <p>The PAQ requires the agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.</p> <p>The facility provided;</p> <p>Reporting Posters are visible in the visitation room, lobby and is found in the detainee 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.</p>

	<p>Third party grievance forms are available on the website and are sent to the facility's Warden. Detainees can accomplish third- party reporting by having a friend or family member contact the US Marshal service, facility administrator or Cooperate PREA coordinator.</p> <p>Detainees 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 detainees demonstrated they knew how third-party reporting could be accomplished.</p> <p>Family and friends can contact the facility administrator or PREA compliance managers or file a grievance on behalf of the detainee. This information is posted in 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 detainee reporting poster displayed for visitors.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> GEO Cooperate Policy 5.1.2-A Staff training Specialized medical training. Mandatory reporting Survey of Vulnerable Persons GEO PREA Lesson Plan Statement of Fact Staff Report Interviews Random staff Medical staff

Mental health staff

Facility administrator

PREA coordinator

PAQ

115.61 (a):

PAQ requires 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.

The facility provided

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 detainee 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.

In interviews with random staff and contractors, they knew their reporting duties. Staff receive training in 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 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.

The 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):

PAQ requires, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

The facility provided

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 was to be kept confidential and knew whom to report allegations.

115.61 (c)(d):

PAQ requires unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

The facility provided

If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Medical specialized medical training includes medical staff are required to report sexual abuse and to inform detainees 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 detainees under the age of 18. Medical and mental health staff interviewed confirmed this practice.

The medical and mental health staff indicated that the detainee signs a statement that includes 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):

PAQ requires the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

	<p>The facility provided</p> <p>In interview with the facility administrator and his executive team, the ECDF reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to US Marshall Services and ECDF 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.</p> <p>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 allegations or suspicions of sexual abuse or sexual harassment to shift supervisor and PREA compliance manager who is also the facility investigator.</p> <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. They 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 anonymous reports.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations:</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>The PAQ indicates that when the agency or facility learns that an detainee is subject</p>

	<p>to a substantial risk of imminent sexual abuse, it takes immediate action to protect the detainee (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>The facility provided:</p> <p>115.62 (a): GEO Cooperate Policy 5.1.2-A mandates when the facility learns that an detainee 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 a detainee being in substantial risk of sexual abuse. The facility administrator stated that if it was suspected a detainee was at substantial risk of sexual abuse, he would immediately separate the detainee abuser or victim and investigate. Staff interviewed were aware of their responsibilities if they felt a detainee was at risk of sexual abuse.</p> <p>Random staff and shift supervisor indicated that the detainee 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 staff will take immediate action to protect the inmate from further harm an make necessary referrals to medical and mental health as appropriate.</p> <p>The facility agency head indicated GEO takes immediate action to protect the victim from further harm and refer him or her for necessary services (medical, mental health, etc.).</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <p>ECDF Policy 1300.04 Prison Rape Elimination Act</p> <p>PAQ</p> <p>Interviews</p>

Agency head

Facility administrator

PAQ requires the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.

Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

The agency shall document that it has provided such notification.

115.63 (a)-(c):

The facility provided policy 1300.04

Reporting to Other Confinement Facilities

In the event that a prisoner alleges that sexual abuse or sexual harassment occurred while confined at another facility, the facility shall document those allegations, and the facility administrator or in his/her absence, the assistant facility administrator where the allegation was made, shall contact the facility administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification.

The facility shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PREA compliance manager and corporate PREA manager with oversight of the facility.

115.63 (d)

The PAQ requires The agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards

The facility provided

Policy 1300.04 requires that when the facility receives notification of alleged abuse or harassment, it is required to ensure that the allegation is investigated in accordance with the PREA standards.

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 cannot designate staff to conduct this notification

The facility administrator interviewed indicated they are aware of that responsibility. They indicated they would make notification to the sending facility and facility or local law enforcement investigator to investigate the allegation.

	<p>According to the PAQ and statement of fact there have been no allegations by a receiving detainee that they had been sexually abused or harassed. According to an interview with the PREA compliance manager there have been no reports from another facility that an detainee made an allegation that occurred as El Centro Detention Facility.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations:</p> <p>PAQ</p> <p>ECDF Policy 1300.04</p> <p>PREA lesson plan</p> <p>PREA Responder pocket card Coordinated Response Plan Investigative Reports Log</p> <p>Interview</p> <p>Random Staff</p> <p>First Responders</p> <p>115.64 (a):</p> <p>The PAQ requires Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical 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; and (4) 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, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p>

The facility provided

Policy 1300 .04 which states upon receipt of a report that a prisoner was sexual abused or sexual harassed, or if the employee sees abuse, the first security staff member to respond to the report shall:

- a. Separate the alleged victim and abuser.
- b. Immediately notify the on- duty or on- call supervisor and remain on the scene until relieved by responding personnel.
- c. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- d. 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.
- e. Do not let the abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- f. 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.
- g. It is important that all contact with the alleged victim be sensitive, supportive, and non-judgmental.
- h. 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.

115.64 (b):

The PAQ requires If the first staff 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, and then notify security staff.

Based on the PAQ there has been no first responder that was not a correctional staff member.

Policy 1300 .04 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 were 6 allegations of sexual abuse that were reported. All were reported to

	<p>correctional staff.</p> <p>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 detainees, keep the victims safe, do what they could to preserve a crime scene and advise involved detainees 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 a detainee was sexually abused.</p> <p>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 a detainee came to you and said it was sexual assaulted". All staff were able to articulate they would follow the above requirements.</p> <p>Mental Health staff that were first responders two years ago indicated they followed the protocol including notifying the shift supervisor, PCM and medical. They asked the detainee not to change clothes, brush teeth, or do anything that would destroy the evidence. They indicated they then walked with the victim and a correctional staff member to the medical area for examination.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Corporate Policy 5.1.2-A.</p> <p>ECDF Policy 1300.04 - Prison Rape Elimination Act</p> <p>GEO Corporate Policy 5.1.2-A -</p> <p>ECDF PREA Coordinated Response Plan</p> <p>PREA Incident Checklist for Incidents of Sexual Abuse and Harassment PREA Cards</p> <p>Interview</p>

Facility Administrator

115.65 (a):

The PAQ requires facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The facility provided:

GEO Corporate Policy 5.1.2-A and ECDF Policy 1300.04 mandates that facilities have a coordinated response plan. ECDF 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:

The ECDF is a comprehensive plan that includes

Section I, Actions required after report of sexual abuse, the initial response, shift supervisor responsibilities, facility crime scene, and notifications required.

Section II involves evidence protocol - medical responsibilities, Section III outlines mental health responsibilities.

Section IV covers responsibilities when sexual harassment is alleged, and

Section V addresses responsibilities when sexual activity is alleged.

Section VI involves investigator responsibilities

Section VII is the approval and review by facility leadership.

Each of the above responses includes but not limited to staff, contractors, victim advocates, OIG, and GEO PREA coordinator.

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.

The Facility administrator indicated they the facility has a coordinated response plan that is updated yearly and is part of staff annual training.

Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse.

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Collective Bargaining between GEO Secure Services and National Federation of Federal Employees</p> <p>E ECDF Policy 1400.04 – PREA Investigations</p> <p>Interview with</p> <p>Agency Head</p> <p>115.66 (a)(b)</p> <p>The PAQ requires that Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.72 and 115.76; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>The facility provided</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 detainee pending the outcome of an investigation.” Review of investigations demonstrates that ECDF 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 detainee. Per interviews and the Statement of Fact, El Centro Detention Facility has collective bargaining agreements with National Federation of Federal Employees. This agreement does not limit the</p>

	<p>ability to remove alleged staff sexual abusers from contact with detainees 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> <p>The facility administrator indicated he has the ability to remove a staff member pending an investigation or place employee in no contact status pending investigation.</p>
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115.67 Agency protection against retaliation	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>ECDF Policy 1300.04 - Prison Rape Elimination Act</p> <p>Documentation of Monitoring</p> <p>Protection from Retaliation Logs</p> <p>PAQ</p> <p>115.67 (a):</p> <p>PAQ requires that the agency shall establish 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, and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p>The facility provide polices GEO Policy 5.1.2-A and ECDF Policy 1300.04</p> <p>GEO Policy 5.1.2-A require the facility to implement procedures to protect detainees and employees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by detainees or employees. The policies also state the Facility PREA compliance manager and mental health personnel shall be responsible for monitoring retaliation of detainees</p>

in the facility. ECDF designated the PCM, and mental health staff are responsible for monitoring retaliation.

15.67 (b):

The PAQ requires the agency shall 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.

The facility provided:

The procedure states the agency has multiple protection measures, such as housing changes or transfers for detainee, victims or abusers, removal of alleged staff or detainee abusers from contact with victims and emotional support services for detainee 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.

The PREA compliance manager serves as part of the retaliation monitoring team. They indicated that as part of the initial meeting as soon as possible after being informed of an allegation the detainee is offered a chance to contact the Sure Help line advocacy center.

115.67 (c):

The PAQ requires for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The facility provided:

Detainees who allege sexual abuse will be monitored by the PREA Compliance Manager or mental health 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 witnesses who cooperate with these investigations every 30 days for 90 days. Retaliation monitoring of detainee is documented on the GEO database program.

There was one detainee that was retaliated against by another detainee. The abusing detainee was placed in segregation, received a disciplinary report.

The detainee that made an allegation of being sexually abused was interviewed. The detainee indicated he was the detainee that made a report that the abuser had placed on contract on him, and he was offered to be moved to another facility. He indicated he did not want to leave the facility and felt safe in his living unit. He was advised that the other detainee was in segregation.

115.67 (d):

The PAQ requires that In the case of inmates, such monitoring shall also include periodic status checks.

The facility provided:

Procedure also requires Monitoring of detainee including periodic status checks. The PREA compliance manager was interviewed and indicated they would review the monitoring logs on the database on an ongoing basis and randomly will see the detainee during tour to check on his/her status.

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

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.

The agency head indicated in interview that the agency is proactive in protecting victims of sexual abuse or sexual harassment. The office of professional responsibility is notified and investigate any allegation of retaliation.

The facility administrator indicated the shift supervisor provides information to his office of the status of anyone that makes a report or has an allegation made against them.

The PREA coordinator indicated that all allegations 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 with no contact status

115.67 (e):

The PAQ requires that If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

The facility provided:

Policy 1300.04 indicates that if any other individual expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual as well.

115.67 (f):

	<p>The PAQ requires an agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p>The facility provided:</p> <p>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 detainee for retaliation for making a report.</p> <p>In the interview with the 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 was one incident of retaliation that occurred.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>ECDF Policy 1300.04 - Prison Rape Elimination Act</p> <p>At Risk Logs for 12 months.</p> <p>Statement of Fact</p> <p>Interview with</p> <p>Facility Administrator</p> <p>Staff that supervises segregation</p> <p>Detainee that made an allegation of sexual abuse</p> <p>115.68 (a)</p> <p>PAQ requires that the agency has a policy prohibiting the placement of detainees 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.</p> <p>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</p>

other means of protecting the detainee. Any and all use of segregated housing to protect an detainee who is alleged to have suffered sexual abuse subject to the requirements of 115.43.

The facility provided:

ECDF Policy 1300.04 – Prison Rape Elimination Act and GEO Corporate Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention

Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities

ECDF Policy 1300.04 and Policy 5.1.2-A mandates any use of segregated housing to protect a prisoner who is alleged to have suffered sexual abuse or sexual harassment shall be subject to the requirements of "Protective Custody" (Section K) of this policy. This requirement is not limited to involuntary segregation and includes individuals who request protective custody because of an allegation of sexual abuse or sexual harassment.

Based on the PAQ an interview with the Staff that supervises the RHU the facility administrator, the facility has not utilized voluntary or involuntary restrictive housing for a PREA related incident for protection of detainees for sexual abuse in the last 12 months.

The facility utilizes a Sexual Abuse/Assault Available Alternatives Assessment whenever an detainee claims he has been sexually assaulted or abused. The same form is utilized when detainees claim fear of being placed in general population due to sexual orientation during the intake process. The alternative assessment provides options for housing of detainees without utilizing the Restrictive Housing Unit. The facility administrator provided a state of fact that the facility has not placed an detainee 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 detainees housed in the RHU. There was no detainee 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 RHU to house victims of sexual abuse. They indicate the facility is large enough that the facility can find appropriate housing for at risk detainees. He also indicated he would house 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 he was working at the facility.

The Lt. that supervises the RHU indicated that there has not been anyone placed in SMU/RHU that was a victim of sexual abuse or at risk of being sexually abused.

The auditor reviewed a random sample of the at-risk logs for the last 12 months and did not find anyone that was housed in the RHU for fear of being sexually abused. The auditor also reviewed all investigative reports for the past 12 months to determine housing assignment during this timeframe.

	<p>In an interview with the detainee that was sexually abused indicated that he did not ask for protective custody for sexual abuse. However, upon being placed in Alternative Housing unit he reported sexual abuse. He was interviewed as soon as he made the allegation and requested a different housing unit. He indicated later he was told that the abuser had placed a contract on him and requested segregation. The facility had placed the abuser in segregation. The detainee that made the allegation recanted his request and asked to remain in his present housing unit.</p> <p>Compliance was determined by review of the PAQ and interviews with detainee that made an allegation of sexual abuse, SMU/RHU LT. and facility administrator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</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>Evidence relied upon in making the compliance determinations</p> <p>GEO Corporate Policy 5.1.2-E- PREA Investigation Procedure</p> <p>El Centro Detention Facility policy 1400.04 PREA Investigations</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>115.71 (a):</p> <p>The PAQ requires 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 and ECDF policy 1400.04</p> <p>ECDF has implemented this policy, 1400.04 PREA Investigations 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. The facility shall</p>

document all referrals. All allegations will include an administrative investigation that will be conducted by trained facility investigator or GEO office of professional responsibility investigator.

The investigative staff interviewed indicated that they first review the allegations and then notify the client and El Centro Police Department. If it is criminal in nature, they follow the response plan and protect the victim, crime scene and evidence. The ECPD have always sent an investigator within an hour of receiving the call and we immediately begin the investigation. If it is administrative non-criminal investigation I begin as soon as a received the allegation. I handle anonymous or third party reports the same way.

115.71 (b):

The PAQ requires where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34

The facility provided GEO Corporate Policy 5.1.2-E and ECDF policy 1400.04

GEO Corporate Policy 5.1.2-E requires that 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 one trained investigators that has 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 investigator. 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):

The PAQ requires Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The facility provided GEO Corporate Policy 5.1.2-E and ECDF policy 1400.04

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.

The facility investigator interviewed indicated that the first step is to review the allegation and then immediately make certain that the crime scene has been secured. This includes the victim, abuser, area. I then pull videos and start getting telephone information, and then interview the victim. I don't know how long this will last. If it involves law enforcement, I have to hold everything until they arrive. If the client (US Marshal) indicate they are sending an investigator then I have to wait until they arrive. Direct evidence is DNA, videos, telephone calls, SANE examinations, and pictures of the victim. Circumstantial include interviews, witness statements, hearsay from informers.

15.71 (d):

The PAQ requires that when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The facility does not conduct criminal investigations. The Investigator interviewed indicated that based on training they received if the facility was conducting an investigation, 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 PAQ requires 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 inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The facility provided GEO Corporate Policy 5.1.2-E and ECDF policy 1400.04

ECDF policy 1400.04 indicates the credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as a detainee or staff. A detainee who alleges sexual abuse is never required to submit to a polygraph examination.

The investigator indicated they would base credibility on statements inconsistent with credible evidence, past history, and overall demeanor during the interview. The detainee is never required to take a polygraph or other truth-telling device.

115.71 (f):

The PAQ requires administrative investigations: (1) shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) shall be documented in written reports that include a description of the physical and

testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The facility provided GEO Corporate Policy 5.1.2-E and ECDF policy 1400.04 and investigative files

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.

The facility investigator interviewed indicated that an administrative investigation is conducted on all allegations of sexual abuse or sexual harassment. Part of that investigation includes an effort to determine whether staff actions or failures to act contributed to the abuse.

Documentation includes all direct evidence including videos, phone calls, and DNA. It includes all interviews, the original allegations, housing assignments, referrals to Law Enforcement, the client or GEO Office of Professional Responsibility and everything that was gathered in the investigation. We also put a copy of the retaliation monitoring, notification and after-action report in the investigative files. We also make a final determination of the outcome of the investigation.

115.71 (g):

The PAQ requires criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

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 ECPD investigative unit. Allegations will be tracked on the PREA Tracking Log.

Facility administrator indicated they have a good working relationship with ECPD and are able to get all of the criminal investigations unless it have been transferred to the prosecutor. Then, they will provide a case file number that we can utilize to find the status of the investigation.

There was one allegation of sexual abuse that was referred to Law Enforcement. The ECPD interviewed the detainee and declined to conduct the investigation as it determined not to be criminal.

115.71 (h):

The PAQ requires substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

ECDF policy 1400.04 mandates 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 El Centro Police Department. If an allegation involves staff, notification is made to GEO's Office of Professional Responsibility for administrative investigation.

115.71 (i):

The PAQ requires the agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The facility provided GEO Corporate Policy 5.1.2-E and ECDF policy 1400.04

GEO Corporate Policy 5.1.2-E requires that the agency retain all written reports as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.71 (j):

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

The facility provided GEO Corporate Policy 5.1.2-E and ECDF policy 1400.04

GEO Corporate Policy 5.1.2-E requires that 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.

The facility investigator indicated in interview they would work with local law enforcement to gather any information that was not previously gathered such as statements. The facility will continue the investigation if the previous staff member refuses to cooperate with the investigation. If it is a detainee, they would contact the receiving facility investigator to aid in the investigation.

115.71 (l)

The PAQ requires When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

GEO Corporate Policy 5.1.2-E and ECDF policy 1400.04

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

	<p>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. The facility administrator indicated the facility has a close relationship with the Police Department. When they conduct an investigation, they provide the facility with a case number and the facility can call anyone at the Police department and find out the status of the investigation by using the case number.</p> <p>There were 9 allegations of sexual abuse or sexual harassment in the last 12 months. All allegations of sexual abuse were sent to the El Centro Police Department. Based on a review of the allegations, the police department conducted one preliminary criminal investigation. They interviewed one detainee that made the allegation and determined that it was not criminal, and declined to investigate.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations GEO Corporate Policy 5.1.2-E.</p> <p>ECDF Policy 1400.04</p> <p>Report on Investigation Investigator training curriculum</p> <p>115.72 (a):</p> <p>The PAQ requires the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The facility provided</p> <p>GEO Corporate Policy 5.1.2-E and ECDF policy 1400.04</p> <p>GEO Corporate Policy 5.1.2-E and ECDF policy 1400.04 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</p>

	<p>are substantiated. Based on interviews with investigators, investigators make a finding of Substantiated, Not Substantiated, Unfounded, or Pending Further Investigation. The findings 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. Investigators 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>The auditor review nine investigative reports and noted each report included the findings were based on the preponderance of the evidence.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>GEO Corporate Policy 5.1.2-E</p> <p>ECDF Policy 1400.04 Investigative Report</p> <p>115.73 (a):</p> <p>The PAQ requires following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>The facility provided:</p> <p>GEO policy 5.1.2-E, and ECDF Policy 1400.04</p> <p>GEO policy 5.1.2-E, and ECDF Policy 1400.04 indicate that following an investigation of sexual abuse of a detainee, the detainee 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</p>

Notification of Outcome of Allegation form and presenting it to the alleged victim for his signature. The detainee receives a copy of the form, a copy is placed in the investigative file and a copy is forwarded to the PREA Coordinator office. According to the PCM, and a review of the investigative files confirmed there was notification provided to a detainee. There were nine notifications to detainees found in the investigative files. The notification included detainees that left the facility and did not provide a mailing address and inmate that were transferred and

subsequently released and did not provide mailing address or any way of contacting them.

115.73 (b):

The PAQ requires if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.

The facility provided GEO Corporate Policy 5.1.2-E and ECDF policy 1400.04

Policy 5.1.2-E and ECDF policy 1400.04 stated if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.

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 detainee.

115.73 (c):

The PAQ requires following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility

GEO Policy 5.1.2-E and ECDF policy 1400.04 requires following a detainee's allegation that an employee has committed sexual abuse against the detainee; the facility is required to inform the detainee of the outcome of the investigation. The detainee is to be informed if the staff member is no longer posted within the detainee'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 were no substantiated allegations of sexual abuse that resulted in the termination of a staff member.

117.73 (d):

The PAQ requires Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim

whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

GEO policy and procedure requires following a detainee's allegation that he has been sexually abused by another detainee, 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.

There was one allegation of sexual abuse that was founded, and the detainee victim was still at the facility. In interview they indicated they were advised that the detainee was in segregation and had received a disciplinary report. They were also advised that the detainee had been transferred. They indicated, they think he was transferred to BOP.

115.73 (e):

The PAQ requires all Notification of Outcome of Allegations or attempted notifications are documented and filed in the corresponding investigative file.

In interviews with the PREA compliance manager they meet with the detainee and explain the outcome of the investigation. This helps detainees know what an unsubstantiated allegation means in layman terms. There were nine notifications to a detainee located in the investigative file for the previous 12 months.

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: GEO Corporate Policy 5.1.2-A ECDF Policy 1400.04 Investigative Files Interview with Facility Administrator

PREA compliance manager (investigator)

115.76 (a):

PAQ requires Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

The facility provided GEO Corporate Policy 5.1.2-A and ECDF Policy 1400.04

GEO corporate policy 5.1.2-E, and ECDF policy 1400.04 outline disciplinary, action and the employee disciplinary sanctions. Discipline up to and including termination can be imposed for substantiated violations. ECDF has not imposed any employee discipline during this audit period. A statement of fact was provided by the ECDF facility administrator confirming this.

115.76 (b):

PAQ require termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

The facility provided GEO Corporate Policy 5.1.2-A and ECDF Policy 1400.04

Based on GEO policy 5.1.2-A and ECDF Policy 1400.04 requires termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

115.76 (c):

PAQ requires disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

The facility provided GEO Corporate Policy 5.1.2-A and ECDF Policy 1400.04

GEO Corporate Policy 5.1.2-A and ECDF Policy 1400.04 mandates 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. In the interview with the facility administrator the information and information provided by the facility investigator there were no staff that resigned during the investigation which is considered a presumptive termination when the allegation was substantiated

115.76 (d):

PAQ requires 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies

The facility provided GEO Corporate Policy 5.1.2-A and ECDF Policy 1400.04

	<p>A requirement of both policies is that all terminations and resignations for such conduct shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal. The staff at the ECDF were aware of disciplinary sanctions pursuant to substantiated allegations of sexual abuse and sexual harassment</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations</p> <p>GEO Corporate Policy 5.1.2</p> <p>GEO Corporate Policy 5.1.2-A GEO Corporate Policy 5.1.2-E</p> <p>PREA training curriculum Statement of fact</p> <p>PAQ</p> <p>115.77 (a):</p> <p>FAQ requires Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>The facility provided GEO Corporate Policy 5.1.2-A and ECDF Policy 1400.04</p> <p>GEO Corporate Policy 5.1.2-A and ECDF Policy 1400.04 mandates that any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with detainees 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>115.77 (b):</p> <p>The PAQ requires the facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The facility provided GEO Corporate Policy 5.1.2-A and ECDF Policy 1400.04</p>

	<p>GEO Corporate Policy 5.1.2-A and ECDF Policy 1400.04 mandates in cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with detainees.</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 ECDF.</p> <p>The facility administrator interview indicated he would take immediate action to remove the contractor or volunteer from contact with detainees. He would pull their identification cards and place a notice at the front entrance not to allow them access to the facility. If it were a contractor the administrator indicated he would notify the contractor’s supervisor immediately so the contractor’s supervisor can provide a replacement staff for the task they were assigned.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required</p>
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115.78	Disciplinary sanctions for inmates
	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-E</p> <p>ECDF Policy 1400.04</p> <p>ECDF Policy 1000.01 Detainee Discipline</p> <p>Detainee Handbook</p> <p>PREA Posters of Zero Tolerance</p> <p>115.78 (a):</p> <p>The PAQ requires inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.</p> <p>The facility provided GEO Corporate Policy 5.1.2-E, ECDF Policy 1400.04, ECDF Policy 1000.01, and detainee handbook</p> <p>Corporate policy 5.1.2-E, and ECDF policy 1400.04 outline discipline and prosecution related to disciplinary sanctions for detainees. ECDF detainee handbook outlines</p>

category 10, a first level detainee discipline (greatest category offense) involves assaulting any person (including sexual assault). There were four substantiated administrative detainee on detainee sexual abuse case in the previous 12-months at the ECDF. The investigative reports were reviewed and showed discipline imposed on the perpetrator.

Facility administrator interviewed indicated that sanctions are included as part of our internal disciplinary process or criminal sanction as opposed by law enforcement following a criminal finding of guilt.

115.78 (b):

PAQ requires Sanctions shall 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.

The facility provided GEO Corporate Policy 5.1.2-E, and ECDF Policy 1400.04,

GEO Corporate Policy 5.1.2-E, ECDF policy 1400.04 state that at ECDF allegations of sexual abuse and sexual harassment are taken very seriously, as are the sanctions imposed for violating the zero-tolerance policy, and that prior to disciplinary hearings at the facility, considerations of the nature of the crime, disciplinary history and similar sanctions imposed for comparable violations are discussed with the goal of the disciplinary team coming to consensus on the imposed sanction.

Prior to the hearing, mental health staff evaluate the detainee to consider any mental disabilities or mental illness when determining sanctions.

115.78 (c):

The PAQ requires the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The facility provided ECDF Policy 1400.04 and ECDF Policy 1000.01 Detainee Discipline

As required by policy 1000.01 and 1400.04, the detainees' mental disabilities or mental illness is discussed as possibly contributing to the violation. Each detainee are seen by mental health staff prior to the disciplinary hearing and provide guidance to the disciplinary staff. This was confirmed by review disciplinary hearing files.

Facility administrator interviewed indicated prior to the hearing, mental health staff evaluate the detainee to consider any mental disabilities or mental illness when determining sanctions.

115.78 (d):

The PAQ requires If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such

interventions as a condition of access to programming or other benefits.

The facility provided GEO Corporate Policy 5.1.2-E, ECDF Policy 1400.04, ECDF Policy 1000.01

The ECDF facility does provide mental health interventions for its detainees. In discussion with mental health staff, generally the interventions are in group settings, but in cases of detainees with mental illness, one-on-one counseling can occur. The ECDF PCM acknowledged utilizing the services of mental health staff on an as needed basis for detainee discipline.

115.78 (e):

The PAQ requires the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

The facility provided ECDF Policy 1400.04 and ECDF Policy 1000.01

ECDF policy 1400-04 and policy 1000.01 prohibit disciplining a detainee for sexual contact with an employee unless it is found that the employee did not consent to the contact. There were no reports of sexual abuse by a detainee on staff in the past 12 months at ECDF.

115.78 (f):

The PAQ requires for the purpose of disciplinary action, 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.

The facility provided ECDF Policy 1400.04 and ECDF Policy 1000.01

ECDF Policy 1400.04 States a report made in good faith reports, even if the incident is not substantiated will not be construed as a false report or lying as outlined in both corporate and local policy.

115.78 (g):

The PAQ requires an agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

The facility provided GEO Corporate Policy 5.1.2-E, ECDF Policy 1400.04

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

	Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations</p> <p>GEO Corporate Policy 5.1.2-A ECDF Policy 1300.04</p> <p>Facility Intake Risk Assessment Referral to MH</p> <p>Consent for Mental Health Services form Mental Health Evaluations</p> <p>115.81(a).</p> <p>The PAQ requires If the screening pursuant to § 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>The facility provided GEO Corporate Policy 5.1.2-A, ECDF Policy 1300.04, Facility Intake Assessment, Referral to MH</p> <p>GEO Corporate Policy 5.1.2-Aand ECDF Policy 1300.04 requires during initial PREA screening, the detainee reports prior sexual victimization, whether in an institutional setting or in the community, staff will ensure the detainee will be referred to mental health for further evaluation within 14 days. In review of the 30-day follow-up assessments the detainee discloses prior victimization not reported during initial screening, the PREA Compliance Manager will refer the detainee 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 the information reported on the Pre-Audit Questionnaire, 100% of the detainees 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 detainees that claimed prior victimization. The auditor reviewed 18 resident screening files and referrals were documented on all detainees that claim prior victimization or were considered to be at risk of victimization. As part of the interviews of detainees included detainees 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 or second days of arriving at the center.</p>

Two detainees that had history of victimization were interviewed. Each indicated they were interviewed by the nurse upon arrival at the facility and was asked about being a victim of sexual abuse or exploitation. They indicated they had and the medical staff notified the mental health staff. During the screening, they were asked the same question and indicated they had talked to Mental Health during medical screening. They were seen shortly after the intake by a mental health professional. One of the victims refused mental health service. One of the detainees indicated they are still seeing mental health.

115.81 (b):

The PAQ requires 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, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

The facility provided GEO Corporate Policy 5.1.2-A, ECDF Policy 1300.04, Facility Intake Assessment, Referral to MH

Any detainee who reports during initial PREA screening or in follow-up screenings they have 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 detainee that claimed he perpetrated sexual abuse.

115.81 (c): The facility is a detention facility and operates under the prison standards.

115.81 (e):

The PAQ requires medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

The facility provided intake medical/ mental health evaluations including Consent for Service forms, interviews with medical and mental health staff.

Medical and mental health staff have detainees sign for treatment of service upon arrival at the center. Based on interviews medical and mental health staff indicated they would be required to get consent on reporting information about prior sexual victimization that did not occur in an institutional setting unless the victimization occurred when the detainee was under the age of 18.

Based on interviews with mental health services, detainees 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 claim prior victimization or detainees that are considered at risk by the

	<p>screeners, the sees them when they arrive and speaks with them in private and offers a follow up meeting the same or following day.</p> <p>Detainees that are at risk of being victimized are seen by the medical staff on an ongoing</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required..</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations</p> <p>GEO Corporate Policy 5.1.2-A ECDF Policy 11300.04 Coordinated Response Plan</p> <p>Medical and Mental Health assessments</p> <p>Statement of Fact</p> <p>Interviews with</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>First Responders</p> <p>115.82 (a):</p> <p>PAQ requires Inmate victims of sexual abuse shall 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.</p> <p>The facility provided Policy ECDF Policy 11300.04, GEO Corporate Policy 5.1.2-A, and mental health/medical staff interviews.</p> <p>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. El Cento Detention Facility utilizes Pioneer Memorial Health Care District (PMHCD) for emergency medical</p>

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. The auditor reviewed five mental health assessments. There were no SANE at the facility in the last three years.

Medical staff interviews indicated the facility has a medical staff on site twenty four hours a day and utilizes PMHCD which has SANE staff on call 24 hours a day.

The mental health staff interviewed indicated they are on duty 12 hours a day and have on call staff at all other times.

115.82 (b):

The PAQ requires If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

The facility provided ECDF Policy 11300.04 and first responder interviews.

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. Detainee victims of sexual abuse are referred to PMHCD for emergency treatment and Sexual abuse nurse examination.

115.82 (c)(d):

The PAQ requires inmate victims of sexual abuse while incarcerated shall be 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.

Treatment services shall be 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.

The facility provided GEO Corporate Policy 5.1.2-A

Detainee 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. 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.

Medical staff indicated that it is part of the SANE process and she would follow up when the detainee returns to the facility. There is no charge to the detainee for medical services.

	<p>A MOU with Sure Help Line Advocacy Services was established to provide crisis intervention services. All services are provided at no cost to detainees 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 detainee would be seen immediately. The medical and mental health staff verified that the nature and scope of the 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 a detainee within 24 hours of an alleged incident of sexual abuse to offer supportive counseling.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations</p> <p>ECDF Policy 1300.04</p> <p>Mental Health evaluations</p> <p>115.83(a):</p> <p>The PAQ requires the facility shall 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.</p> <p>The facility provided policy 1300.04, medical and mental health staff interviews and mental health evaluations</p> <p>ECDF policy 1300.04 outlines ongoing actions after reports of sexual abuse. Medical and mental health evaluations, and treatment where appropriate will be provided to all victims of sexual abuse that occur in any prison, jail, lockup or juvenile facility.</p>

According to interviews with medical and mental health staff. ECDF 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.

115.83 (b)

The PAQ requires the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

The facility provided policy 1300.04, medical and mental health staff interviews

The mental health and medical staff interviews indicated that if a detainee went to the hospital for a SANE, the hospital would send a discharge summary and mental health evaluation with the detainee. The medical staff indicated they would call the clinical director and go over the discharge summary and carry out 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.

115.83 (c)(d)(f):

The PAQ requires the facility shall provide such victims with medical and mental health services consistent with the community level of care

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 receives in the community.

Per interview with the medical staff, they said the level of care provided is that least equal or better than community level of care. They also 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 detainee. Per the Statement of Fact, ECDF has not had any instances of sexual abuse where ongoing medical and mental health services have been needed in the past 12 months.

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. The facility provide emotional support through local victim advocacy program that provides a hotline and visits the center on a weekly basis.

Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually

transmitted infections as medically appropriate.

The facility provided policy 1300 .04, medical file review, mental health referrals and interview with medical and mental health staff.

Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

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.

115.83 (g):

The PAQ requires Treatment services shall be 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.

The facility provided policy 1300.04

Policy 1300.04 clearly mandates that all services shall be provided without financial cost to the victim regardless of whether the victim names their abuser or cooperates with any investigation arising from the incident.

115.83 (h)

The PAQ requires All prisons 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.

The facility provided policy 1300.04

Mental Health staff interviewed indicated that the facility meets with abusers and offer mental health serves when an allegation is substantiated. During the last 12 months, detainees that sexually abused detainees were move prior to the conclusion of the investigation.

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required

115.86	Sexual abuse incident reviews
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 1150 374">Evidence relied upon in making the compliance determinations</p> <p data-bbox="256 412 970 445">GEO Corporate Policy 5.1.2-A ECDF Policy 1300.04</p> <p data-bbox="256 483 1267 517">Report of Investigation Incident Review Committee (After Action Report</p> <p data-bbox="256 555 325 589">PAQ</p> <p data-bbox="256 627 424 660">115.86 (a):</p> <p data-bbox="256 698 1481 815">The PAQ requires the facility shall 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.</p> <p data-bbox="256 853 1465 927">The facility provided GEO Corporate Policy 5.1.2-A, ECDF Policy 1300.04 and Incident Review Committee review.</p> <p data-bbox="256 965 1457 1211">GEO policy 5.1.2-A and ECDF Policy 1300.04 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 4 investigations that required an incident review team meeting. GEO has developed an Incident Review Committee report that contains all the elements of an incident review team meeting.</p> <p data-bbox="256 1249 408 1283">115.76 (b)</p> <p data-bbox="256 1321 1402 1395">The PAQ requires the review is conducted within 30 days of the conclusion of the investigation.</p> <p data-bbox="256 1433 1275 1467">The facility provided GEO Corporate Policy 5.1.2-A, ECDF Policy 1300.04</p> <p data-bbox="256 1505 1474 1579">GEO Corporate Policy 5.1.2-A, ECDF Policy 1300.04 mandates the review is conducted within 30 days of the conclusion of the investigation.</p> <p data-bbox="256 1617 1420 1691">A review of all the Incident Review Committee reports found they were completed within 30 days after the completed investigation.</p> <p data-bbox="256 1729 424 1762">115.86 (c):</p> <p data-bbox="256 1800 1417 1917">The PAQ requires the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="256 1955 1425 2029">The facility provided GEO Corporate Policy 5.1.2-A, ECDF Policy 1300.04, and after action report which included sign in sheet for participants.</p>

The Incident Review Committee consists of the Facility Administrator, 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 PAQ requires the review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The facility provided GEO Corporate Policy 5.1.2-A, ECDF Policy 1300.04, and incident review team reports (after action reports)

A review of the Incident Review Committee documented that 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.

The PREA compliance manager serves on the committee and works with the team to Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. There were four after-action reports completed during the last 12 months.

115.86 (e):

The PAQ requires The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The facility provided GEO Corporate Policy 5.1.2-A, ECDF Policy 1300.04, and after-action report

In interviews with the facility administrator and PREA compliance manager. As part of the after action report the facility submits the report to corporate office for approval.

	<p>The facility then develops and after action report Corrective Action Plan that is also submitted to the corporate office. The facility completes the corrective action plan and submits the completed documentation to the corporate office.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making the compliance determinations</p> <p>GEO Corporate Annual Report PREA Tracking Log</p> <p>GEO Corporate Policy 5.1.2-A ECDF Policy 1300.04</p> <p>Annual Assessment</p> <p>GEO Group Annual Reports (2012-2023)</p> <p>115.87 (a):</p> <p>The PAQ requires the agency shall collect 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 facility provided GEO Corporate Policy 5.1.2-A, and GEO Corporate Annual Report</p> <p>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):</p> <p>The PAQ require the agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p>The facility provided ECDF Policy 1300.04</p> <p>ECDF 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</p>

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.

115.87 (c)(d):

The PAQ requires the incident-based data collected shall 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.

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.

The facility provided GEO Corporate Policy 5.1.2-A, and GEO Corporate Annual Report Policy 5.1.2-A mandates 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). A review of the annual report codified this requirement. 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.

In interview with the PREA coordinator all allegations of sexual abuse and sexual harassment or reviewed by the regional PREA coordinator team members, the corporate investigative unit, facility administrator and regional supervisor. The yearly report is reviewed during the facility PREA assessment.

115.87 (e):

The PAQ requires the agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of detainees.

115.87 (f):

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

According to an interview with the PREA coordinator, 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.

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.

115.88	Data review for corrective action
	<p data-bbox="256 188 991 224">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 383 1150 418">Evidence relied upon in making the compliance determinations</p> <p data-bbox="256 454 1114 490">GEO Corporate PREA Procedure 5.1.2-A ECDF Policy 1300.04</p> <p data-bbox="256 526 770 562">GEO Annual PREA Data Report 2022</p> <p data-bbox="256 598 770 633">GEO Annual PREA Data Report 2023</p> <p data-bbox="256 669 539 705">PREA assessments.</p> <p data-bbox="256 741 424 777">115.88 (a):</p> <p data-bbox="256 813 1469 1055">The PAQ requires the agency shall 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: (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.</p> <p data-bbox="256 1090 1430 1167">The facility provided GEO Corporate PREA Procedure 5.1.2, GEO Annual PREA Data Report 2022 and GEO Annual PREA Data Report 2023</p> <p data-bbox="256 1202 1458 1408">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.</p> <p data-bbox="256 1444 1437 1771">Such reports 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.</p> <p data-bbox="256 1807 1477 2049">El Centro had 2 unsubstantiated reports of detainee-on-detainee sexual abuse, 1 unsubstantiated report of staff on detainee sexual abuse and on unfounded allegation of staff on detainee sexual abuse for 2022. In 2023 the facility had two allegations of substantiated detainee on detainee sexual abuse, two allegations of unsubstantiated allegation of detainee-on-detainee sexual abuse and one unfounded allegation of detainee-on-detainee sexual abuse. There were no allegations involving staff on</p>

detainee sexual abuse.

The agency head interview indicated that reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

The agency coordinator interview indicated that 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, and training? (115.88) Additionally, all our clients, except USMS, include GEO PREA data in their annual PREA reports. Facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the corporate PREA coordinator to review. GEO has a secure PREA Portal with restricted access to retain all the PREA data. Every incident is entered into the portal by the PREA managers at each facility and annually, our corporate PREA team reviews this data to determine what improvements are needed to enhance the PREA program. These recommended improvements are submitted to the appropriate divisional authority for Secure Services and Reentry Services annually for review and approval.

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, and training? (115.88)

Additionally, all our clients, except USMS, include GEO PREA data in their annual PREA reports.

115.88 (b):

The PAQ requires 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 the agency's progress in addressing sexual abuse.

The facility provided GEO Corporate PREA Procedure 5.1.2, GEO Annual PREA Data Report 2022 and GEO Annual PREA Data Report 2023

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 the PREA coordinator's staff.

115.88 (c):

The PAQ requires the agency's report shall be 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.

The facility provided GEO Corporate PREA Procedure 5.1.2, GEO Annual PREA Data Report 2022 and GEO Annual PREA Data Report 2023

	<p>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.</p> <p>The agency head and PREA coordinator interviews indicated our annual PREA reports are approved by the appropriate divisional authority for Secure Services, Reentry and our CEO.</p> <p>A review of the annual reports verified the information provided by these interviews.</p> <p>115.88 (d):</p> <p>The PAQ requires The agency 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.</p> <p>The facility provided GEO Corporate PREA Procedure 5.1.2, GEO Annual PREA Data Report 2022 and GEO Annual PREA Data Report 2023</p> <p>Before making aggregated sexual abuse data public, all personal identifiers are redacted as stated on the last page of GEO’s annual report.</p> <p>The PREA coordinator interviewed indicated that GEO only reports statistical data and incident types, excluding personally identifiable information for confidentiality purposes</p> <p>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> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations</p> <p>GEO Corporate PREA Procedure 5.1.2-A ECDF Policy 1300.04</p> <p>GEO Annual PREA Data Report</p>

Interviews with

PREA compliance manager

PREA Coordinator

115.89 a):

The PAQ requires the agency shall ensure that data collected pursuant to § 115.87 are securely retained.

The facility provided ECDF Policy 1300.04 and interview with PREA compliance manager and PREA coordinator

ECDF Policy 1300.04 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 files 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.

The agency head interviewed indicated that GEO has a secure PREA portal with restricted access to retain all the PREA data. Every incident is entered into the portal by the PREA managers at each facility and annually.

115.89 (b):

The PAQ requires the agency shall 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.

The facility provided GEO Corporate PREA Procedure 5.1.2-A and <https://www.geogroup.com/prea>

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.

115.89 (c):

The PAQ requires before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

The facility provided GEO Corporate PREA Procedure 5.1.2-A and interview with PREA coordinator.

	<p>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>The PREA coordinator interviewed indicated that GEO only reports statistical data and incident types, excluding personally identifiable information for confidentiality purposes</p> <p>115.89 (d):</p> <p>The PAQ requires the agency shall 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.</p> <p>The facility provided GEO Corporate PREA Procedure 5.1.2-A</p> <p>Corporate Policy: 5.1.2-A and ECDF Policy 10.22 mandate 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 data publicly available, all personal identifiers shall be removed. All case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee 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 statutes and guidelines specified by contract authority. Confinement Facilities ensure that data collected are securely retained for at least 10 years.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations</p> <p>GEO policy 5.1.2-A</p> <p>ECDF Policy 1300.04</p> <p>115.401 (a):</p> <p>The PAQ requires During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is</p>

audited at least once.

The facility provided GEO policy 5.1.2-A

GEO policy 5.1.2-a - 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 second PREA audit of El Centro Detention Facility. The first audit was conducted in January 2022.

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.

115.401 (b):

The PAQ requires During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

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 a previous cycle many audits were scheduled, rescheduled, and postponed due to the pandemic. However, each facility was audited during the last 3-year cycle.

115.401 (h):

The PAQ requires the auditor shall have access to, and shall observe, all areas of the audited facilities.

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

priority. All areas of the facility was observed during the original tour of the facility. During the on-site audit the auditor returned several areas of the facility. Staff and detainees were randomly interviewed during the tour. The facility staff allowed the auditor unfettered access to talk to staff and detainee privately.

115.401 (i):

The PAQ requires the auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

I requested personnel files, detainee files, training records, investigation files, logbooks, and pertinent forms utilized to conduct the requirement of the audit process. The facility allowed the audit to review personnel files and mark documents needed from each of the files reviewed. The facility uploaded these files in the OAQ portal. All other documentation required was provided to the auditor in a timely manner.

115.401 (m):

The PAQ requires the auditor shall be permitted to conduct private interviews with detainees.

I interviewed specialized staff, random staff, random detainees, and targeted detainees during the onsite audit. Interviews were conducted in a private office and classroom area of the facility.

115.401 (n):

The PAQ requires inmates shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Detainees 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 detainees stated they have seen posting. No detainee contacted the Auditor prior to or during the audit.

The facility substantially exceeded requirement of this standard. Documents were either provided to the auditor or uploaded to OAS in a extremely timely manner. The PREA compliance manager was instrumental and having identified staff available with limited down time for the auditor. Files reviewed contain all information required and had been organized for PREA auditor's review. Staff interviewed were open and forthcoming without hesitation or coercion.

Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations</p> <p>PREA audit report January 2022</p> <p>115.403 (f):</p> <p>The PAQ requires The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public.</p> <p>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 second PREA audit of El Centro Detention Facility.</p> <p>According to interviews with the PREA coordinator the audit reports are posted on the website within the 90-day requirement. The posting from 2017 until present are posted on the GEO website. All contracting entities with the exception of US Marshal Services post the PREA audit on their respective website or forums.</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?	na
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

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

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

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

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

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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.)	yes
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 non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	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.)	yes
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	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,	yes

	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).	na
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.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
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)		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes