

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** September 11, 2015

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> August 11 – 13, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Lea County Correctional Facility			
<b>Facility physical address:</b> 6900 West Millen Drive, Hobbs, New Mexico 88244			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 575-392-4055			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Jeffrey Wrigley, Warden			
<b>Number of staff assigned to the facility in the last 12 months:</b> 293			
<b>Designed facility capacity:</b> 1266			
<b>Current population of facility:</b> 1220			
<b>Facility security levels/inmate custody levels:</b> Medium			
<b>Age range of the population:</b> 18-80			
<b>Name of PREA Compliance Manager:</b> Katherine Brodie		<b>Title:</b> Compliance Administrator/PREA Compliance Manager	
<b>Email address:</b> kbrodie@geogroup.com		<b>Telephone number:</b> 575-392-4055, ext 113	
<b>Agency Information</b>			
<b>Name of agency:</b> The GEO Group, Inc.			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> One Park Place, Suite 700, 621 Northwest 53 <sup>rd</sup> St., Boca Raton, Florida 33487			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 561-999-5827			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> George C. Zoley		<b>Title:</b> Chairman of the Board, CEO and Founder	
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Phebia L. Moreland		<b>Title:</b> Director, Contract Compliance, PREA Coordinator	
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## AUDIT FINDINGS

### NARRATIVE

The initial PREA audit of the Lea County Correctional Facility was conducted August 11-13, 2015, by Barbara Jo Denison, Certified PREA Auditor. Prior to the on-site visit, I was provided policies, procedures and supporting documentation for each standard for review. The facility's Compliance Administrator/PREA Compliance Manager and I had ongoing communication throughout this review period. Just prior to the on-site visit, I was provided with a list of inmates sorted by housing unit, a list of inmates with special designations and a list of facility staff and contractors.

On the first day of the on-site audit, an entrance meeting was held at 8:15 a.m. with the following people in attendance: Jeffrey Wrigley, Warden; John Beard, Security Warden; Dr. Cynthia Lose, Behavior Health Director; Don Douglas, Health Services Administrator; Valerie Naegele, NMCD Contract Monitor; Phebia Moreland, Director, Contract Compliance, PREA Coordinator; and several department heads. Following the entrance meeting, a tour of the facility was held from 8:30 a.m. - 1:50 p.m. The Warden, Security Warden, PREA Compliance Manager, Armory Sergeant and Director, Contract Compliance, PREA Coordinator accompanied me on the tour. All housing units and all areas where inmates program, work and are allowed access to were toured. While touring, 19 inmates and 21 staff were informally interviewed and questioned about their knowledge of PREA. Attempts were made in the first housing unit to contact the Arise Sexual Assault Services, the outside reporting agency, and to access the internal reporting line. Both numbers could not be accessed through the inmate telephones. The telephone provider, Securus, was contacted for repair and it was determined that the original ticket requesting the line be created was unclear and created incorrectly. I received an e-mail on 9/10/15, forwarded from the Securus Client Manager that the Arise telephone number (505-555-2378) was now accessible through the inmate telephones. The internal reporting line (505-555-2378) was made accessible to inmates on 8/19/15 per an e-mail received from the Security Warden on 8/19/15. It was determined by the facility that in order to ensure the lines continue to be operational, all reporting numbers will be tested once a month to ensure they continue to be accessible to the inmates. The monthly checks will be documented in the weekly PREA meeting minutes. All areas of the facility toured were assessed for blind spots and camera placement. The physical layout of the facility is very open allowing for good visibility and supervision of inmates in all areas. PREA posters were prominently displayed in both Spanish and English in various locations throughout the facility.

There were 1220 inmates assigned to the facility on the first day of the audit. A total of 40 inmates were formally interviewed from a random selection from each housing unit. Nine inmates refused to be interviewed, but were replaced with other inmates from their respective housing units. Of the number of inmates interviewed, there were two Spanish speaking inmates, one self-disclosed gay inmate, one self-disclosed transgender inmate and one inmate who had alleged sexual abuse. There were no inmates at the time of the audit with hearing, visual or cognitive impairments or any that spoke any language other than English or Spanish. All inmates interviewed acknowledged receiving PREA training outlining the agency's zero-tolerance policy towards sexual abuse and sexual harassment. They were all knowledgeable of the the methods available to them to report allegations of sexual abuse and sexual harassment.

A total of 25 staff were formally interviewed. Of that number, 12 were correctional staff, which included four line staff and two supervisors from each shift. There were nine specialized staff interviewed with some asked multiple questions depending on their PREA responsibilities. The Agency Head was not in attendance at the audit, but was interviewed in the first year of the audit cycle and the PREA Coordinator was interviewed at an earlier date as well. The NMCD PREA Coordinator Jillian Shane was contacted by telephone and discussion was held on the screening process and the points system of scoring the Sexual Risk Indicator Screening (SRNS), used for identifying inmates at risk of victimization and abusiveness. Staff interviewed were well versed in their responsibilities in reporting sexual abuse, suspected sexual abuse and sexual harassment. When questioned about evidence preservation, staff responses reflected agency policies and standard requirements.

In the past 12 months, the Lea County Correctional Facility received a total of 17 PREA allegations. They were as follows:

Number Received	Type of Allegation	Outcome
1	Voyeurism	Unsubstantiated
5	Inmate-on-Inmate Sexual Abuse	1 Substantiated (criminal investigation DA did not prosecute) 1 Pending criminal investigation 3 Pending disposition
6	Staff-on-Inmate Sexual Harassment	3 Unsubstantiated 2 Pending disposition 1 Pending investigation
3	Inmate-on-inmate Sexual Harassment	2 Unsubstantiated 1 Pending disposition

All investigative files were reviewed during the on-site visit. All allegations were found to be thoroughly documented and investigated per agency policy. Referrals for criminal investigations were made as warranted.

At the conclusion of the on-site visit, an exit meeting was held to discuss the audit findings. Jeffrey Wrigley, Warden; Katherine Brodie, Compliance Administrator/PREA Compliance Manager; Dr. Cynthia Lose, Behavior Health Director; Valerie Naegele, NMCD Contract Monitor; Phebia Moreland, Director, Contract Compliance, PREA Coordinator and several department heads were in attendance. Jillian Shane, NMCD PREA Coordinator joined the exit meeting via telephone. The auditor explained the process that would follow the on-site visit and acknowledged the dedication to the PREA process and the team effort that brought the facility to compliance.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Lea County Correctional Facility (LCCF) is a private prison that is owned and operated by the GEO Group, Inc. through agreement with the State of New Mexico. The facility is located on sixty acres of property that is owned by Lea County. Lea County has leased this land to the GEO Group for the purpose of operating the Lea County Correctional Facility. The facility is located approximately four miles outside of the city of Hobbs, New Mexico. The facility was constructed in 1997 and was occupied with its first inmates in 1998. The facility holds inmates who are committed to the custody of the New Mexico Department of Corrections.

The facility consists of a total of eight buildings within the secure perimeter. There are four housing units, each with five pods, a day room and cells for housing inmates, with usually two inmates in each cell. The facility also maintains a 42-cell restrictive housing unit when the use of segregation is necessary for inmate management. The design facility capacity is 1266 inmates. There is a multipurpose building housing the kitchen, laundry, property room, academic and vocational school, medical and behavior health staff, supply room, caustics and toxic room, intake, library, chapel and visitation.

The facility buildings are connected by internal corridors allowing for access to all buildings without having to go outside. Entrance to the secure facility is done through a multipurpose building and access to the maintenance building is gained by exiting this same building. The maintenance area is a separate building from the remainder of the building, but is located in the secure perimeter. The facility has a large recreation yard which is used by inmates on a daily basis. The recreation yard is sufficient in size to allow for multiple large muscle activities at a single time by multiple inmates. There is also a large industries building that is current not being utilized. The Warden has plans to implement a wheelchair repair program in the near future utilizing this building with inmates doing the repairs.

The administrative building is located outside the secure compound and serves as a main entrance to the facility. The administrative building houses the Warden's office, Business Office, Personnel, Mail Room, Main Control Center, Roll Call Room and sally port into the compound. This building is adequate to meet the needs of staff that provide necessary support for facility operations.

The mission of the facility is as follows: "It is the mission of the Lea County Correctional Facility to maintain full compliance with the standards, Codes and Court Orders, which may be applicable to the care and custody of New Mexico Corrections Department inmates at the facility. The management and supervision of the inmates at the LEA County Correctional Facility is considered to be an integral part of the Criminal Justice System and the New Mexico Corrections Department. As such, it is the mission of Lea County Correctional Facility to manage the facility in a safe and secure manner, providing public safety through a continuum of custody, control, supervision, programs and services for inmates, with professionalism, progressive management and financial responsibility."

GEO's mission is "To develop innovative public-private partnerships with government agencies around the globe that deliver high quality, cost-effective correctional, detention, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted to GEO's care".

## **SUMMARY OF AUDIT FINDINGS**

The following is a summary of the audit findings:

Number of standards exceeded: 5

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 4

### **Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

GEO policy 5.1.2 is a written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting and responding to such conduct. The policy includes definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors. The Lea County Correctional Facility's policy 12.005, explains the facility's zero-tolerance policy. Both policies outline the approach to preventing, detecting and responding to all forms of sexual abuse and sexual harassment.

GEO policy 5.1.2-A, pages 6 & 7, section III, B, 1-3, outline the responsibilities of the PREA Coordinator and the PREA Compliance Manager. In interview with the agency's PREA Coordinator, at an earlier audit date, and the Compliance Administrator/PREA Compliance Manager, they both stated that they have sufficient time and authority to manage their PREA-related responsibilities.

### **Standard 115.12 Contracting with other entities for the confinement of inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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GEO is a private provider and does not contract with other agencies for the confinement of inmates; therefore this standard is not applicable.

### **Standard 115.13 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Based on GEO policy 5.1.2-A, page 7, section C-1, and LCCF policy 12.005, pages 7 & 8, section C, the agency and facility have developed, documented and made their best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect inmates against sexual abuse. A "PREA Annual Facility Assessment" is completed by the facility and forwarded to the PREA Coordinator and the Corporate Divisional Vice President for review and signature. The last PREA Facility Assessment completed on 10/15/14, noted several deviations from the staffing plan and no recommendations were made for any changes to the current staffing levels. Shift staffing is reviewed daily by the Shift Supervisor with deviations reported to the Duty Officer. The on-site Contract Monitor reviews staffing on a monthly basis and participates in monthly discussions with facility leadership regarding staffing vacancies and mandatory post vacancies. The client issues a letter to the Warden each month that documents the frequency of staffing deviations for the previous month. In interview with the Warden, he stated that there are 22 mandatory positions on the day shift and 18 on the night shift. Every effort is made to ensure that there are no deviations to the established staffing plan.

The facility management staff and mid-level supervisors will conduct and document unannounced PREA rounds within their respective areas to deter employee sexual abuse and sexual harassment. Each Shift Supervisor, Captain or Lieutenant conducts one unannounced round per week and the assigned Duty Officer conducts one unannounced round per duty week. These rounds are documented on a "PREA Unannounced Rounds" form and forwarded to the PREA Compliance Manager. This practice was confirmed by interview with inmates and staff who reported numerous rounds being conducted on a daily basis.

### Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Lea County Correctional Facility houses male adult inmates only and does not house youthful inmates; therefore this standard is not applicable.

### Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

GEO policy 5.1.2-A, pages 15 & 16, section I, and LCCF policy 12.005, pages 15 & 16, section I, address inmate pat searches, strip searches, body cavity searches and the limits to cross gender viewing and searches. All staff receive training in pre-service and in annual in-service on how to conduct searches, including searches of transgender and intersex inmates. LCCF policy 08.008 outlines the procedure and practice for strip searches that are done in conjunction with cell searches. The facility does not conduct cross gender pat down searches, strip searches or body cavity searches. Strip searches are documented on the facility "Strip Search Log" or on the "Occupied Cell Search Log", when done in conjunction with a cell search. In review of these logs, it was confirmed that searches are well documented on either the "Strip Search Log" or the "Occupied Cell Search Log", as appropriate.

The agency/facility have policies and procedures in place that enable inmates to shower, perform bodily functions and change clothing without staff viewing their breasts, buttocks or genitalia. Notification is made via the all call system at the beginning of each shift notifying inmates in the housing units that female staff will be present for the duration of the shift in their housing unit. Female staff announce themselves when they enter the housing areas. These announcements are logged in the "Housing Unit Event Log" by the housing control officer and noted on the "PREA Unannounced Rounds" form. Signs are painted on all housing unit doors reminding females to announce themselves when they enter the housing unit. Inmates interviewed confirmed this practice is being adhered to and indicated that they feel they have privacy to toilet, shower and change clothing when female staff are in their housing unit. Camera monitors were reviewed and showed the angle of the cameras in the housing units prohibits any opportunities for cross gender viewing. The facility is making exceptional efforts to protect the privacy of its inmates.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

The agency takes appropriate steps to ensure that inmates with disabilities and residents that are limited English proficient or have hearing, visual or cognitive impairments have an opportunity to participate and benefit from all aspects of the agency’s efforts to prevent, detect and respond to sexual abuse and harassment. GEO policy 5.1.2-A, page 10 section E, and LCCF policy 12.005, page 10, section E were used to verify compliance to this standard. Spanish speaking staff members are provided to interpret for inmates that are Spanish speaking only. A contract with Language Line Services, Inc. provides translation services for any other language. The agency does not use inmates as interpreters, readers or other types of inmate assistants. A TTY is available for hearing impaired inmates. A narrative script of the PREA video is available for inmates with visual impairments. All orientation material and facility PREA posters are available in both English and Spanish. At the time of the audit, there were no inmates with hearing, visual or cognitive impairments. Two Spanish speaking inmates were interviewed and they reported that they received PREA information in Spanish and that they viewed the Spanish version of the PREA video.

**Standard 115.17 Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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In review of GEO policy 5.1.2-A, pages 7 & 8, section C-2, and page 15 section H-4 and LCCF policy 12.005, page 8, section 2 and page 14, section 4, the facility is prohibited from hiring or promoting anyone who may have contact with inmates who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a confinement setting or in the community. The Human Resources Specialist submits NCIC criminal background checks on all potential employees. For candidates who answer on their application that they have worked previously in a correctional setting, a "Questionnaire for Prior Institutional Employers" is sent to their previous employer requesting information on any substantiated allegations of sexual abuse or sexual harassment involving the former

employee and a PREA Verification is conducted through Accurate Backgrounds, Inc. For consideration for promotions or for transfers, employees complete a “PREA Disclosure and Authorization Form Promotions – PREA Related Positions” and another background check is completed as well as a PREA Verification. At the time of performance evaluations, employees complete a “PREA Disclosure and Authorization Form Annual Performance Evaluation” form and another background check is conducted. Medical staff are contracted through Corizon. NCIC background checks are completed by Corizon on all potential medical employees. NCIC clearance information for medical staff has not been shared with the Human Resources Specialist, but this information will be made available and filed in Corizon staffs’ HR file. A Securus contractor and a contracted instructor from the New Mexico Junior College have NCIC background checks conducted by the Human Resources Specialist. Background checks are repeated for all employees and contractors every five years. The New Mexico Corrections Department conducts background checks for all volunteers before they are allowed access to the facility. Driver’s license checks are conducted annually on the birth month of the employee. Sixteen HR files were reviewed, this number included the records of three volunteers and four contractors. All files reviewed confirmed adherence to the agency/facility policy and to the standard requirements.

### **Standard 115.18 Upgrades to facilities and technologies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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GEO policy 5.1.2-A, page 8, section C-3, states that the facility takes into consideration the effect that any new design, acquisitions, expansions or modifications of the physical plant or monitoring technology might have on the facility’s ability to protect inmates from sexual abuse. The facility has not acquired any new facility or had any expansions or modifications of the physical plant or monitoring technology since August 12, 2012; therefore this standard is not applicable.

### **Standard 115.21 Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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According to GEO policy 5.1.2-E, pages 6 & , section D and LCCF policy 12.005, page 23, section N-9, the facility follows a uniform evidence protocol for the collection and preservation of evidence for administrative and criminal investigations of sexual abuse. It is the responsibility of the Hobbs Police Department to perform all criminal investigations and to ensure that all evidence is collected and preserved according to evidence protocol established by the Department of Justice.

The facility does not have SANE staff. A contract with Arise Sexual Assault Services provides for SANE exams to be conducted at the facility at no cost to the inmate. In the past 12 months, there was one SANE exam performed.

Victim advocacy services are provided by agreement with Arise Sexual Assault Services. Inmates can request these services by dialing 505-

555-2378m on any inmate telephone. In the past 12 months, there were no inmate requests for victim advocacy services.

### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

GEO policy 5.1.2-E, page 4, section III, A and LCCF policy 12.005, page 5, section A-2 outlines the agency/facility’s policy and procedure for investigating and documenting incidents of sexual abuse. The facility will ensure that administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. All allegations involving staff are referred to GEO’s Office of Professional Responsibility (OPR). Inmate-on-inmate allegations of sexual abuse are referred to the New Mexico Corrections Department (NMCD) Office of Professional Standards. NMCD policy CD-031800 addresses the guidelines of investigations of personnel misconduct. Allegations that included potentially criminal behavior, either by staff or inmate, are referred to the Hobbs Police Department for investigation. In the past 12 months, there were two allegations referred for criminal investigation. The agency’s policy regarding referral of allegations for sexual abuse and sexual harassment is available on the GEO website ([www.geogroup.com](http://www.geogroup.com)).

### **Standard 115.31 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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GEO employees receive training on the agency’s zero-tolerance policy for sexual abuse and sexual harassment at pre-service for all correctional staff, New Employee Orientation for non-correctional staff and annually as part of in-service training. GEO policy 5.1.2-A, pages 11 & 12, section F-1, addresses the agency’s training requirements. All Lea County Correctional Facility employees, contractors and volunteers receive PREA training and refresher training annually. A “PREA Basic Training Acknowledgement” form is signed acknowledging receiving and understanding the training received. The training curriculum was reviewed and found to contain all the requirements of the agency and all of the requirements of this standard. The BehaviorHealth Director conducts employee PREA training with a Behavior Health Provider as her back-up. In the past 12 months, 214 employees have received PREA training. Training records are maintained electronically for each individual. In review of the training records of eight employees, it was confirmed that staff are receiving the mandated training annually and acknowledging receiving and understanding this training by their signature on the “PREA Basic Training Acknowledgement” form. All staff interviewed acknowledged receiving annual training and were well versed in how to fulfill their responsibilities under the agency’s sexual abuse and sexual harassment policies and procedures. Ongoing PREA training is conducted in shift briefings for correctional staff. Weekly PREA Meetings are held with the Warden, Contract Monitor, the Captain/Lead Investigator, Behavior Health Director and the PREA Compliance Manager in attendance. The facility is doing an exceptional job of educating staff not only annually, but through ongoing instruction as well.

### Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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All volunteers and contractors who have contact with inmates are trained on their responsibilities regarding sexual abuse/harassment prevention, detection and response as outlined in GEO policy 5.1.2-A, page 13, section G and page 14, section H and in LCCF policy 12.005, pages 13, section 1 and page 14, section 2. The GEO training curriculum for Contractors and Volunteers was reviewed. In the past 12 months there have been 68 volunteers and 23 contractors that have received this training and indicated receiving and understanding the training by signing a “PREA Basic Training Acknowledgement” form. Contractors and volunteers interviewed confirmed receiving the training and were knowledgeable of their responsibilities. Training records of three volunteers and three contractors were reviewed and showed that the facility is maintaining accurate records of volunteer and contractor PREA training.

### Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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GEO policy 5.1.2-A, page 11, section 2 and LCCF policy 12.005, page 11, section 2 outline the requirements of inmate education. During the intake process, the Orientation Case Manager provides each inmate with an Inmate Handbook and a PREA pamphlet. Inmates who are transferred from the facility for 30 days or more and then return to LCCF, receive PREA training by the Orientation Case Manager upon their return to the facility. Inmates that were transferred to LCCF prior to August 2013 received PREA education by management staff in scheduled groups. An e-mail was provided to the PREA Coordinator on 8/26/13 by the Western Region Director of Training confirming that all inmates that entered the facility prior to that date had received PREA training. During the orientation process, inmates are provided with an “Orientation Manual” and view a PREA video which informs them of the facility’s zero-tolerance policy regarding sexual abuse and sexual harassment and reporting methods available to them. Inmates acknowledge receiving the orientation by signing an “Acknowledgement of Orientation” form. All information provided is in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired or otherwise disabled as well as to inmates who have limited reading skills. Posters in both English and Spanish were prominently displayed in various locations throughout the facility. Review of 12 inmate records showed inmates are receiving this training and documentation of this training is maintained in their inmate record. When interviewed, inmates acknowledged receiving the PREA training and were knowledgeable of the agency’s zero-tolerance policy and how to report incidents of sexual abuse and sexual harassment.

### Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Based on GEO policy 5.1.2-A, page 13, section F-3, investigators receive specialized training in addition to the general education provided to all employees. Twelve staff members have received the GEO Investigation Training and signed a “PREA Basic Training Acknowledgement” form acknowledging receiving and understanding this training. This form is filed in the the Investigators training record and documented electronically. The training curriculum was reviewed and found to include techniques for interviewing sexual abuse victims, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution. Three facility investigators that were interviewed acknowledged receiving this training and were knowledgeable of their investigative responsibilities.

### **Standard 115.35 Specialized training: Medical and mental health care**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

GEO policy 5.1.2-A, page 12, section 2, and LCCF policy 12.005, page 12 section 2, state that each facility will train all full-time and part-time medical and mental health staff to detect signs of sexual abuse and sexual harassment, preserving physical evidence and responding effectively and professionally to victims of sexual abuse and sexual harassment. Medical and mental health staff receive specialized training in addition to training provided to all staff. All medical and mental health staff received the 4-hour “NMCD Forensic Medical Examinations Training for Correctional Medical and Mental Health Staff” training on 5/29/13 and signed a “PREA Basic Training Acknowledgement” form. Medical staff do not perform SANE exams. SANE exams are performed on-site by agreement with Arise Sexual Assault Services. Training records of medical and mental health staff showed that the facility maintains documentation that this training was completed. Two medical staff and two mental health staff confirmed that they received this training.

### **Standard 115.41 Screening for risk of victimization and abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Based on GEO policy 5.1.2-A, pages 8 & 9 section D and LCCF policy 12.005, pages 8 & 9, section D, all inmates are assessed during intake for risk of being sexually abused by other inmates or sexually abusive toward other inmates. Upon intake to LCCF, all inmates are screened by the Orientation Case Manager using the NMCD SRNS screening tool. The screening is based on a point system and a copy of the screening form is forwarded to the Behavior Health Director and the Count Room of inmates who score at high risk for potential victimization or abusiveness, with the original form filed in the inmate's record. Inmates are not disciplined for refusing to answer or not providing complete information in response to screening questions. A detailed intrasystem intake screening takes place within 72 hours of arrival which includes review of any available records as well. Within 30 days of arrival, a reassessment is completed and reassessments are completed due to referral, request, incident of sexual abuse or receipt of additional information using a "PREA Vulnerability Reassessment Questionnaire" form. Access to all initial and reassessment screenings are limited to the Orientation Case Manager, the Inmate Record staff, Classification staff, the Warden and the Security Warden. In review of 12 inmate records, screening information is maintained in the inmate files and secured to maintain confidentiality. The Orientation Case Manager does an excellent job in ensuring that all screenings are completed on incoming inmates and tracks 30-day reassessments very efficiently. She maintains a binder with inmates screened at high risk upon intake and ensures that referrals for behavior health assessments are completed.

### **Standard 115.42 Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

The agency/facility uses information from the risk screening to make housing, bed, work, education and program assignments to keep inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Inmates who score at high risk for potential abusive behaviors or victimization are seen by Behavior Health staff for assessment. Classification staff use the information contained on the SRNS to determine appropriate housing assignments. Inmates identified as potential victims will not be housed in the same cell, or in the same pod if possible, with an inmate identified as a potential abuser. These inmates will not be assigned to jobs or programs that are determined to be detrimental to their safety. The countroom utilizes colored dots to indicate inmates that cannot be housed or programed together.

Guidelines on housing and program assignments and for the management of transgender and intersex inmates are outlined in GEO policy 5.1.2-A, page 10, section D-3 and on page 10, section 3, of LCCF policy 12.005. The agency does not place LGBTI inmates in housing units solely based on their sexual orientation. One inmate interviewed who self disclosed at intake being gay, reported during interview that he was transgender. He will be reassessed due to this new information and reassessed every six months thereafter.

### **Standard 115.43 Protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

According to GEO policy 5.1.1-A, page 16, section, J and LCCF policy 12.005, page 16, section J, 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 inmate. If an assessment cannot be made immediately, the inmate may be placed in involuntary segregated housing for no more than 24 hours. GEO policy 5.1.2-A further states that if involuntary segregated housing is used for the safety of the inmate as a means of separation, it can be used for no more than 30 days and a review will be completed every 30 days to determine whether there is a continuing need for separation from the general population. On interview with the Warden, he confirmed that in the past 12 months there were no inmates held in involuntary segregated housing due high risk for sexual victimization and further stated that the medical observation cells would be used for this purpose if necessary.

### **Standard 115.51 Inmate reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

GEO policy 5.1.2-A, page 17, section K-1 and LCCF policy 12.005, pages 16 & 17, section K, outline reporting methods available to inmates to report allegations of sexual abuse and sexual harassment. The agency/facility provides multiple ways for inmates to privately report sexual abuse and sexual harassment and retaliation by other inmates or staff for reporting. Inmates are made aware through the Inmate Handbook, the Orientation Manual and on information posted in their living and program areas that they can call the facility's sexual assault hotline by dialing 505-555-2378. By calling this number inmates can leave a message and an immediate e-mail will go to the PREA Compliance Manager's phone. They can also call the Rape Crisis Center of Central New Mexico Hotline, toll free from any inmate phone, at 888-811-8282 or 505-266-7711. Inmates have access to an outside agency by contacting Arise Sexual Assault Services at 575-555-1234. Inmates can write the Warden directly, write the facility investigator, the corporate PREA Coordinator, the State PREA Coordinator, file a grievance, verbally report to any staff member or have a family member or friend report on their behalf to the facility. The agency's policy mandates that staff accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Inmates interviewed were aware of the methods available to them to report allegations of sexual abuse and sexual harassment.

GEO policy 5.2.1-A, page 18, section 4 outlines the agency's methods of staff reporting. Staff can privately report sexual abuse and sexual harassment of inmates in writing or by calling the Employee Hotline or telephoning, e-mailing or in writing to the GEO PREA Coordinator. Information on staff reporting is available on the GEO website and reviewed in the PREA employee training curriculum. Staff interviewed were knowledgeable of methods of reporting available to them.

### **Standard 115.52 Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

In review of GEO policy 5.1.1-A, pages 17 & 18, section K-2 and in LCCF policy 12.005, page 17, section 2, there is a procedure in place for inmates to submit grievances regarding sexual abuse and the agency has procedures in place for dealing with these grievances. There is no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. An inmate who alleges sexual abuse may submit a grievance without submitting it to the staff member who is the subject of the complaint and the grievance will not be referred to the staff member who is the subject of the complaint. Inmates are not required to use the informal grievance process or attempt to resolve with employees an alleged incident of sexual abuse. Inmates may file an emergency grievance if he/she is subject to a substantial risk of imminent sexual abuse. Inmates may receive a disciplinary report for filing a grievance relating to alleged sexual abuse in bad faith. The PREA Compliance Manager receives all copies of grievances related to sexual abuse and sexual harassment for monitoring purposes. In the past 12 months, there were no grievances filed related to sexual abuse or sexual harassment and no emergency grievances filed.

### **Standard 115.53 Inmate access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

As stated in GEO policy 5.1.2-A, pages 23 & 24, section 8 and LCCF policy 12.005, pages 22 & 23, section 8, inmates are provided with access to outside victim advocates for emotional support. A Memorandum of Understanding with Arise Sexual Assault Services provides outside confidential support services. By dialing 575-555-1234, inmates can request outside victim advocates for emotional support. Inmates can also 1-800-656-4673 toll free from any inmate telephone to reach the Rape, Abuse and Incest National Network (RAINN). Inmates are made aware of support services available to them in the Inmate Handbook and in the “NMCD PREA Resource Guide for Inmates “ which is available in the inmate library. Inmates can submit a request to their Case Manager or to the PREA Compliance Manager to request to speak to a victim advocate. Information on how to access support services is posted in all living areas. In the past 12 months, there have been no requests for advocacy services.

Arise Sexual Assault Services facilitates the Lea County Sexual Assault Multi Disciplinary Team which is composed of members of Arise and representatives from the Hobbs Police Department, the Lea County Sheriff’s office, the District Attorney’s office, the New Mexico State Police and the New Mexico Corrections Department, the PREA Compliance Manager, the Behavior Health Director, the Corizon Director of Nursing and the NMCD Contract Monitor. PREA topics are addressed at these meetings.

### **Standard 115.54 Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Based on GEO policy 5.1.2-A, page 18, section K-3 and LCCF policy 12.005, page 18, section 3, the agency has a method to receive third party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing anytime they

have knowledge or suspect an inmate has been sexually abused, sexually harassed, or requires protection. Inmates are made aware of this method of reporting available to them in the "Inmate Handbook". Outside parties can report in writing, by telephone or by e-mail to the GEO Corporate PREA Coordinator. Information for third party reporting is available on the GEO website at [www.geogroup.com](http://www.geogroup.com). Inmates interviewed were aware of this reporting method.

#### **Standard 115.61 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Based on GEO policy 5.1.2-A, pages 18 & 19, section 4 and LCCF policy 12.005, page 18, section 4, and in review of the employee training curriculum, all staff, contractors and volunteers are to report immediately any knowledge or information regarding an incident of sexual abuse or sexual harassment or any inmate subject to risk of imminent sexual abuse. Any retaliation or suspected retaliation against inmates or staff is also to be reported immediately. Interviews with staff, contractors and volunteers revealed that they are very aware of their reporting responsibilities and know not to reveal any information about sexual abuse incidents to anyone other than to the extent necessary.

Lea County Correctional Facility houses adult male inmates, none of who according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statute.

#### **Standard 115.62 Agency protection duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

When an agency learns that an inmates is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. GEO policy 5.1.2-A, page 19, section L-1 and LCCF policy 12.005, page 18, section L-1, both outline the procedures related to the agency and facility's efforts to protect inmates who may be at risk for sexual abuse. In interview with the Warden, four times in the past 12 months that it was necessary to take immediate action in regards to an inmate being in substantial risk of sexual abuse. In those four incidents, the inmates were separated and an investigation was immediately started. Correctional staff interviewed was aware of their responsibilities if they felt an inmate was at risk for sexual abuse.

#### **Standard 115.63 Reporting to other confinement facilities**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

**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.**

GEO policy 5.1.2-A, pages 22 & 23, section 5 and LCCF policy 12.005, pages 21 & 22, section 5, were used to verify that there is a procedure in place in an allegation is receive that an inmates was sexually abused while confined at another facility. The facility is to document the allegation and the Warden is required to notify the Warden of the facility where the abuse was alleged to have occurred as soon as possible, but no later than 72 hours. This information is to be shared with the PREA Coordinator and the PREA Compliance Manager who ensure that the allegation is investigated in accordance with the PREA standards. In the past 12 months, the facility received one allegation that an inmate was abused while confined at another facility. In the past 12 months, there were three allegations reported of sexual abuse received from other facilities that were alleged to have occurred while an inmate was confined at the Lea County Correctional Facility. During interview, the Warden explained how those reports were handled per the agency/facility policies. Investigative files reviewed revealed adherence to policy and the standard requirements.

#### **Standard 115.64 Staff first responder duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

GEO policy 5.1.2-A, pages 19 & 20, section 2 and LCCF policy 12.005, pages 18 & 19, section L-2, and interviews with security and non-security staff were used to verify compliance to this standard. Upon learning that an inmate was sexually abused, the first security staff member to respond to the report is required to separate the alleged victim and the abuser, preserve the crime scene and preserve the evidence. If the first staff responder is not a security staff member, the responder is required to request the alleged victim not take any actions that could destroy the evidence and notify security staff immediately. Security and non-security staff interviewed were knowledgeable of the policy and the practice to follow. They reported that they knew that the alleged victim and abuser must be separated and how to preserve the crime scene and the evidence. In the past 12 months, there was one allegation that an inmate was sexually abused that security staff were first to respond to, the allegation was reported to the Hobbs Police Department and a SANE exam was performed. There were no allegations in the past 12 months that a non-security staff member responded to an allegation of sexual abuse.

#### **Standard 115.65 Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

GEO policy 5.1.2-A, pages 5 & 6, section A-4 verify that there is a plan in place to coordinate actions to be taken in response to an incident of sexual abuse. The Lea County Correctional Facility's PREA Coordinated Response Plan was reviewed. It provides guidelines and procedures of staff response to allegations of sexual abuse and sexual harassment. 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.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Based on GEO policy 5.1.2-A, page 5, section A-3, 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 inmates of GEO facilities or program pending the outcome an investigation. The Lea County Correctional Facility does not have a collective bargaining unit; therefore this standard is not applicable.

**Standard 115.67 Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

GEO policy 5.1.2-A, pages 24 & 25, section 2 and LCCF policy 12.005, page 24, section 2 were used to verify compliance to this standard. Inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation from other inmates and staff. 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 who fear retaliation will be protection measures used as per agency/facility policies. The Behavior Health Director or other Behavior Health staff meets with the alleged victim weekly for a minimum of 90 days or longer if warranted. Monitoring for retaliation is documented on the "PREA Protection from Retaliation Log" in which the inmate signs at each monitoring visit. These logs are maintained in the corresponding investigative file. In the past 12 months, there were no incidents of retaliation that occurred at the facility. In interview with the Behavior Health Director, she was knowledgeable of the procedure for monitoring for retaliation. She stated that protection measures for inmates would be housing changes or transfers for inmate victims and that emotional support services for both inmates and staff would be offered.

**Standard 115.68 Post-allegation protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

The agency and facility prohibits inmates who have alleged sexual abuse to be placed in involuntary segregated housing. If segregated housing is used, the same provisions as outlined on page 16, section J-1, of LCCF policy 12.005 would apply. Involuntary segregated housing would only be used after an assessment of all available housing alternatives show that there are no other means of protecting the inmate. Medical observations cells are utilized for this purpose. A “Sexual Abuse/Assault Available Alternatives Assessment” form is completed and e-mailed to the PREA Compliance Manager and the PREA Coordinator and retained in the the corresponding investigative file. Interview with the Warden and staff assigned to restrictive housing revealed that involuntary segregated housing has not been used for this purpose in the past 12 months and that medical observations cells would be used for this purpose if necessary.

#### **Standard 115.71 Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

The agency has policies governing administrative and criminal investigation of sexual abuse. GEO policy 5.1.2-E, pages 4 & 5, section B, LCCF policy 12.005, pages 26 & 27, section ), NMCD, CD-150101, page 1, section A, 2 & 3, and CD 031800, page 4, section D, address the required procedures for investigations. The facility investigators conduct all administrative investigations and the Hobbs Police Department is responsible for criminal investigations. The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis. The agency does not submit inmates who allege sexual abuse to polygraph examinations. In the past 12 months, there were two allegations that were referred to the Hobbs Police Department for criminal investigations. The agency retains all written reports pertaining to all investigations for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. When facility investigators were interviewed, they reported that if a staff member alleged to have committed sexual abuse terminates employment prior to an investigation being completed, the investigation would continue and if an inmate victim or inmate abuser leaves the facility, the investigation would continue.

#### **Standard 115.72 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

According to GEO policy 5.1.2-E, page 6, section d and LCCF policy 12.005, page 27, section 2, the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the facility investigators were interviewed and asked what standard of evidence was used in determining if an allegation is substantiated, they confirmed the agency/facility policy.

### **Standard 115.73 Reporting to inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Based on GEO policy 5.1.2-E, pages 10 & 11, section K and LCCF policy 12.005, page 27, section 2, the facility ensures that proper notification be given to inmates as to the outcome of the investigation of sexual abuse and sexual harassment allegations if the outcome of the investigation proved to be substantiated, unsubstantiated or unfounded. At the conclusion of an investigation the Facility Investigator informs the inmate of the outcome of the investigation by presenting him with a “Notification of Outcome of Allegation form. The inmate is given the original form and a copy is filed in the corresponding investigative file. The facility’s obligation to report will terminate if the inmate is released from custody. In interview with the Warden and the PREA Compliance Manager and in review of investigative files, this process is in place and notifications are being made to inmate victims as required by policy.

### **Standard 115.76 Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Based on review GEO policy 5.1.2-E, page 11, section L-1 and LCCF policy 12.005, page 26, section N-1, staff shall be subject to disciplinary action up to and including termination for violating the agency/facility sexual abuse policies. All terminations for violations of the agency sexual abuse or sexual harassment policies will be reported to the Hobbs Police Department. Staff are made aware of the zero-tolerance policy in the Employee Handbook, page 17. In the past 12 months, there have been no staff who violated the agency sexual abuse and sexual harassment policies.

### **Standard 115.77 Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

GEO policy 5.1.2-E, page 12, section 3 and LCCF policy 12.005, page 13, section 3 and page 14, section 3, state that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies. In interview with the Warden, he reported that there was one allegation of sexual harassment by a Corizon contracted provider. Following that allegation, Corizon terminated the services of the provider. There have been no volunteers in the past 12 months that have violated the agency’s sexual abuse/harassment policy.

**Standard 115.78 Disciplinary sanctions for inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

As per GEO policy 5.1.2-E, pages 11 & 12, section 2 and LCCF policy 12.005, page 26, section N-2, inmates found guilty of engaging in sexual abuse involving other inmates shall be subject to formal disciplinary sanctions. Disciplining an inmate for engaging sexual activity with an employee is prohibited unless the employee did not consent to the contact. The “Inmate Handbook”, page 11, outlines the sanctions that will be imposed for sexual offenses by inmates. LCCF prohibits all sexual activity between inmates and will discipline inmates for such activity. The PREA Compliance Manager receives copies of all disciplinary reports regarding sexual activity and sexual abuse. The incident will be reported to the Hobbs Police Department, unless the activity was clearly not criminal.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Upon intake, any inmate who is assessed to be at risk for sexual victimization or abusiveness or who has previously experienced prior sexual victimization or previously perpetrated sexual abuse are offered a follow-up meeting with a medical or Behavior Health practitioner within 14 days of initial intake screening according to GEO policy 5.1.2-A, pages 9 & 10, section 2 and LCCF policy 12.005, pages 9 & 10, section 2. Medical and mental health staff obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. In interview with the Behavior Health Director and review of behavior health referrals made from initial inmate screenings, this process is being done per policy. In the past 12 months, there were no reports of prior sexual victimization that did not occur in an institutional setting.

### **Standard 115.82 Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

GEO policy 5.1.2-A, page 23, section 7 and LCCF policy 12.005, page 22, section 7, mandate that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention. Testing for sexually transmitted infections is offered as medically appropriate without financial cost to the victim. Victims will be offered information about sexually transmitted infections prophylaxis where medically appropriate. SANE exams will be performed on-site through an MOU with Arise Sexual Assault Services. All services are provided without cost to the victim. In interview with the Health Services Administrator and the Behavior Health Director, they confirmed this practice and that the requirements of the standard are adhered to. In the past 12 months, there was one inmate victim that required a SANE exam be performed.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

GEO policy 5.1.2-A, page 24, section M and LCCF policy 12.005, pages 23 & 24, section M, were used to verify compliance to this standard. The facility offers medical and mental health evaluation and treatment to all inmates who are victimized by sexual abuse. The facility will conduct a mental health evaluation on all known abusers within 60 days of learning of the sexual abuse. The evaluation and treatment of victims shall; include follow-up services, treatment plans, referrals for continued care following their transfer to, or placement in, other facilities or release from custody. All refusals for medical and mental health service will be documented. In the past 12 months, there were no inmates placed on treatment plans related to sexual abuse.

### **Standard 115.86 Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Based on GEO policy 5.1.2-A, page 24, section 3 and LCCF policy 12.005, pages 24 & 25, section 3, the facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation that was determined to be substantiated or unsubstantiated. A “PREA After Action Review Report” form is used to document incident reviews and upon completion is forwarded to the Warden for his review and signature and to the PREA Compliance Manager who forwards the form to the PREA Coordinator. The “PREA After Action Review Report” form is maintained in the corresponding investigative file. The facility shall implement the recommendations for improvement, if any, or shall document its reasons for not doing so. The Warden, the Security Warden, the Behavior Health Director, the Captain/Lead Investigator and the PREA Compliance Manager are members of the Incident Review Team.

**Standard 115.87 Data collection**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

The facility will collect data related to sexual abuse and this data is aggregated at least annually according to GEO policy 5.1.2-A, page 25, section III, N-1. It is the responsibility of the PREA Compliance Manager to compile data collected on sexual activity, sexual harassment and sexual abuse incidents and forward this information to the PREA Coordinator on a monthly basis using the “Monthly PREA Incident Tracking Log” (attachment D of policy 5.1.2-A) as well as “PREA Incident Report Survey” forms on all reported allegations. The facility provides such data from the previous calendar year to the Department of Justice no later than June 30, when requested.

**Standard 115.88 Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

According to GEO policy 5.1.2-A, page 25, section N, GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention and intervention program. The PREA Coordinator prepares an annual report which includes findings and PREA Audit Report

corrective actions taken for each GEO facility. The annual report includes a comparison of the current year's data and corrective action with those from prior years. The most current report is available on GEO's website ([www.geogroup.com](http://www.geogroup.com)). This data is also compiled annually for the "NMCD Annual Assessment of NMCD's Progress in Addressing Sexual Abuse" report which is made available to the public on the NMCD website.

**Standard 115.89 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**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.**

Per policy 5.1.2-A, page 26, section 3, all data collected is securely retained for 10 years or longer as required by state statute. Before making aggregated sexual abuse data publicly available on the GEO website, all personal identifiers are removed. This information is also compiled for the "NMCD Annual Assessment of NMCD's Progress in Addressing Sexual Abuse".

**AUDITOR CERTIFICATION**

I certify that:

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

Barbara Jo Denison

09/11/15

Auditor Signature

Date