

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report September 14, 2019

Auditor Information

Name: Barbara King	Email: Barbannkam@aol.com
Company Name: B.A.K Correctional Consulting	
Mailing Address: 1145 Eastland Ave	City, State, Zip: Akron, Ohio 44305
Telephone: 330-618-7456	Date of Facility Visit: June 17-18, 2019

Agency Information

Name of Agency: The GEO Group, Inc.		Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.	
Physical Address: 4955 Technology Way		City, State, Zip: Boca Raton, Florida 33487	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
Telephone: 561-999-5827		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: GEO's mission is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, cost-efficient 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.			
Agency Website with PREA Information: www.geogroup.com Social Responsibility Section			

Agency Chief Executive Officer

Name: George C. Zoley	Title: Chairman of the Board, CEO and Founder
Email: gzoley@geogroup.com	Telephone: 561-893-0101

Agency-Wide PREA Coordinator

Name: Ryan Seuradge	Title: Director, Contract Compliance, PREA Coordinator
Email: rseuradge@geogroup.com	Telephone: 561-999-5875
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator 108: 56 US Corrections; 41 Reentry Services; 8 Youth Services; and 3 Lockups

Facility Information

Name of Facility: Beaumont Transitional Center			
Physical Address: 2495 Gulf Street Beaumont, Texas 77703			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: 303-388-2014			
The Facility Is:		<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
Facility Type:	<input checked="" type="checkbox"/> Community treatment center		<input checked="" type="checkbox"/> Halfway house
	<input type="checkbox"/> Mental health facility		<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Alcohol or drug rehabilitation center		
<input type="checkbox"/> Other community correctional facility			

Facility Mission: The mission statement of the facility is “The mission of the Beaumont Transitional Treatment Center is to promote resident growth and independence through responsible monitoring, resident accountability, collaborative partnerships with the community and with the customer, effective programming based on evidenced based practices, and commitment to staff training and proper management oversight, all within structured and safe environment which benefits all partners and stakeholders.”

Facility Website with PREA Information: www.geogroup.com Social Responsibility Section

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No

Director

Name: Walter Connealy	Title: Facility Director
Email: wconneally@geogroup.com	Telephone: 409-790-2124

Facility PREA Compliance Manager

Name: Tona Butler	Title: Assistant Facility Director
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Email: tbutler@geogroup.com		Telephone: 409-790-2124	
Facility Health Service Administrator			
Name: N/A		Title: Click or tap here to enter text.	
Email: Click or tap here to enter text.		Telephone: Click or tap here to enter text.	
Facility Characteristics			
Designated Facility Capacity: 180		Current Population of Facility: 177 (the day of the audit)	
Number of residents admitted to facility during the past 12 months			891
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			889
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			891
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 21-72	<input type="checkbox"/> Juveniles Adult facility only	<input type="checkbox"/> Youthful residents Adult facility only
Average length of stay or time under supervision:			93 days
Facility Security Level:			Minimum
Resident Custody Levels:			Minimum
Number of staff currently employed by the facility who may have contact with residents:			37
Number of staff hired by the facility during the past 12 months who may have contact with residents:			18
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			1
Physical Plant			
Number of Buildings: 12		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		7	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>The facility utilizes a video surveillance system with forty-three (43) cameras; 20 exterior and 23 interior. There was an addition of four (4) cameras in 2016 and fifteen (15) cameras in the dorms in 2018. The cameras provide twenty-four-hour monitoring of all areas. The cameras are located in common areas outside the dorms (20); within the dorms (15), the interior of the multipurpose/dining hall (2); kitchen (3); administrative building (1); parole office (1); and record office (1). The system stores video for 3 to 21 days depending on the recording DVR. The system provides supervisors and monitoring staff with real time views of the camera footage enabling the staff to respond to any unusual activities. The dorm cameras are viewed by the Facility Director, Security</p>			

Manager, and Assistant Facility Director only, as well as, all the other cameras. The Monitoring Station can view all cameras except for the dorm cameras.

Medical

Type of Medical Facility:	N/A. The facility utilizes local hospitals and community facilities/services for medical and mental health services.
Forensic sexual assault medical exams are conducted at:	Local hospitals: Christus Health Southeast Texas and Saint Elizabeth Hospital

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	2
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	111 agency-wide 3 facility

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit of the Beaumont Transitional Center (BTC) in Beaumont, Texas, a facility under the operation of the GEO Group, Inc. was conducted on June 17-18, 2019 by Department of Justice certified PREA Auditor Barbara King. The audit process began with communication between the agency's Director of Contract Compliance/PREA Coordinator and the Auditor in February 21, 2019. The Auditor explained the audit process detailing that compliance is assessed through written policies and procedures, observed practices, and interviews with residents and staff.

The Audit Posting was sent to the facility by the auditor on May 15, 2019. The facility acknowledged receiving the audit posting and the postings were placed throughout the facility by May 22, 2019. The photos of the audit postings for verification was provided on May 23, 2019. The Auditor observed the postings during the tour of the facility.

On March 23, 2019, the Auditor received the PREA Pre-Audit Questionnaire and supporting documents on a thumb drive provided by the agency. The thumb drive contained five files: a master folder of supporting documentation for the PREA standards, BTC's average daily population report, corporate resources, floor plan with camera locations, and the GEO mission statement. The master folder contained relevant policies and procedures, the Pre-Audit Questionnaire, and supporting documentation to demonstrate compliance. On June 4, 2019, after the review of the Pre-Audit Questionnaire and documentation, the Auditor emailed the agency and facility requesting further documentation for clarification and review on various standards. Some of this information was provided electronically prior to the audit and the remaining documentation was provided during the on-site audit visit. Prior to the on-site visit, contact was made with the agency's PREA Contract Compliance Manager and the Facility Director to discuss the audit process and set a tentative time schedule for the on-site audit.

The policies utilized for the policy and procedure review and documentation were:

Agency Policies:

- 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prisons and Jail and Community Confinement Facilities
- 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection

Facility Policies:

- 0803-1 Sexually Abusive Behavior Prevention and Intervention Program (PREA)
- 0903-1 Searches, Urinalysis, Viewing, and Contraband
- 1702-1 Intake and Processing
- 0504-1 PREA Staffing and Facility Requirements
- 0503-1 Staff, Volunteer, and Contractor Training
- 1701-1 Resident Intake
- 0805-1 Grievances

TDCJ Policies– the facility abides by:

- TDCJ Safe Prison/PREA Plan
- TDCJ policy PD-29 Sexual Misconduct with Offenders

The auditor reviewed the PREA Annual Reports for 2015, 2016, 2017, and 2018 plus the PREA information on the GEO Group, Inc. website under the Social Responsibility Section - PREA (www.geogroup.com) prior to the audit. The agency's website has a page dedicated to PREA. The PREA

page provides general information on PREA, the zero-tolerance statement and policy, how to report allegations, employee reporting options, investigation process, investigation policy, PREA policy, Department of Justice PREA Final Standards, GEO's facility certification information, and GEO's Annual Report. The reporting options provided on the website includes calling the Facility Director, the GEO Corporate PREA Coordinator, and email to www.reportline.com/geogroup. It stated reports can be made by phone, in person, writing, and anonymously.

Also on June 4th, the auditor requested the following information be provided the first day of the audit: daily population report (use June 14th), staff roster to include all departments (include title, shift, and off days), resident roster by housing unit and alpha listing, list of staff who perform risk assessments, list of contractors and volunteers (include times available during audit), list of residents with a PREA classification (who have screened for risk or abusiveness), list of lesbian/gay/bisexual/transgender/intersex (LGBTI) residents, list of PREA allegations in the past 12 months (type of case, victim name, investigation outcome), list of residents that reported sexual abuse, list of disabled and limited English proficient residents, list of the first responders from the reported allegations, and list of how the allegations were reported (i.e. verbal to staff, hotline, grievance). This information would be utilized to establish interviews schedules. The facility provided the requested information the night prior to the on-site audit. This information was utilized for the random selection of residents and staff to be interviewed for random and specialized interviews.

Before the start of the audit, the Auditor met with agency and facility staff. The agency's Contract Compliance Manager opened the entry briefing on the first day of the on-site visit. In attendance were:

- Walter Connealy Facility Director
- Tona Butler Assistant Facility Director/ PREA Compliance Manager
- Quincy Mack Security Manager
- Chris Champagne Texas Department of Criminal Justice (TDCJ) Contract Monitor
- Terry Garcia GEO Senior Area Manager
- Jennifer Sheahan GEO Contact Compliance Manager

Brief introductions were made and the detailed schedule for the audit was discussed. The Auditor provided an overview of the on-site audit process and methodology used to demonstrate PREA compliance. The Auditor explained that the audit process is designed to not only assess compliance through written policies and procedures, but also to ascertain whether such policies and procedures are reflected in the knowledge and day-to-day practices of staff at all levels. The Auditor further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour and on-site, additional onsite documentation provided for review, and conducting both staff and resident interviews. It was shared that the Auditor received one correspondence from a resident. The Auditor will interview the resident, if still housed at the facility. It was established that the Auditor would meet with the Facility Director, Assistant Facility Director/PREA Compliance Manager, the agency's Contract Compliance Manager and any identified staff at the close of each day to review the day's activities and prepare for the next audit day. Key facility staff during the audit included the Facility Director, Assistance Facility Director/PREA Compliance Manager, Security Manager, and GEO's Contract Compliance Manager.

The Auditor utilized the Auditor Compliance Tool, Instructions for the PREA Audit Tour, the Interview Protocols, Process Map, Auditors Summary Report, and the PREA Auditor Handbook for guidance during the audit process. These documents were available through the National PREA Resource Center.

A facility tour was completed after the opening meeting with the key staff. The housing dorms, dayroom areas, restrooms, program areas, and service areas were toured by the Auditor. All areas of the facility where residents are afforded the opportunity to go or provided services was observed by the Auditor. During the tour, the Auditor made visual observations of the program, service, and housing areas including bathrooms, staff sight lines, and camera locations. The audit notice postings were printed on colored paper and readily available to all residents through the posting in each housing unit, dayrooms, and shared spaces. The Auditor spoke to random staff and residents regarding PREA education and facility practices during the tour. Review of the dorm logbooks was conducted to verify staff rounds for security staff and supervisors. All facility staff were very cooperative and informative during the audit process.

During the tour, the Auditor identified potential blind spots in the facility. These areas were the dishwashing room in the kitchen and Dorm E dayroom area hallway alcove. The Auditor recommended that mirrors be added to the areas to enhance visual monitoring of the areas. Residents have accessibility to phones through their own personal cell phones and a phone located at the Monitor Station that allows for toll free calls and are not monitored. The Auditor tested the phone at the Monitoring Station for reporting and accessibility to support services. The Auditor was able to contact TDCJ Ombudsman and the Rape and Suicide Crisis of Southeast Texas Inc. During the first day of the onsite audit while the tour was occurring, TDCJ was conducting a routine unannounced random shakedown of the facility this included drug dogs.

All required facility staff and resident interviews were conducted on-site during the two-day audit. The staff and resident interviews were held in the administrative conference room that afforded privacy for the interviews. The Auditor utilized the PREA Auditor Handbook table for resident interviews for determination of interviews to be held at the facility. Resident interviews were based on the resident population size of 101-250 residents; a requirement of at least 20 resident interviews with at least 10 from the target groups and 10 random interviews. Twenty-eight (28) formal resident interviews were conducted and eleven (11) residents were informally interviewed during the facility tours, (22% of the 177-resident population). Residents were selected randomly by the Auditor from each housing dorm and from the lists provided for the specialized interviews. Random resident interviews from different housing dorms (20), Disabled and Limited English Proficient (1), LGBTI (4), and Resident Who Reported Sexual Abuse (3). Interviews were not conducted for youthful offenders and Residents Who Disclosed Sexual Victimization. The facility does not house youthful offenders and the facility had no resident currently housed who disclosed sexual victimization during intake. The residents interviewed acknowledged they had been screened during the intake process, education was provided which began at intake, and they knew how to report. Residents also indicated they felt safe at the facility, acknowledged the zero tolerance of sexual abuse and sexual harassment, and their right to be free from retaliation for reporting.

A total of twenty-one (21) formal staff interviews were conducted and additional three (3) informal staff interviews were also conducted during the facility tours (67% of the 37 staff who may have contact with residents). Several staff have multiple roles within the facility for PREA functions and these staff members were interviewed for multiple specialized interviews. Staff were randomly selected from the two shifts: supervision staff (5) and non-security facility staff (4). Additionally, specialized staff interviews conducted were the Facility Director (1), PREA Compliance Manager (1), Administrative/Human Resources (1), Volunteer (1), Investigator (1), Staff Who Perform Risk Screening (1), Intake staff (1), Incident Review Team (2), Staff Charged with Monitoring Retaliation (1), First Responder (1), and Non-Medical Staff Involved in Cross-Gender Strip or Visual Searches (1). Although there was no cross-gender strip searches that occurred; the Auditor interviewed a staff member to confirm the process. Written interviews of the Agency Director and PREA Coordinator were provided from the agency. An interview was not

conducted for the Contract Administrator. The facility does not contract for housing for their residents. Medical and mental health services are provided by outside community agencies. The staff interviewed acknowledged they have received training and understood the PREA policies and procedures. They acknowledged their responsibilities to prevent, detect, report, and response to sexual abuse and sexual harassment. They understood their roles in reporting and responded to all allegations. The Auditor also interviewed a representative from St. Elizabeth Hospital regarding medical treatment including forensic exams conducted by SANE staff. The Auditor tried to contact the Rape and Suicide Crisis of Southeast Texas Inc. on three occasions and was unable to interview an agency representative.

There were eight allegations reported of sexual abuse and sexual harassment during the audit period (June 2018 through June 17, 2019). Of the eight reported allegations; four were resident on resident sexual harassment and four resident on resident sexual abuse. The administrative findings of the four (4) resident on resident allegations of sexual abuse were three (3) unsubstantiated and one (1) substantiated. The administrative findings of the resident on resident allegations of sexual harassment were three unsubstantiated and one substantiated. One of the cases was criminal in nature and referred to an outside investigative agency. The case was not referred for prosecution. A review of all the cases was conducted by the Auditor.

The Auditor also reviewed staff personnel records, staff training records, and resident files. The Auditor observed three resident intakes, risk screenings, and classification. The Auditor interviewed the resident that wrote the Auditor. The resident was questioning the staff asking him the PREA reassessment questions again months after coming to the facility. Also, that he refused to sign the form because he questioned why the questions were asked again. The Auditor explained the reassessment process and the requirement to reassess within thirty days of intake. He was also concerned that allegations were not documented by staff, however, he could not provide any examples or details of any allegations. He stated he is fearful of reporting due to staff not responding properly. This resident also reported sexual voyeurism by staff in April 2018 by writing GEO Corporate. The allegation reported was a staff member walked into the bathroom area to conduct a check and did not announce their presence. The allegation was investigated and was determined unfounded. The rest of the letter were issues that were not PREA related.

An exit briefing was conducted by the Auditor at the completion of the on-site audit. The following employees were in attendance:

- Walter Connealy Facility Director
- Tona Butler Assistant Facility Director/PREA Compliance Manager
- Quincy Mack Security Manager
- Chris Champagne TDCJ Contract Monitor
- Lynette Botley Shift Supervisor
- Andrea Moore Office Support Staff/Human Resources
- Jennifer Sheahan GEO Contract Compliance Manager

While the Auditor could not give the facility a final finding per standard, the Auditor did provide a preliminary status of the findings. There was one outstanding issue at the end of the site visit; standard 115.271. The facility policy needs to be expanded to address criminal investigations must follow subsection (g); that criminal investigations are in a written report that contains thorough description of evidence, documentary evidence, and narrative findings.

The Auditor made recommendations to the facility administration. The recommendations made were:

- 115.213 Supervision and Monitoring – Ensure that staff are conducting hourly rounds and roving rounds that are required.
- 115.216 Inmates with Disabilities – Expand the policy to provide how PREA information/education is provided to residents that deaf, low vision, or have intellectual, psychiatric, or speech disabilities providing the 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 should document in policy the practice demonstrated during the audit.
- 115.251 Resident Reporting – Follow up with crisis center to see if they are reporting any allegations they receive to the facility. If not, possibility due to policy, at least ask them to provide allegation numbers for facility information and data collection.
- 115.253 Inmate Access to Outside Confidential Support Services - The poster and handbook referencing victim advocacy services does not include reporting and confidential information. This information should be included on the Resident Reporting Options poster that the phone calls are confidential (can be accomplished with labels on current posters and update and when updating the resident handbook).
- 115.271 Investigations – The facility should attempt an MOU with Beaumont City Police Department if the agency is to conduct sexual abuse investigations.
- Enhanced visual monitoring – place mirrors in the kitchen dishwasher area and Dorm E dayroom.

The Auditor suggests the facility continue to expand their written operating procedures. The facility should review the local policies and expand to include detailed procedural direction for staff of the practices outlined and demonstrated throughout the audit. The local policies mirror the corporate policy and standard languages and provides little procedural direction for staff. This will provide staff direction on how to properly handle a situation and provide consistency in staff actions.

The Auditor shared with those in attendance the appreciation of the hospitality received and for the professionalism provided by all staff during the visit. The Auditor observed constant interactions between staff and residents in a positive manner throughout the on-site audit. Those interviewed clearly understood PREA and knew the methods in place to report incidents of sexual abuse/harassment, if needed. The Auditor shared with the Facility Director and the agency’s administration feedback from the resident population; the residents stated they felt safe at the facility and felt staff would be responsive if an allegation was made. Also, the Auditor shared the positive interviews with staff, and the professionalism demonstrated by staff during the audit. The Auditor thanked the Facility Director, Assistant Facility Director/PREA Compliance Manager, Security Manager, and the staff of Beaumont Transitional Center for their hard work and commitment to the Prison Rape Elimination Act.

An updated policy 0803-1 Sexually Abusive Behavior Prevention and Intervention Program (PREA) was forwarded to the Auditor by the agency’s PREA Contract Compliance Manager that documented compliance with the outstanding standard 115.271. The policy was expanded to include the language of the standard and the current process of the facility. The facility also conducted refresher training with staff on the dynamics of sexual abuse. Training records were provided to document the training. The facility placed labels stating “This call will be confidential” on the Resident Reporting Options posters to inform the resident of the confidentiality of the phone calls. A photo documenting the labels on the posters was provided for documentation. No further action was necessary for compliance. The agency met compliance; a corrective action period was not initiated or warranted.

The auditor based the decision of standard compliance on: data gathering; review of documentation; observations during the tour of the facility; interviews with staff and residents; file reviews of investigations, staff personnel and training files, and resident files; and the facility's policy and practices.

The initial forty-five days from the day of the onsite audit for the final report was extended upon mutual agreement between the agency and the Auditor, based on the Auditors request. The Auditor had unforeseen circumstances during this time period.

Facility Characteristics

The Beaumont Transitional Treatment Center is located in Beaumont, Texas. It is a residential, community treatment and release program that contracts with the Texas Department of Corrections (TDCJ) since 1997 to house residents released on parole or mandatory supervision and provide services to assist residents as they reenter the community. The majority of the resident population is sex offenders. The residents are of minimum custody level that were released from prison to the resident facility. The facility's focus is the transition of the resident from an institutional setting to an independent living in the community. Programs and services currently offered at the Beaumont Transitional Treatment Center include individualized case management, cognitive behavior groups, individualized transition programs focusing on problem identification, areas for improvement, needs, goals, and objectives, balanced nutritional meals with special medical and/or religious diets available, employment assistance including resume writing, job search strategies, application assistance, and interview techniques, Alcoholics Anonymous/Narcotics Anonymous, and HIV/AIDS and STD prevention and awareness. The average length of the residential stay is 93 days. The design capacity is 180. The first day of the on-site audit, the population was 177 (159 male and 18 female).

The facility consists of eleven buildings to include seven housing dorms, a records and parole office building, administrative building, a multipurpose building, and the Monitoring Station building. There are six male dorms and one female dorm. The facility has a housing capacity for 180 residents. The Administration Building is located outside the perimeter fence. To enter the facility is through a common front entrance gate at the Administrative Building.

Each housing dorm is an individual unit that operates independently, allowing security monitors to interact directly and with smaller groups of residents. Each dorm is supervised through indirect supervision with a roving security monitor that is required to make hourly rounds in each building. The dorms are module buildings that are one floor with a dayroom area with seating, televisions, restrooms, and a laundry area. All dorms except Dorm E, is an open concept with single beds. The dorm provides an open view of the full dorm except the bathroom area. Dorm E is broken into four pods of ten beds, five double bunks. The dayroom is in the center of the building connecting the four pods. The Auditor suggested a mirror in the dayroom that would provide enhanced visual observation in the left alcove entrance of two pods. All dorms have cameras and mirrors for enhanced monitoring. The showers, wash basins, and toilets are within a restroom area. The showers and toilets have privacy doors.

Building E, other than Dorm E, contains the maintenance department and the kitchen. The maintenance department does not allow residents within the department. The kitchen has a prep area, cooler, freezer, dry storage, and a dishwashing area. The staff area is located in the middle of the area that allows supervision at all times. Residents only enter the cooler and freezer under staff supervision. There is a window into the dishwashing area for observation. The Auditor suggested the placement of a mirror to provide further visual enhancement of the dishwashing area.

The Monitor Station monitors and coordinates the security, life safety, and communications for the facility. It is staffed 24 hours a day, 7 days a week. There are at least three security monitors on each shift with one being a female staff member. The Monitor Station is the common post for the security monitors on shift. The facility cameras, except dorm cameras, are monitored through numerous monitors within the Monitor Station. The Facility Director indicated the Monitor Station would soon be monitoring the dorm cameras. The control center officer also maintains contact with all staff through radios. Outside the Monitoring Station is a grievance box, staff request box, and US mailbox for residents. The boxes are emptied daily by the Security Manager. There is also a phone available to residents. The Report Reporting Options poster is located near the phone to allow accessible numbers for reporting and crisis support. There is a poster that states "This phone is not monitored or recorded."

The multipurpose building is utilized for programming and the dining area for the residents. There is an outdoor recreation area for residents. There is a courtyard in the middle of the facility with seating. The pods encircle the courtyard.

The facility operates with two (2) twelve-hour shifts: 6:00 am to 6:00 pm and 6:00 pm to 6:00 am. Each shift has a minimum of one shift supervisor and three resident monitors who are the primary security staff members. There is always a female staff resident monitor on shift. The facility has a required staff ratio by the TDCJ contract. The ratio is 1 staff to 60 residents from 6:00 am to 10:00 pm. From 10:00 pm to 6:00 am, the ratio is 1 to 100. The Facility Director stated the ratio has always been met through overtime when needed. The resident monitors make hourly rounds in each housing dorm. The security department is also supported through a Shift Supervisor and Security Manager. The facility has five case managers. Each case manager's office is within a dorm building. Other facility administration and program/service staff includes a Facility Director, Assistant Facility Director, Accounting Clerk, Office Support Specialist, Job Developers (2), Food Service Manager, Cooks (2), and a Resident Medical Advocate.

The facility does not have medical or mental health services on site. Several staff members are trained to do health screenings which are conducted upon arrival to the facility. All staff are trained in CPR, first aid, and AED usage. Residents in need of medical treatment can make appointments with local doctors and utilize the hospital's emergency room. If there is a medical emergency, 911 would be called. The resident would be transported by the EMS with staff escort. Non-emergency incidents may be transferred by facility staff. The primary hospital is Saint Elizabeth Hospital. The facility has a cooperative agreement with the Rape and Suicide Crisis Center of Southeast Texas for crisis services and victim advocacy. The cooperative agreement covers the responsibilities of the District Attorney's Office of Jefferson County, Tyler County, and Orange County; the Jefferson and Orange County Sheriff's Office, Police Departments of Beaumont, Groves, Nederland, Port Arthur, Vidor, Orange, Bridge City, and Port Neches; Rape and Suicide of Southeast Texas; the Garth House; Texas Department of Family and Protective Services; Child Abuse and Forensic Services; the Sane Team of CHRISTUS hospital; Court Appointed Special Advocates; Medical Center of Southeast Texas; and Baptist Hospital of Southeast Texas Beaumont. The agreement is a cooperative collaboration between each agency with the purpose of providing a continuum of services as needed for sexual assault survivors and other victims of crime. It includes a Sexual Assault Response Team (SART), a liaison for emotional support during the SANE exam, through the court proceedings, and follow-up support and legal advocacy. Residents are allowed to have approved keep-on-person medications.

The facility utilizes a video surveillance system with forty-three (43) cameras; 20 exterior and 23 interior. There was an addition of four (4) cameras in 2016 and fifteen (15) cameras in the dorms in 2018. The cameras provide twenty-four-hour monitoring of all areas. The cameras are located in common areas outside the dorms (20); within the dorms (15), the interior of the multipurpose/dining hall (2); kitchen (3); administrative building (1); parole office (1) and record office (1). The system stores video for 3 to 21 days depending on the recording DVR. The system provides supervisors and monitoring staff with real time views of the camera footage enabling the staff to respond to any unusual activities. The dorm cameras are viewed by the Facility Director, Security Manager, and Assistant Facility Director only, as well as, all the other cameras. The Monitoring Station can view all the cameras except for the dorm cameras.

All residents are expected to work that are not in programming. Case Managers provide employment services and assist residents in finding employment.

Summary of Audit Findings

The PREA Audit of the Beaumont Transitional Center found forty-one (41) standards in compliance with seven (7) of those standards exceeding the requirement of the standard. These standards are: 115.211 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator; 115.217 Hiring and Promotion Decisions, 115.231 Employee Training; 115.232 Volunteer and Contractor Training; 115.233 Resident Training; 115.241 Screening for Risk of Victimization and Abusiveness; and 115.267 Agency Protection Against Retaliation. An explanation of the findings related to each standard showing policies, practice, observations, and interviews are provided under each standard in this report.

Number of Exceeds Standards: 7

115.211 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator
115.217 Hiring and Promotion Decisions
115.231 Employee Training
115.232 Volunteer and Contractor Training
115.233 Resident Training
115.241 Screening for Risk of Victimization and Abusiveness
115.267 Agency Protection Against Retaliation

Number of Standards Met: 34

115.212 Contracting with other Entities for the Confinement of Inmates
115.213 Supervision and Monitoring
115.215 Limits to Cross-Gender Viewing and Searches
115.216 Residents with Disabilities and Inmates Who Are Limited English Proficient
115.218 Upgrades to Facilities and Technologies
115.221 Evidence Protocols and Forensic Medical Examinations
115.222 Policies to Ensure Referrals of Allegations for Investigations
115.234 Specialized Training: Investigations
115.235 Specialized Training: Medical and Mental Health Care
115.242 Use of Screening Information
115.251 Resident Reporting
115.252 Exhaustion of Administrative Remedies
115.253 Resident Access to Outside Confidential Support Services
115.254 Third-Party Reporting
115.261 Staff and Agency Reporting Duties
115.262 Protective Duties
115.263 Reporting to Other Confinement Facilities
115.264 Staff First Responder Duties
115.265 Coordinated Response
115.266 Protection of Ability to Protect Residents from Contact with Abusers
115.271 Criminal and Administrative Agency Investigations
115.272 Evidentiary Standards for Administrative Investigations
115.273 Reporting to Residents
115.276 Disciplinary Sanctions for Staff
115.277 Corrective Action for Contractors and Volunteers

- 115.278 Disciplinary Sanctions for Residents
- 115.282 Access to Emergency Medical and Mental Health Services
- 115.283 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers
- 115.286 Sexual Abuse Incident Reviews
- 115.287 Data Collection
- 115.288 Data Review for Corrective Action
- 115.289 Data Storage, Publication, and Destruction
- 115.401 Frequency and Scope of Audits
- 115.403 Audit Contents and Findings

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

There was one outstanding issue at the end of the site visit; standard 115.217. The facility policy needs to be expanded to address that criminal investigations must follow subsection (g); that criminal investigations are in a written report that contains thorough description of evidence, documentary evidence, and narrative findings. An updated policy 0803-1 Sexually Abusive Behavior Prevention and Intervention Program (PREA) was forwarded to the Auditor by the agency's PREA Contract Compliance Manager that documented compliance with the outstanding standards 115.271. The policy was expanded to include the language of the standard and the current process of the facility. No further action was necessary for compliance.

The facility also conducted refresher training with staff on the dynamics of sexual abuse. Training records were provided to document the training. The facility also placed labels stating "This call will be confidential" on the Resident Reporting Options posters to inform the resident of the confidentiality of the phone calls. A photo documenting the labels on the posters was provided for documentation.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (a)

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

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

Auditor Overall Compliance Determination

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

The agency policy 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prisons and Jail and Community Confinement Facilities and the facility policy 0803-1 Sexually Abusive Behavior Prevention and Intervention Program (PREA) mandates zero tolerance towards all forms of sexual abuse and sexual harassment. The policies outline the agency's and facility's approach to preventing, detecting, reporting, and responding to sexual abuse and harassment. The policy provides definitions of sexual abuse and general PREA definitions. Through observation of the Resident Reporting Options poster, Resident Handbook, PREA Educational Manual for Residents, and Sexual Assault Awareness Program pamphlet; the facility is providing information to the residents on zero tolerance. Staff are informed through training and policies. It was apparent through the materials and staff and resident interviews that the agency and the facility is committed to zero tolerance of sexual abuse, sexual assault, and sexual harassment. Each staff member also carries an informational card, PREA Staff

Responsibility Card that outlines staff responsibilities, zero tolerance, and the first responder requirements. The zero-tolerance policy is publicly posted on the agency's website.

The facility exceeds the standard with the staff of GEO and TDCJ who are responsible to oversee the sexual abuse prevention and intervention policies, procedures, and practices. GEO employs a corporate level PREA Director/PREA Coordinator that oversees the company's PREA compliance throughout all agency facilities. Under the agency's PREA Coordinator supervision are Regional PREA Coordinators for the East, West, and Central regions. Their roles vary from conducting mock audits, assisting facilities with technical assistance, and assisting the agency PREA Coordinator with various other PREA related tasks upon request. The corporate PREA office also contains one PREA Senior Contract Compliance Manager, two PREA Contract Compliance Managers, and one Data Specialist. The Data Specialist is responsible for collecting and analyzing PREA data and preparing required reports.

At the facility level, the PREA Compliance Manager (also the Assistant Facility Director) is responsible to oversee that policies and procedures relative to the PREA and ensure facility compliance. The PREA Compliance Manager stated she coordinates the facility's efforts by providing PREA training for all staff, reviewing policies and procedures for compliance, conducting investigations, ensure the allegation/investigation files are compliant, and maintain all PREA files. She indicated she provides training for initial hires and annually to staff. At a weekly administration meeting, PREA allegations, updates, and any concerns are discussed. If a compliance issue is identified, she stated it would be noted in an incident report. The Review Team will discuss and make recommendations for correction. The PREA Compliance Manager is responsible for following up to ensure the correction is made. During the interview with the PREA Compliance Manager, she was knowledgeable of the facility's PREA policies and procedures and her responsibilities for coordinating the facility's efforts to comply with the PREA standards. She indicated she had sufficient time and authority to manage the facility's PREA responsibilities.

During an interview with the TDCJ Contract Monitor, he stated that he conducts quarterly reviews for contract compliance. TDCJ also conducts an annual review of PREA, a PREA audit through worksheets. The TDCJ Contract Monitor visits the facility weekly and monitors the operations through a walk-through including monitoring for PREA issues and practices. If an area is determined non-compliant, the facility has twenty days to complete compliance; or a financial sanction is issued.

Through observations within the facility; review of the Resident Reporting Options poster, Resident Handbook, PREA Educational Manual for Residents, and Sexual Assault Awareness Program pamphlet; and staff and resident interviews it was apparent the agency and facility are committed to zero tolerance of sexual abuse and sexual harassment. The Auditor determined compliance through the interview with the PREA Compliance Manager, review of agency and facility's policies, facility organizational chart indicating the PREA Compliance Manager's position, and the GEO's organizational chart for the corporate PREA Department.

Standard 115.212: Contracting with other entities for the confinement of residents

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents 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 residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

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

The agency/facility does not contract for the confinement of residents with private agencies or other entities, including other government agencies. This was confirmed through interviews with the agency's PREA Coordinator and the Facility Director.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No

- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

The agency's policy 5.1.2-A and facility's policy 0803-1 PREA outlines the requirement of a staffing plan. The facility has developed a staffing plan that is based on the four criteria of this standard to include the physical layout of each facility; the composition of resident population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The design facility capacity is 180 residents and the staffing plan is based on the full facility capacity of 180. The population during the audit was 177 residents and the average population for the last 12 months was 174. A review of the PAQ indicated the facility's staffing level is 37 staff that may have recurring contact with residents.

The facility operates with two (2) twelve-hour shifts: 6:00 am to 6:00 pm and 6:00 pm to 6:00 am. The facility had just changed from three shifts to two shifts on May 6. The Facility Director indicated this has assisted with recruitment and retention of staff. Each shift has a minimum of a shift supervisor and three resident monitors who are the primary security staff members. There is always a female staff resident monitor on shift. The facility staffing plan contains 18 resident monitors. The facility has a required staff ratio by contract with the TDCJ. The ratio is 1 staff to 60 resident from 6:00 am to 10:00 pm. From 10:00 pm to 6:00 am, the ratio is 1 to 100. The Facility Director stated the staff ratio has always been met through overtime when needed. The Facility Director stated there was no change in the staffing plan from 2017 to 2018. The resident monitors make hourly rounds in each housing dorm. The security department is also supported through a Shift Supervisor and Security Manager. The facility has five case managers. All the case managers were resident monitors. They are trained and understand the security requirements of the facility. Each case manager's office is within a dorm building. Sufficient supervision of residents was observed through on-site observations of security and case managers supervising and interacting with residents. The Auditor reviewed the monthly shift roster for all shifts and determined the facility is ensuring staffing levels are being maintained in accordance with the standard. Hourly rounds are being conducted in each housing unit.

The facility management and mid-level supervisors are to conduct and document unannounced rounds. By policy 0803-1, unannounced rounds will be conducted in a staggered method, so as to be unpredictable and unexpected by front-line staff and/or residents. The facility management and mid-level supervisors are to document unannounced rounds a minimum of once a month for each shift using the PREA Unannounced Supervisor Rounds Form. The Auditor reviewed the PREA Unannounced Supervisor Rounds forms to review for compliance which was met. Rounds are also documented on the Daily Shift Supervisor Unannounced Walk-through form which is a checklist of duties to be accomplished including inspection of all housing areas and facility grounds.

The Facility Director indicated that all posts are filled daily and there have been no deviations. If there is a staff shortage, coverage is provided through overtime and coverage by administration staff. All overtime is documented. Video cameras operate 24 hours a day, 7 days a week and are monitored through facility administration, the Security Manager, and the Monitor Station. The surveillance tapes are reviewed daily by the Security Manager of random shifts and times. The review is to identify any problems with staff and/or residents conduct and to maintain the integrity of the security rounds and counts.

The staffing plan, PREA Facility Assessment, was developed by the leadership of the facility including the Facility Director, Assistant Facility Administrator/PREA Compliance Manager, and Security Manager with input from the agency's PREA Coordinator. The Facility Director stated the staffing level is also dictated by the contract with TDCJ which outlines the staffing level requirement through ratios which is considered during the staffing plan development. The last Annual PREA Facility Assessment was completed on July 31, 2018 and approved by the agency PREA Coordinator on August 28, 2018. The previous PREA Facility Assessments were completed on June 9, 2017 and October 14, 2016, with both approved through the agency PREA Coordinator. The facility's annual assessment must be submitted to the agency's PREA Coordinator for review annually as determined by each division. The written staffing plan is maintained at the facility with access to all administrative staff and case managers; a copy of the approved staffing plan is also maintained by the agency. The Facility Administrator stated the physical plant of the facility is reviewed which always documents the need for additional cameras. When reviewing the composition of the resident population consideration is given to the female and male residents, the security level is minimum, and the majority of the residents are sex offenders. The team reviews the prevalence of substantiated and unsubstantiated allegations; the team has found no patterns during their after-action reviews. And other relevant factors considered is security technology and if any trends are determined.

The facility's Administrative Team reviews staffing daily to ensure mandatory posts are covered and the monitoring of post coverage stated the Facility Administrator. He also stated reviews include that security checks are occurring and documented; and documentation of unannounced rounds are occurring at different times and different shifts are reviewed. Through reviews of round logs, it documented that security rounds were completed hourly on each shift. Through interviews with staff and residents, it was confirmed that unannounced rounds are done randomly throughout the facility.

The agency's policy 5.1.2-A and facility policy 0803-1 PREA stated employees are prohibited from alerting other employees that supervisory rounds are occurring, unless such announcement is related to the legitimate operational function of the facility. This policy is covered with staff during training.

Recommendation: The facility should review and ensure that resident monitors are conducting and documenting hourly rounds and roving rounds as required. During the review of logs during the audit period, some rounds were not documented.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
 Yes No NA

- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No NA
- Does the facility document all cross-gender pat-down searches of female residents? Yes No NA

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A and the facility's policy 0903-1 Searches, Urinalysis, Viewing, and Contraband address resident pat-searches, strip searches, body cavity searches, and the limits to cross-gender viewing and searches. The agency and facility policies prohibit strip searches except in exigent circumstances. The facility only allows a pat-search if staff believe a resident is attempting to introduce contraband to the facility and for residents returning to the facility from work, job search, or other locations outside the facility. All cross-gender pat-searches are prohibited. A staff member of the same gender will conduct the pat search. The pat-search is to be documented on the pat-search log. Female residents are not denied access to regular programming or other outside opportunities in order to comply with this provision. The facility always has male and female staff on each shift as demonstrated on the shift rosters and in the interview with the Facility Director. Resident strip and body cavity searches are prohibited. There was no cross-gender strip searches, visual body cavity searches, or pat-down searches conducted or logged for exigent situations during the audit period. This was verified through the review of the agency's and facility's policy and procedures and interviews with staff and residents.

The policies and practice allow all residents the opportunity to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing them. Each dorm has a bathroom area that have showers and toilets with privacy doors. All residents are required to change their clothes in the bathroom area to ensure privacy from viewing by staff and cameras in the dorms. The opposite gender staff can't enter a restroom area until announced and gain verbal assurance from the resident that they are fully clothed. If an opposite gender viewing occurred, the staff member must complete a written incident report describing the incident immediately and forward to the Facility Director. The incident report has to be completed by the end of the shift. This was confirmed by interviews with residents and staff. Residents felt they received a sense of privacy for these functions. Staff is also required to conduct cross-gender announcements upon entering a dorm. Staff indicated they announce male/female on the floor prior to entering the dorm and bathroom area. This was observed during the audit. Residents indicated in their interviews that staff announce when arriving on the floor and again announce prior to entering the bathroom area. Some female residents stated in their interviews that when male residents enter their dorm to see the case manager, cross-gender announcements are not made. This was discussed with the facility administration. They stated male residents are seeing the case manager in that dorm, while another case manager position is currently vacant. They stated the practice would be changed, that the case manager will see the male residents in another area.

The agency's policy 5.1.2-A and the facility's policy 0903-1 prohibit staff from searching or physically examining transgender and intersex residents for the purpose of determining genitalia status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, by consulting the referring agency, and/or if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with staff confirmed these practices, as well as, the review of the policy and training lesson plans reinforcing these policies during the annual training.

Policy 5.1.2-A and facility policy 0903-1 states that staff shall be trained in conducting pat-down searches, cross-gender pat-down searches, and searches of transgender and intersex residents in a professional and respectful manner. Other than annual training, this training is also part of the initial pre-service training and covered in shift briefings. Interviews with staff confirmed these practices, as well as, the review of the training lesson plans reinforcing these policies in the annual training, and review of staff training records. The facility utilizes the lesson plan Prison Rape Elimination Act (PREA) In-Service for providing training on searches and the agency's lesson plan Guidance in Cross Gender and Transgender Pat Searches 2016. Training records indicated that all staff had completed the training. When staff were randomly asked how a transgender pat-down search would be completed, they indicated the transgender/intersex resident could request the gender of the staff they are most comfortable with to conduct the pat-down search and the pat-down would be conducted using the back or blade of the hand. This search would be documented on the Statement of Search Preference Form.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

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

115.216 (a)

- Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No

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

115.216 (b)

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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

The agency's policy 5.1.2-A and facility policy 1702-1 Intake and Orientation has established procedures to provide disabled residents 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. PREA information is available in English and Spanish through the PREA Educational Manual for Residents, Resident Reporting Options poster, and Sexual Assault Awareness Program Pamphlet. At the time of the audit, the PREA What You Need to Know video was only available in English. During the audit, the facility received videos in Spanish and closed-captioned. A language line and designated staff interpreters are available for the translation of any other languages. The agency has a contract with Language Line Services for all GEO facilities and programs. Information is made available to staff who are responsible for conducting the PREA risk screening and supervisory level staff. Supervisors and case management staff are trained on the use of the interpreting services during pre-service, in-service training, and regular scheduled staff/department meetings. The facility is also provided with a Quick Reference Guide by Language Line Services to assist. The agency's PREA Divisional Coordinator maintains records of the language line service contracts and daily in information as a backup to the facility.

The facility has a Memorandum of Understanding (MOU) with Abshire Interpreting Services for sign language secured May 1, 2019. A telecommunication device (TTD) is available for hearing impaired residents, as well as, written materials. The video is close captioned providing residents that can read access to the PREA information. For residents with visual impairments, the PREA Educational Manual for Residents are available in large print in both languages, the audible narrative of the video, and staff would read the information if necessary. The facility does not house blind residents. TDCJ does not refer blind residents to the facility; the facility is not equipped to house blind residents. If a resident is cognitively or intellectually disabled, staff will verbally present PREA materials at a level the resident can understand. Extra time is spent by staff to ensure the resident understands the basics to include definitions and reporting information. The Agency Head's interview, agency's policy, and the facility's policy state the agency does not use residents as interpreters, readers of other types of resident assistants. The Agency Head indicated the agency/facility would also reach out to community-based resources (i.e. local colleges or organizations) that might be willing to assist. The Auditor interviewed a detainee that could not read or write. The detainee stated he received PREA information through the staff reading it to him and watching the video. If he needs assistance, he receives it by staff and other residents. He was able to explain how to report an incident. There were no other residents identified with disabilities or limited English proficient.

The agency and facility policies state individuals in a GEO facility or program shall not be relied on as readers, or other type of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first responders duties, or the investigation of the individual's allegations. Any use of these interpreters under these type of circumstances shall be justified and fully documented in the written investigative report. The facility documented through the Facility's Director's memo that there were no occurrences requiring the use of the resident interpreters, readers, or assistants during the audit period.

Recommendation: The facility should expand the policy to provide how PREA information/education is provided to residents that deaf, low vision, or have intellectual, psychiatric, or speech disabilities provided the 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 should document the practice demonstrated during the audit.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

- Does the agency consider 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 residents? Yes No

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Through review of the agency's policy 5.1.2-A and facility policy 0504-1 PREA Staffing and Facility Requirements, it was determined that the facility has established a system for conducting criminal background checks for new employees, contractors, and volunteers who have contact with residents to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement settings; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual in such activity. The job application form requires the employee to answer the administrative adjudication questions of: have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution and have not been civilly or administratively adjudicated or 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 refuse. The agency's employment application was updated in March 2018 with the three questions. These application forms are utilized for new hires and promotions. The Human Resources staff interviewed indicated this information is also checked on all applicants as part of the hiring process during the background check. Eighteen new employees and one contractor were hired during this audit cycle, background checks were completed on all the individuals. The Auditor reviewed one contractor and four of the new hired employee records. All the files had the administrative adjudication checks on the application forms. Four employees' files that were promoted were reviewed for the administrative adjudication check. The files were complaint with the employees' completed Disclosure Form utilized to capture the information.

Policy 5.1.2-A requires a background investigation and criminal background record check for all new hires to ensure the candidate is suitable for hiring. A background and criminal background record check will be repeated for all employees at least every five years. The Human Resource staff interviewed indicated the facility utilizes a third-party company, Career Builder, for initial background checks and the background checks required every five years. The agency's Human Resources office sends out an email to the employee to request the employee submit information through Career Builder to complete the background checks.

Background checks are also conducted through TDCJ prior to an employee, contractor, and/or volunteer being approved for hire or a volunteer approved to provide services. TDCJ utilizes the TDCJ Employment Section-Clearance Area form for employees and the Non-Employee Background Questionnaire for contractors and volunteers. The facility is notified by TDCJ when the background check is cleared and receive notification of approval for hiring stated the Human Resource staff interview. The Auditor randomly selected nine employee files and one contractor file to review for the criminal background checks prior to hiring; all were completed prior to the hiring date. Five of the employee files reviewed were current employees; three employees had the required five-year background check. The other two employees did not have the length of service for the five-year background checks. There is also a system in place for capturing information, the facility also receives a notification from TDCJ Contract Monitor when a flash alert is received of an employee, contractor, and/or volunteer that has been arrested. The facility will place the individual on administrative leave during the investigation stated the Human Resource staff.

Employees also have a continuing affirmative duty to report. The requirement is to report immediately to the Facility Director who informs the agency and TDCJ. The continuing affirmative duty to report is also accomplished annually during the annual performance review of employees. They must complete an acknowledgement form containing the questions prior to the completion of the evaluation. The Auditor randomly selected ten employee files to review for the three administrative adjudication questions on the

application form as part of the hiring process paperwork, the background check prior to hiring, and the affirmative duty to disclose as part of the annual performance review. The employee files were compliant.

The employment application contains a statement indicating the applicant agrees not to falsify or omit information. If the applicant does falsify or omit information, employment can be denied, or the person will be subject to immediate termination. The Human Resource staff interviewed confirmed the wording on the application and that a person would not be hired or would be terminated for falsifying information. During the review of the employee personnel files, the wording was verified on the employee application forms. The policy 5.1.2-A also states and supports the practice.

Policy 5.1.2-A states the facility shall provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work, unless prohibited by law. The Human Resource staff interviewed stated all information requests, internal and external, are referred to "the work number". This number contacts to the agency's Human Resources Section for response. The information will be provided through the corporate office. The agency's Human Resources Section will contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation during an investigation. If contacted by an outside employer, the staff must sign a release of information prior to the agency disclosing information to the requesting employer.

The facility exceeds the standard with the two background checks completed on all employees, contractors, and volunteers prior to hiring and the system in place for capturing arrest information for employees, contractors, and volunteers.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

The agency policy 5.1.2-A and facility policy 0504-1 PREA Staffing and Facility Requirements indicates the facility shall will take into effect any design planning, modifications or expansions to protect residents from sexual abuse. The facility has not made a substantial expansion or modification to the existing buildings. The facility updated cameras since the last PREA audit. Four cameras were added in 2016 and fifteen in 2018. The upgrades were also confirmed through the interview with the Facility Director.

The facility utilizes a video surveillance system with forty-three (43) cameras; 20 exterior and 23 interior. There was an addition of four (4) cameras in 2016 and fifteen (15) cameras in the dorms in 2018. The cameras provide twenty-four-hour monitoring of all areas. The cameras are located in common areas outside the dorms (20); within the dorms (15), the interior of the multipurpose/dining hall (2); kitchen (3); administrative building (1); parole office (1) and record office (1). The system stores video for 3 to 21 days depending on the recording DVR. The system provides supervisors and monitoring staff with real time views of the camera footage enabling the staff to respond to any unusual activities. The dorm cameras are viewed by the Facility Director, Security Manager, and Assistant Facility Director only, as well as, all the other cameras. The Monitoring Station can view all the cameras except for the dorm cameras.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

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

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

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

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

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through

(e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection and facility policy 0803-1 outlines the investigative process and the uniformed evidence protocol for the collection and preservation of evidence for administrative and criminal investigations of sexual abuse. The facility begins an administrative investigation immediately following an allegation. All criminal investigations are conducted by TDCJ or a local law enforcement agency. The allegations are reported immediately to the TDCJ Contract Monitor and the GEO PREA Coordinator and/or PREA Director. If they are unable to immediately respond to the Facility Director, the on-call administrator will make the determination to contact law enforcement to investigate. The Investigator stated the TDCJ Contract Monitor makes the decision if TDCJ will investigate the allegation. If criminal, the allegation is referred to the Beaumont Police Department or the Jefferson County Sheriff's Office for criminal investigation. The facility has a MOU with the Jefferson County Sheriff's Office for investigations.

There were eight allegations reported of sexual abuse and sexual harassment during the audit period. Investigations were completed on all allegations. One of the cases was criminal in nature and referred to an outside investigative agency. The case was not referred for prosecution. A review of all the cases was conducted by the Auditor.

Policy 5.1.2-A outlines the facility's evidence and investigation protocols of the allegation. The agency utilizes the Department of Justice (DOJ's) National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents 2nd Edition for the uniform evidence protocol as indicated by the policy. The protocols are incorporated into the agency's and facility's Coordinated Response Plan. The Coordinated Response Plan provides an extensive guideline for staff to follow for investigations and/or referring an allegation for investigation. The Facility Director indicated any PREA allegations would be investigated by a specialized trained investigator. The facility has three specialized trained investigators.

Random staff interviewed acknowledged the Facility Director, Assistant Facility Director, and Security Director as the facility's investigators. Random staff acknowledged understanding of the facility's protocol for obtaining usable physical evidence by protecting the scene and asking the resident not to destroy evidence. The facility policy states it is the responsibility of TDCJ Office of Inspector General (OIG) and/or other law enforcement to conduct all investigations and to ensure all forensic evidence is collected and preserved in accordance with evidence protocols established by the TDCJ OIG investigator or an alternative source qualified to provide evidence protocol. The facility does not house juvenile residents.

All alleged victims of sexual assault who require a forensic exam are taken to Christus Health Southeast Texas for completion of the forensic exam and emergency medical healthcare with no cost to the resident. The facility has a MOU with Christus Health Southeast Texas initiated March 3, 2016. The MOU states the hospital will conduct forensic exams, provide follow-up health care services, work with appropriate law enforcement agency assigned jurisdiction for the case, comply with federal, state, and local laws and certification requirements, and maintain confidentiality. Services are available through the emergency department 24-hours a day 7 days a week. The hospital representative interviewed indicated all resident victims would be transported to the emergency room where SANE staff are always on duty. It was noted that if a SANE nurse is not on duty, a SANE nurse on-call would report. The hospital representative confirmed the medical services including forensic exams and treatment would be provided by the hospital. There were no allegations that required outside medical services or forensic medical exams.

Policy 5.1.2-E indicates residents who allege sexual abuse shall be provided access to outside victim advocates and make accessible specific contact information for victim advocacy or rape crisis organizations. The facility has attempted to obtain a MOU agreement with Rape and Suicide Crisis of Southeast Texas. The attempts were documented through an email chain. The last attempt was made on March 14, 2019. The Executive Director of the crisis center noted in an email to the facility, "Your clients who are victims of sexual abuse can request services. There are certain guidelines that we have to follow and will assist them as we assist all victims of sexual violence. If the client is not a victim of crime but is in crisis at the time that services are needed, the client can contact us through the 24-hour hotline." This information is provided to the residents upon intake to the facility and posted throughout the facility. When victim advocacy services are provided through the forensic exam and investigatory interviews, the victim's consent is obtained prior in writing or on audio tape for documentation. The interview with the PREA Compliance Manager indicated that the services are free of charge to the resident and the hotline is available 24-hours a day for the residents. The hotline number and victim advocacy services are provided to the residents on a poster in the housing units. The PREA Compliance Manager confirmed the practice for forensic exams and victim advocacy services. The three residents interviewed that reported sexual abuse stated victim advocacy services; all refused. They also acknowledged that the contact information is available on posters and in the handbook. One resident stated she was already seeing an outside agency and did not need to see another agency. A memo to file noted no residents requested victim advocacy services during the audit period.

All allegations of sexual abuse that include penetration or touching of the genital areas are referred to an outside law enforcement agency per policy 5.1.2-E. The outside law enforcement agency responsible for criminal investigations for this facility are the Beaumont Police Department or the Jefferson County Sheriff's Office. The facility has a MOU with Jefferson County Sheriff's Office. The MOU requests the investigation agency to follow the requirements of the standard in their investigations. All allegations of staff sexual abuse are referred to the agency's Office of Professional responsibility and to TDCJ.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

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

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

The agency's policies 5.1.2-A and 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection and facility policy 0803-1 outlines the procedures for investigating and documenting incidents of sexual abuse. Policies 5.1.2-A and 5.1.2-E state all allegations of sexual abuse that includes penetration, touching of the genital areas are referred for investigation to an outside law enforcement agency with legal authority to conduct criminal investigations. A staff member will report the allegation to a supervisor who will make the required notifications which begins the investigation process. The facility will document all investigation referrals. The facility begins an administrative investigation immediately following an allegation. The allegations are reported immediately to the TDCJ Contract Monitor and the GEO PREA Coordinator and/or PREA Director. The Investigator stated the TDCJ Contract Monitor makes the decision if TDCJ will investigate the allegation. If criminal, the allegation is referred to the Beaumont Police Department or the Jefferson County Sheriff's Office, as well as, TDCJ OIG for criminal investigation. The facility has a MOU with the Jefferson County Sheriff's Office for investigations. The PREA Compliance Manager and the Investigator indicated that their roles is to assist as requested during an investigation by an outside entity. A review of all the cases was conducted by the Auditor.

There were eight allegations reported of sexual abuse and sexual harassment during the audit period. Of the eight reported allegations; four resident on resident sexual harassment and four resident on resident sexual abuse. The administrative findings of the four resident on resident allegations of sexual abuse were three unsubstantiated and one substantiated. The administrative findings of the four resident on resident allegations of sexual harassment were three unsubstantiated and one substantiated. One of the cases was criminal in nature and referred to an outside investigative agency. The case was not referred for prosecution. A review of all the cases was conducted by the Auditor.

On the agency's website, www.geogroup.com/PREA, is a page dedicated to PREA under the Social Responsibility tab. The webpage contains the company's policies 5.1.2-A and 5.1.2-E for public information. The page also contains the zero-tolerance policy, how to report sexual abuse or sexual harassment, and how an employee may report sexual abuse or sexual harassment. There is a paragraph that explains the investigation process that states if the allegation potentially involves criminal behavior, GEO will ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. The policy 5.1.2-E also provides the protocols for sexual abuse investigations.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

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

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No N/A

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A; facility policy 0503-1 Staff, Volunteer, and Contractor Training; and training curriculum Sexual Abuse and Assault Prevention and Intervention (PREA) address all the PREA requirements and outlines the training requirements. Training records, staff interviews, and the training curriculum reviewed indicated the training includes the zero tolerance policy; definitions and examples of prohibited and illegal sexual behavior; right of residents and staff to be free from sexual abuse and from retaliation for reporting of prohibited and illegal sexual behavior; recognition of situations where sexual abuse may occur; recognition of physical, behavioral, and emotional signs of sexual abuse and methods of preventing and responding to such occurrences; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents; and requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes.

The initial training occurs at the academy, each staff member attends the academy pre-service training prior to being assigned to the facility. The pre-service training includes a four-hour section, Prison Rape Elimination Act (PREA) Pre-Service. All employees are provided at least 20 hours of annual in-service training to ensure training is refreshed each year of service; including the Prison Rape Elimination Act (PREA) In-Service refresher training. Each employee is required to attend in-service annually. Additional training occurs during staff meetings with different PREA topics refreshers. Staff during interviews acknowledged the numerous methods they received training and understood their responsibilities for preventing, detecting, and responding to allegations of sexual abuse. The Pre-Audit Questionnaire indicated all staff had completed training. After interviews with the PREA Compliance Manager and staff and review of training records; it was determined all facility staff have received training. A selection of ten staff training records was reviewed; all had completed the pre-service training and annual in-service.

Staff document the completion of training through a signature on the Staff Training Meeting Sign-In Sheet and the completion of the individual PREA Basic Training Acknowledgement Form which is also signed by a witness. Each staff member is provided and must carry the PREA Staff Responsibility Card; that outlines general PREA information and first responder duties.

The Auditor suggested a refresher training for staff on the dynamics of sexual abuse in a confinement center. The facility conducted refresher training with staff on the dynamics of sexual abuse. Training records were provided to the Auditor for documentation of the training.

The facility exceeds the training standard by requiring all staff to complete annual training instead of the standard's two-year requirement, refresher training at staff meetings, and the PREA informational card carried by staff.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

- Have all volunteers and contractors who have contact with residents 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 residents)? Yes No

115.232 (c)

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

Auditor Overall Compliance Determination

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

All contractors and volunteers who have contact with residents receive PREA training prior to assuming their responsibilities. The agency policy 5.1.2-A and facility policy 0503-1 states all volunteers and contractors shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. The facility policy 503-1 also states the training plan will be reviewed annually to ensure that employee, volunteer, and contractor training is adequate and meets the requirement of contractual and regulatory agencies, as applicable. The training ensures that volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual

harassment and are informed of how to report such incidents. The facility has one volunteer and one contractor. An interview was conducted with the volunteer over the phone. The volunteer stated the training occurred at the facility in which he watched a video and had a PREA packet to review. He had to read and acknowledge his understanding of the information. The volunteer was knowledgeable on PREA, the responsibilities for reporting, the reporting process, who to report to, and the agency's zero tolerance policy. He indicated if he was informed of an incident, he would report to the Facility Director and a staff member immediately. Training records were reviewed and confirmed for the volunteer and contractor. The training file documented the completion of training through a signature on the PREA Basic Training Acknowledgement Form and the Contractor/Volunteer Training Record form.

The facility exceeds the standard by providing annual training and refresher training as needed to all volunteers and contractors.

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No

- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

The facility provides a comprehensive PREA education to the residents beginning at intake into the facility. The agency's policy 5.1.2-A and facility's policy 1702-1 Intake and Orientation address the PREA education requirements for residents at intake. The facility provides the resident PREA information in written and verbal instruction. At intake into the facility, the residents are provided PREA information as a group after the risk screening. This information is provided verbally through a staff member who reads and explains all the PREA information to the residents. The residents watch the PREA What You Need to Know video that covers the PREA information and staff verbally explains the information during this process. The resident is provided the facility handbook and the PREA Education Manual for Residents (available in English and Spanish), for written education materials. The PREA Educational Manual for Residents provided to the resident includes what is sexual abuse; cross gender pat-searches, examples of sexual abuse; consensual sexual relationships are not permitted; prevention; reporting and investigation; what to expect after you report; sexual abuse grievances; emergency grievances; and reporting options and resources. The resident must sign acknowledging the information received on the Acknowledgement of Receipt of PREA Educational Manual Form which also outlines the zero tolerance, how to report, how to make a confidential report via phone and/or writing, and the right to be free from retaliation. The Intake Coordinator interviewed stated the educational information is provided as soon as the resident arrives at the facility or next day. It is always accomplished within 24 hours. If intakes occur

over the weekend, the case manager is called in to ensure the residents receive the education within the time period. The Auditor observed the intake process of three residents (two residents from TDCJ and one resident that was a readmit to the facility) including the PREA education training. The Auditor observed the Intake Coordinator taking time to explain and answer questions regarding PREA.

During the audit period, 891 were admitted to the facility and noted that all residents received education. The facility did not have a resident transferred from another community confinement facility. If a resident was transferred, the resident would receive the same education as any resident that is admitted per policies 5.1.2-A and 1702-1. The Auditor observed an intake and education with a resident that was a readmit to the facility; the resident received the same intake process as other residents including PREA education. The random residents interviewed acknowledged receiving education on the same day as intake into the facility through the video, handbook, and postings on the walls. The Auditor also reviewed twelve resident files for the education acknowledgement. About half of the residents received education on the day of arrival and the other half the next day.

Staff during interviews explained the steps that would be taken to effectively communicate with disabled residents when necessary. The facility has a MOU for sign language and a telecommunication device (TTD) is available for hearing impaired residents, as well as, written materials. The video is close captioned providing residents that can read access to the PREA information. For residents with visual impairments, the PREA Educational Manual for Residents are available in large print in both languages, and staff would read the information if necessary. They would also be able to listen to the What You Need to Know video. The facility does not house blind residents. TDCJ does not refer blind residents to the facility because the facility is not equipped to house blind residents. If a resident is cognitively or intellectually disabled, staff will verbally present PREA materials at a level the resident can understand. Extra time is spent by staff to ensure the resident understands the basics to include definitions and reporting information. The facility has a contract with Language Line Services Inc. for translation services, as well as, staff interpreters. There were no instances where interpretation services through the Language Line was utilized during this audit timeframe per memo from the Facility Director.

The residents have continuous and readily available PREA education through the facility handbook, Sexual Assault Awareness Program brochure, and the PREA Educational Manual for Residents provided to each resident at admission. Information is also available through posters including the Resident Reporting Options throughout the facility. The PREA informational posters are posted in English and Spanish throughout the facility. The manual and posters are also provided in large print.

Random residents interviewed and during discussion with residents on the facility tour, residents acknowledged they have received PREA information upon arrival including the handbook and watching a video. They were able to explain how to report an incident and were aware of the zero-tolerance policy.

The facility exceeds the standard with the numerous ways the resident receives education from the intake into the facility and throughout their stay. The residents were knowledgeable of the reporting methods and the information provided in the PREA Educational Manual for Residents.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received 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 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The agency policies 5.1.2-A and 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection state all allegations are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations. The facility begins an administrative investigation

immediately following an allegation. The allegations are also reported to the TDCJ, who may also conduct an investigation. If determined criminal, the Beaumont Police Department and/or Jefferson County Sheriff's Office is contacted for the criminal investigation.

The agency's policy and lesson plan PREA Specialized Training Investigating Sexual Abuse in Adult/Juvenile Correctional Settings reflects that investigators are to be trained in conducting sexual abuse investigations in confinement settings. The specialized training lesson plan includes sections on identifying how trauma can affect a victim's cooperation in an investigation; forensic medical exam process; role of the victim advocates; best practice and policy requirements on evidence collection in confinement settings; understanding of Miranda and Garrity; techniques for interviewing and interrogating during investigations of sexual abuse; criteria required for administrative action and prosecutorial referral; and what a final investigative report should contain. The facility has three investigators on staff; Facility Director, Assistant Facility Director, and Security Manager. The facility can also utilize specialized trained investigators from the agency. The agency has 111 specialized trained investigators. The investigators have completed the general PREA training and the required specialized training for investigators. The specialized training is a four-hour training block with a test. The Investigator interviewed stated the training is through a webinar and a test had to be completed at the end of the training. He stated the training included the process of an investigation, how to conduct interviews, Miranda and Garrity warnings, evidence collection, and how to determine if criminal. The specialty training was verified through the interviews with the PREA Compliance Manager and Investigator interviewed and the review of the training certificates and Prison Rape Elimination Act Basic Training Acknowledgement form with signatures for the course.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No N/A
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No N/A
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No N/A
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No N/A

115.235 (b)

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

115.235 (c)

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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No N/A
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] Yes No NA

Auditor Overall Compliance Determination

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

The facility does not have medical and mental health staff. All residents are referred to the outside local medical providers for medical care and mental health services. All alleged victims of sexual assault who require a forensic exam are taken to Christus Health Southeast Texas for completion of the forensic exam and emergency medical healthcare with no cost to the resident. The facility has a MOU with Christus Health Southeast Texas initiated March 3, 2016.

The agency does have a policy that addresses specialized training for medical and mental health practitioners; policy 5.1.2-A states all full-time medical and mental health practitioners who work regularly in the facility shall receive specialized training in addition to the general training mandated for employees. The healthcare staff will receive specialized training for sexual abuse and sexual assault, through the lesson plan GEO Specialized Medical and Mental Health PREA Training. The lesson plan Specialized Medical and Mental Health PREA Training outline that training will include detecting signs of sexual abuse and assault; preserving physical evidence of sexual abuse; responding professionally to victims of sexual abuse; and proper reporting of allegations or suspicions of sexual abuse and assault. The specialized training is an on-line course. GEO healthcare staff do not conduct forensic exams.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

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

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No

- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

The screening process for the risk of victimization and abusiveness is outlined in the agency policy 5.1.2-A and facility policy 1701-1 Resident Intake. This screening occurs at intake into the facility with the use of the GEO PREA Risk Assessment Tool. The risk screening is to be conducted within twenty-four (24) hours per policy and the TDCJ contract. Three staff are trained to complete risk assessments; Assistant Facility Director, Intake Coordinator, Case Manager (backup to the Intake Coordinator). The staff interviewed indicated that the risk screening will occur within 24 hours but usually within hours of arrival. The facility had 891 residents admitted during the audit period, the PAQ indicated that risk screening was completed on all residents. The Auditor also reviewed twelve resident files for the education acknowledgement. About half of the residents were risk screened on the day of arrival and the other half the next day. The residents interviewed stated the risk screening was conducted the first day or next day. Staff interviewed stated that residents are asked about housing placement and if they have a concern for their safety.

During intake, the Intake Coordinator reviews the Pre-Sentence Investigation (PSI), any other available records (i.e. medical records, institutional files,) and completes the PREA Risk Assessment Tool as part of the intake paperwork process. The PREA Risk Assessment Tool conforms to the PREA standard requirements. The screening forms includes questions regarding mental, physical, and developmental disabilities; age of the resident; physical build of the resident; whether the resident has been previously incarcerated; whether the resident's criminal history is exclusively nonviolent; whether the resident has prior convictions against an adult or child; whether or not the resident has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the resident has previously

experienced sexual victimization; and the residents own perception of vulnerability. The intake screening also considers prior acts of sexual abuse, prior convictions of sexual abuse, and history of prior institutional violence or sexual abuse. The facility staff explained to the Auditor that in 2016, the risk screening form was revised due to the predominately sex offender population of the facility. At that time, about 60% of the residents scored at risk of victimization or abusiveness. The Intake Coordinator interviewed stated the review also includes the PSI, progress report, and the resident's institutional record for the risk factors. The risk screening tool is scored based on the number of yes responses. In section one for At Risk of Victimization, if a resident has three or more yes responses to questions 1-11 or yes to question 2 (have you ever been a victim of sexual assault) are considered at risk of victimization. In section two for At Risk of Abusiveness, if a resident has three or more yes for questions 12-17 or answer yes to question 12 (sex offender with adult victims or victimized another while incarcerated) are identified for risk of abusiveness. The Intake Coordinator indicated that most residents are sex offenders. During the observed risk screening of residents, the Intake Coordinator asked each question, provided clarifying information to the resident, and answered the resident's questions. The Auditor observed the risk screening of two residents from TDCJ and one resident that was a readmit to the facility. The resident signs the tool acknowledging the answers are correct. A resident that scores at risk for victimization or risk for abusiveness are tracked on a PREA At-Risk Victimized log and residents who are identified from screening to be a potential abuser are tracked on a PREA At-Risk Abuser log. The form also documents if the resident is referred for medical or mental health services. The referral is noted on the risk assessment tool and the referral form Referral Verification. During the random resident interviews, most residents indicated they remember being asked these questions on the day of their arrival. The Auditor reviewed the PREA Risk Assessment Tools within twelve resident files and found all files compliant and risk assessments completed within the appropriate timeframes.

The Intake Coordinator interviewed stated the resident's risks of victimization and abusiveness are reassessed within 30 days from the date of the initial assessment and any other time when warranted based on any additional, relevant information or following an incident of abuse or victimization. This is supported by agency policy 5.1.2-A and facility policy 1701-1 states a reassessment is to be conducted by a staff member within 30 days. The reassessment is conducted using the GEO PREA Vulnerability Reassessment Questionnaire. The average time a resident is in custody is 93 days. Of the twelve residents' files reviewed, all residents were held for a timeframe that required a reassessment. The reassessments were completed within the appropriate timeframes. The PAQ indicated that 889 residents were reassessed of the 889 residents that had a length of stay of over thirty days.

Through review of policy 5.1.2-A, facility policy 1701-1, and confirmed through staff interviews, that disciplining residents for refusing to answer or not providing complete information in response to certain screening questions is prohibited. The Intake Coordinator stated the resident does not have to answer questions and can refuse. The information will try to be obtained through other means and they will encourage the resident to answer by explaining it is help determine housing placement to protect them.

Agency policy 5.1.2-A, facility policy 1701-1, and staff interviews confirmed appropriate controls have been implemented to ensure that sensitive information is not exploited by staff or other residents. The Intake Coordinator and PREA Compliance Manager interviewed indicated the Risk Assessment Tool and the Vulnerability Reassessment Questionnaire are maintained in the resident file locked in the Intake Coordinator's office. The Auditor observed the security of the files. Other than the Intake Coordinator, the only other staff with access to resident files are case managers, and facility administrators; it is a need to know basis for review of the file. The PREA Coordinator stated the access to the information is only to those who need to know in making housing, work, and programming decisions; which also includes the PREA Compliance Manager.

The facility exceeds the standard with the thoroughness of the risk assessment screening process. Also, with the Intake Coordinator thoroughly reviewing each question with the resident to ensure the resident understands the question. The Intake Coordinator clarifies information and answers all the resident's questions. Time is taken with each resident and the process is not rushed. This was documented by the auditor during the three residents screening observed. This was one of the most thorough intake processes observed by the Auditor.

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

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

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents

to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

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

115.242 (e)

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

115.242 (f)

- 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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- 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 residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- 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 residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A and facility's policy 1701-1 Resident Intake addresses the assessment process and the use of the screening information to determine housing, recreation, voluntary work, and other activities to ensure the safety of the resident. When the risk assessment indicates the resident scores as a potential victim or abuser, it is referred to the Assistance Facility Director for review per interview with the PREA Compliance Manager. When the housing placement is questionable, the Facility Director will make the housing determination after consideration of any other possible options. If a resident is identified at risk for victimization or abusiveness, they are placed on a At Risk Log. The PREA Compliance Manager stated the logs, that are updated daily and reviewed weekly for accuracy. The at-risk logs contain current housing locations and will be used to assist in making housing placements per the Intake Coordinator. If the resident is identified at high risk of sexual victimization, the resident is housed in housing unit B or C. If the resident is identified as a potential sexual abuser, the resident is housed in housing unit G or F. The PREA Compliance Manager maintains a PREA At-Risk of Being Victimized log for residents who are identified as being potential victims (49 at the time of the audit); a PREA At-Risk for Abusiveness Log for residents who are identified from screening to be a potential abuser (11 at the time of the audit); and a PREA At-Risk of Being Victimized log for residents who are identified as being a victim and abuser (5 at the time of the audit). The residents that identify as both are housed with the potential abusers. The interviews with the Intake Coordinator and the PREA Compliance Manager indicated that housing and program assignments are made on a case by case basis with consideration of the PREA risk factors. In review of completed risk assessments in the resident files, the Auditor determined the facility is utilizing collected data, such as the residents physical characteristics (build and appearance), age, whether the resident has mental, physical or development disability, previous assignment in specialized housing, alleged offense and criminal history, whether the resident is perceived to be Lesbian/Gay/Bi-Sexual/Transgender/Intersex (LGBTI) or is gender non-conforming to determine housing, recreation, work, and other activity decisions. Through staff interviews and review of resident files, it was determined that the facility addresses the needs of the resident consistent with the security and safety of the individual resident. The residents interviewed stated they felt safe in the housing environment of the facility. The Facility Director stated the one challenge the facility faces, is when a separation is needed within the female housing unit, since there is only one. He indicated that the residents would be separated within the housing unit by assigning beds on each end of the unit. If that separation is not sufficient, TDCJ is informed and the resident would be removed from the facility and moved to another facility.

The agency's policy 5.1.2-A and facility's policy 1701-1 indicates that staff shall consider the resident's gender self-identification and make housing assignments for a transgender and/or intersex resident on a case-by-case basis based on the resident's health and safety and whether the placement would present management or security problems. When a resident self-identifies during the intake process, the resident's views of his/her safety is given serious consideration in housing assignment. The Assistant Facility Director meets with these residents at least monthly to determine if there are any concerns. The Assistant Facility Director also will meet with and reassess the transgender resident every six months utilizing the PREA Vulnerability Reassessment Questionnaire. The PREA Compliance Manager stated the facility has not had a transgender or intersex resident housed for the length of time to conduct the six-month reassessment. At the time of the on-site audit, there were no transgender or intersex residents housed. The At-Risk Log for LGBTI, listed three bisexual and two gay residents. The Auditor interviewed four of the residents. The residents stated they were not placed in specialized housing and all felt safe at the facility.

Transgender and intersex residents have the opportunity to shower separate from other residents. The form, Statement of Shower/Search/Pronoun Preference is completed for transgender and intersex residents at intake. The resident is able to state the gender identification, pronoun preference, staff preference for searches, and whether the resident wants to shower separately. The resident, staff completing the form, and a staff witness sign the form. Interviews with the Intake Coordinator and PREA Compliance Manager noted that transgender/intersex residents may shower in the bathroom on the housing unit. Each bathroom area has stalled toilets and showers with privacy doors. If the resident does not feel comfortable showering in the housing unit bathroom area, other accommodations would be made stated the PREA Compliance Manager. The resident would be taken to H dorm that has a single shower area or provide a separate shower time when other residents could not enter the bathroom area. Residents interviewed indicated they have privacy for bathroom functions including showering.

The agency does not place LGBTI residents in housing units solely based on their sexual orientation. Transgender and intersex residents are housed mainstream per the PREA Compliance Manager; and are not separated. The agency's policy 5.1.2-A and facility's policy 1701-1 indicates that LGBTI residents shall not be placed in housing units solely based on their identification as LGBTI; unless such a dedicated unit exists in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting such residents.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

The facility has established procedures allowing for multiple internal and external ways for residents to report sexual abuse, retaliation, staff neglect, and violations of responsibilities that may have contributed to such incidents as supported by agency policy 5.1.2-A. PREA allegation reporting methods are shared with residents at intake through the PREA Education Manual for Residents (available in English and Spanish), Resident Reporting Options handout, the What You Need to Know Video available in English, (Spanish and closed caption videos were obtained during the audit), and verbally explained by the Intake Coordinator during the intake process. Reporting information is also available on PREA informational posters in English and Spanish throughout the facility viewed by the Auditor during the tour. Residents can report verbally and in writing to facility staff; report through the grievance process; utilize third party reporting; verbally or written to the parole officer; calling the Rape and Crisis Center toll-free hotline; calling the TDCJ Ombudsman, and the RAINN National Hotline Network. The resident may report outside the agency by calling Rape and Crisis Center toll-free hotline, calling the TDCJ Ombudsman, or RAINN National Hotline Network, and telling the Parole Supervisor. Calling any of the toll-free numbers allows residents to remain anonymous upon request. During the formal resident interviews, the residents acknowledged receiving information on how to report at intake, in the PREA Educational Resident Manual, and on posters. They were able to identify reporting methods including telling a staff member, call the hotlines, writing a grievance, and/or telling family or a friend. Also, during the informal interviews with residents while touring the facility, they indicated they knew the reporting process and felt comfortable reporting to a staff member. Residents have accessibility to call through their own personal cell phones, or a phone located at the Monitor Station. The numbers are posted beside the phone at the Monitors Station; this phone allows for toll free calls, is not monitored, or require a pin number. The Auditor tested the phone at the Monitoring Station for reporting and accessibility to support services. The Auditor was able to contact TDCJ Ombudsman and the Rape and Suicide Crisis of Southeast Texas Inc. The reporting methods were demonstrated through a review of policies and procedures, PREA

Educational Manual for Residents, posters throughout the facility, and interviews with residents and staff. Of the eight allegations during the audit period; one was provided through a grievance and seven reported to staff.

Staff indicated through interviews they were aware of the methods available for residents to report sexual abuse and sexual harassment. Staff were also knowledgeable on the multiple-ways residents could report to staff and their responsibility in the process. They indicated they would report immediately to a supervisor. After verbal reporting, a written report would be completed and forwarded to the supervisor. Staff can privately report by calling the employee hotline, through the internet to www.reportonline.com/geogroup; or contacting the agency PREA Coordinator. Staff were aware of the methods to privately report sexual abuse. This information is also posted on the agency website. The reporting requirements and process is provided to staff through training, agency policy 5.1.2-A, staff handbook, and the PREA Staff Responsibility Card.

Recommendation: The facility should provide refresher training with staff that residents can report anonymously.

Recommendation: The facility should follow-up with the Rape and Crisis Center to determine if the organization is reporting any allegations they receive to the facility. If not, possibility due to policy or law requirements, at least request the organization to provide allegation numbers for facility reporting and information.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

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

115.252 (c)

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

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

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

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A and facility policy 0805-1 Grievance Process outlines the administrative procedure for resident grievances regarding sexual abuse. The facility provides the residents information of the grievance procedures at admission in PREA Education Manual for Residents and Resident Handbook. The facility does not impose a time limit for the submission of a grievance regarding an allegation of sexual abuse. A resident can file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or compliant. The PREA Education Manual for Residents states there is no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. Residents can submit the grievance to the Grievance Coordinator or the Facility Director.

Residents are informed if the allegation involves the Facility Director, the grievance may be submitted directly to the TDCJ Contract Monitor, GEO PREA Coordinator, and/or GEO Residential Reentry Services Regional Director. The policies state the residents have a right to submit grievances to someone other than the staff member who is the subject of the complaint and such grievance is also not referred to a staff member who is subject of the complaint.

A copy of all grievances related to sexual harassment, sexual abuse, and/or sexual activity shall be forwarded to the Facility Director who will forward for investigation. If the grievance indicates a resident is subject to substantial risk of imminent sexual abuse, the Facility Director will take immediate corrective action to protect the potential victim. The resident will be informed in writing that due to nature of the grievance; an investigation of your report will be conducted immediately, the report will be forwarded to the Facility Director and Corporate PREA Coordinator; and once the investigation is completed, a written notice of outcome will be provided. Policies state the facility shall 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 and the computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. The facility 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 facility shall notify the resident in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level. Third parties on behalf of a resident may also submit grievances.

The agency's and facility's policies provide written procedures and timeframes for handling time-sensitive grievances that involve an immediate threat to resident health, safety, or welfare related to sexual abuse. If the grievance is a substantial risk of imminent sexual abuse to the resident, it is handled as an emergency grievance. The grievance is forwarded to the Facility Director for immediate corrective action to protect the potential victim. Emergency grievances will be given top priority and will be investigated, and an initial response provided within 48 hours of the date of receipt. A final decision will be provided within five calendar days. The agency policy states the resident may receive a disciplinary report for filing a grievance relating to alleged sexual abuse in bad faith.

There was one grievance filed by a resident during the audit period received on June 22, 2018. The grievance was not an emergency grievance alleging that the resident was subject to a substantial risk of imminent sexual abuse. The initial response was completed on June 27, 2018 within the five days. The resident had been transferred prior to the outcome; therefore, a notification was not provided to the resident.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

The agency's policy, 5.1.2-A and facility policy 0803-1 states the facility shall utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to most appropriately address victim's needs. Policy 5.1.2-E and facility policy 0803-1 indicates residents who allege sexual abuse shall be provided access to outside victim advocates and make accessible specific contact information for victim advocacy or rape crisis organizations. The facility has accomplished this with services available from the Rape and Crisis Center of Southeast Texas. The facility has attempted to obtain a MOU agreement with Rape and Suicide Crisis of Southeast Texas. The attempts were documented through an email chain. The last attempt was made on March 14, 2019. The Executive Director of the crisis center noted in an email to the facility, "Your clients who are victims of sexual abuse can request services. There are certain guidelines that we have to follow and will assist them as we assist all victims of sexual violence. If the client is not a victim of crime but is in crisis at the time that services are needed, the client can contact us through the 24-hour hotline." This information is provided to the residents upon intake to the facility and posted throughout the facility. When victim advocacy services are provided through the forensic exam and investigatory interviews, the victim's consent is obtained prior in writing or on audio tape for documentation. The interview with the PREA Compliance Manager indicated that the services are free of charge to the resident and the hotline is available 24-hours a day for the residents. The hotline number and victim advocacy services are provided to the residents on a poster in the housing units. The

calls and mail to the TDCJ Ombudsman and Rape and Crisis Center are not monitored. The handbook and poster did not inform the residents calls are confidential and will not be monitored. The PREA Compliance Manager confirmed the practice for forensic exams and victim advocacy services. A memo to file noted no residents requested victim advocacy services during the audit period.

The facility provides residents information about local and national organizations that can assist residents who have been victims of sexual abuse through the PREA Education Manual for Residents. Victim advocacy service information is provided to the residents on the Resident Reporting Options posters throughout the facility. Most residents interviewed were not aware of outside support services available to them. However, the facility provides this information in multiple ways to the residents. Of the three residents that reported sexual abuse; two residents stated the facility offered a referral to an outside agency; the residents refused and stated they did not need support services.

The Auditor recommended that the facility's posters and handbook referencing victim advocacy services needs to include information regarding the phone calls are confidential. The facility placed labels stating "This call will be confidential" on the Resident Reporting Options posters to inform the resident of the confidentiality of the phone calls. A photo documenting the labels on the posters was provided for documentation on June 20, 2019.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A states that third-party reporting information will be posted publicly on the agency's website. The website provides information regarding reporting sexual abuse. The website states "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 or if you were previously housed in a GEO facility or program and need to report an allegation of sexual abuse/harassment, you may contact the Facility Administrator's Office in the facility where the alleged incident occurred or where the individual is housed. Please see our Locations page for each facility's contact information. Reports can be made over the phone, in person,

in writing or anonymously if desired. You can also contact our Corporate PREA Coordinator.” A phone number and address are provided. The information is displayed on The Prison Rape Elimination Act of 2003 posters in visitation area. Family members or other individuals may report verbally or in writing any time they have knowledge or suspect a resident has been sexually abused, sexually harassed, or requires protection. Outside parties can report verbally or in writing to the Facility Director or to the agency’s PREA Coordinator. Residents interviewed were aware of this method of reporting. There were no third-party reports this audit period. The Auditor reviewed a file from April 2018 for process that was reported through a third party; it was reported by a letter to the corporate office.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

115.261 (b)

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

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A and facility policy 0803-1 outlines the reporting requirements of staff which states all employees are required to report immediately in accordance with facility and corporate policy any knowledge, suspicion, or information regarding sexual abuse that occurred in the facility; retaliation against residents or staff who reported or participated in an investigation about such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Employees are required to report to designated supervisors or officials. Reporting requirements are covered in the annual in-service training, pre-service training, and staff meetings for all staff. Specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report. Random staff interviewed indicated they would report immediately to their supervisor, Security Manager, Facility Director and the PREA Compliance Manager and then write an incident report. This reporting information is provided on the staff's PREA Staff's Responsibility Card also. Once reported, the Facility Director makes notifications to the TDCJ Contract Monitor and the GEO Regional Reentry Services Regional Director. Staff can report privately outside the chain of command by utilizing the facility's employee hotline, calling the corporate PREA Coordinator, and reporting to the Facility Director. The facility policy states employees reporting sexual abuse or sexual harassment shall be afforded the opportunity to report such information to the Chief of Security or other facility management privately, if requested. During the interviews, most staff indicated they would report privately through the hotline or call the corporate PREA Coordinator. Of the eight allegations during the audit period; seven were reported by staff; reporting the allegation occurred immediately and an investigation was conducted and completed.

The facility does not employ medical and mental health staff. All medical and mental health services are provided by outside community agencies. However, the agency's policy states unless precluded by federal, state, or local law, medical and mental health practitioners are required to report allegations of sexual abuse in which the victim is under the age of 18 or considered a vulnerable adult to designated

state or local services and agencies under applicable mandatory reporting laws. The Facility Director stated the facility has never had an incident with a resident under the age of 18 or considered a vulnerable adult. He stated if an allegation would occur, it would be reported to TDCJ for action. The agency policy states medical and mental health practitioners are also required to inform individuals in a GEO facility or program of the practitioner's duty to report and the limitations of confidentiality, at the initiation of services.

The policy 5.1.2-A states that staff are not to reveal any information related to a sexual abuse report to anyone other than to supervisors or official. Reporting requirements including confidentiality are covered in the annual in-service training, pre-service training, and staff meetings. Staff interviewed indicated information would only be shared with the supervisor and other staff on a need-to-know basis.

The agency policy 5.1.2-A states the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymously reports to the designated investigators or outside agency responsible for investigating incidents. The Facility Director and the Investigator indicated that all allegations no matter how they are reported are investigated.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A and facility policy 0803-1 requires that if a staff member has reasonable belief that a resident is subject to substantial risk of imminent sexual abuse, the staff member will take immediate action to protect the resident. Staff interviewed indicated they would take immediate action to protect the resident by separating the resident from other residents and maintain in a safe location. Then report the incident to the supervisor for further action and write an incident report. These responsibilities are covered for all staff in the annual in-service training, pre-service training, and staff meetings. The Facility Director stated an immediate corrective action would be taken which may include a housing location change or transfer to another facility if necessary. The resident would be monitored. He also stated a transfer to another halfway house would be the decision of TDCJ. All staff interviewed knew the steps to take to protect a resident at risk for sexual abuse; to immediately separate the resident from the area to keep the resident safe and separate from other residents; notify the supervisor; and write an incident report. During the audit period, no resident reported feeling at imminent risk of sexual abuse, or

any staff reported that a resident was subject to substantial risk of imminent sexual abuse, therefore, there were no protective measures to implement.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A and facility policy 0803-1 requires upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director or designee will notify the Facility Administrator or designee of the facility where the alleged abuse occurred. The notifications should take place as soon as possible, but no later than 72 hours after receiving notification. The Facility Director indicated that the notifications would be made immediately to the other facility and an investigation initiated. The notification will be documented and forwarded to the agency's PREA Coordinator. The Facility Director also indicated there were no instances this audit period, as noted on the PAQ also. The facility received no notifications of alleged abuse from another facility or received from another facility. This was documented by a memo to file and on the PAQ.

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-A and facility policy 0803-1 outlines the detailed procedures for security and non-security staff when responding to an allegation of sexual abuse. The supervisory staff responding to the incident is required to separate the alleged victim and abuser; conduct a brief inquiry with each resident to ascertain if the sexual behavior was consensual or nonconsensual; preserve and protect the

crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence; and ensure that the Facility Director and other designated individuals are notified. Through random interviews with staff it was demonstrated that staff was knowledgeable in the steps as a first responder: to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser to take no action to destroy evidence and contact a supervisor. First responder responsibilities are covered for all staff in the annual in-service training, pre-service training, and staff meetings. The first responder responsibilities are also outlined on the PREA Staff's Responsibility Card carried by all staff. Policies outline that if the first responder is not a security staff member, the staff shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify a security staff member. The random non-security staff interviewed indicated they would contact a shift supervisor immediately and request the resident not to destroy any evidence. They also stated they would remain with the alleged victim until a security staff member arrived. The facility had four allegations of resident-on-resident sexual abuse reported to case managers. A memo to file indicated that there were no incidents which required implementing all first responder duties during this review period.

The three residents interviewed that reported sexual abuse stated staff responded immediately and separated the resident by taking the resident to the Monitoring Station. They stated a supervisor was called and all were interviewed by an investigator.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

The facility has created a written institutional plan to coordinate actions taken by the multidisciplinary team including first responders, medical and mental health care by outside agencies, investigators, and facility leadership in response to an incident of sexual abuse. The PREA Coordinated Response Plan provides written guidelines to staff responding to allegations and occurrences of sexual abuse, sexual harassment, and sexual activity within the facility. The Coordinated Response Plan includes the actions to take after report of sexual abuse, the initial response, the Facility's Director's role when assuming the control of the incident, crime scene and evidence protection, referral to the designated community facility for medical treatment, notifications required when sexual abuse is alleged, evidence protocol, responsibilities when sexual harassment is alleged, and responsibilities when sexual activity is alleged.

Coordination with staff is started through notifications and staff reporting to handle the appropriate activities under their responsibilities. This is supported through policy 5.1.2-A which also states the PREA Compliance Manager is a required participant and the Corporate PREA Coordinator may be consulted as part of the coordinated response. The facility indicated the Coordinated Response Plan is covered at pre-service and annual in-service with staff. The Facility Director stated the Coordinated Response Plan assigns duties of each responsible position and notifications to be made. It is a checklist format that documents the dates and times of actions taken. During staff interviews, staff detailed their responsibilities in their coordinated efforts during an incident.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The facility does not have a collective bargaining agreement. The agency policy 5.1.2-A state employees, contractor, and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring resident contact pending the outcome of an investigation. Any "no contact" orders shall be documented. It also states that GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged employee sexual abusers from contact with any resident pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. The Facility Director stated and the PAQ noted there were no instances where a staff member, volunteer, or contractor was removed for allegations of sexual abuse.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The Agency Head's interview stated that designated staff at each facility are assigned to monitor the individual who reported the allegation for possible retaliation. They meet with the individual in private and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct the issue. The agency's policy 5.1.2-A and facility policy 0803-1 states that that no employees, contractors, volunteers, and residents shall retaliate against any person, including a resident who reports, complains about or participates in an investigation into an allegation of sexual abuse. The facility policy designates the PREA Compliance Manager as the staff member to monitor retaliation. The agency policy states a Facility Human Resource staff, or the Investigator would monitor staff. Staff is informed of protection from retaliation through training in pre-service and annual in-service.

The PREA Compliance Manager stated for employees, she monitors if employees are being harassed, report a hostile work environment, call offs, and discipline to determine if retaliation is occurring. For

residents, she monitors discipline, mental health requests/issues, program changes, housing changes, and threats. If retaliation is occurring, it is reported to the Facility Director and an investigation is started. The policies identify protective measures that can be taken including housing changes, removal of alleged staff abusers from contact with victims, and emotional support services for residents and employees who fear retaliation. The Facility Director indicated a review would consist of any changes that may have happened, discipline, job changes, and housing changes to monitor for retaliation. If retaliation is suspected or determined, protective measures would be taken immediately; and an investigation would be started stated the Facility Director. The Facility Director stated any allegation involving a staff member, the staff member would be moved to a non-resident post during the investigation for retaliation. The emotional support services for staff would be through Employee Assistance Program (EAP) and for residents through the Rape and Crisis Center.

Policies outline the monitoring timeframes. For residents, the PREA Compliance Manager shall meet weekly with the resident. The meetings will be documented on the Protection Form Retaliation Log with any notes or issues discussed. The resident/alleged victim must sign the form acknowledging the monitoring contact. Staff will be monitored every 30 days for at least 90 days and documented on the Employee Protection from Retaliation Log. Once completed, the log will be retained in the investigation file of the corresponding PREA incident. The retaliation monitoring will be for at least 90 days; however, the time frame can be extended if warranted. Monitoring shall terminate if the allegation is determined unfounded. The PREA Compliance Manager stated that residents are monitored once a week for 90 days and staff is monitored monthly for 90 days. If needed, monitoring will continue past 90 days.

Three residents that reported sexual abuse was interviewed; all acknowledged being monitored. They saw a staff member weekly and they had to sign for documenting the meeting.

The Auditor reviewed the monitoring forms with the PREA Coordinator. Monitoring visits were conducted weekly and detailed notes are maintained for changes that occurred. The residents signed the monitoring form documenting the in person monitoring visit. The facility exceeds the standard with weekly in-person monitoring meetings with residents; the detailed monitoring forms; and having the resident sign acknowledging the monitoring visit.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).]
 Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

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

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

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

The agency's policies 5.1.2-A and 5.1.2-E and facility policy 0803-1 state all allegations 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. If the investigation is not conducted by an outside law enforcement agency, the facility will complete the administrative investigation by a specialized

trained investigator. Upon an allegation reported, the facility will immediately begin an administrative investigation. The Investigator stated the TDCJ Contract Monitor makes the decision if TDCJ will investigate the allegation. If criminal, the allegation is referred to the Beaumont Police Department or the Jefferson County Sheriff's Office for criminal investigation. The facility has a MOU with the Jefferson County Sheriff's Office for investigations. The Investigator stated as soon as a criminal investigation is completed, an administrative investigation would be conducted. The policy also states investigations shall be conducted promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. The Investigator and the Facility Director both stated that investigations are started immediately as soon as reported and are objective based on evidence. Through review of the investigation files, all the allegations were referred for investigation the day of the allegation report. The reports are completed timely, however, the date of completion shows an extended time period. This is a result of the review by the corporate office. The facility can not close the report until corporate reviews the report and makes the final determination of the investigation. The PREA Compliance Manager maintains a tracking log of all allegations including type of allegation, report number and the outcome of the investigation on the Monthly PREA Incident Tracking Log. The logs were reviewed by the Auditor.

The agency's policy and lesson plan PREA Specialized Training Investigating Sexual Abuse in Adult/Juvenile Correctional Settings reflects that investigators are to be trained in conducting sexual abuse investigations in confinement settings. The facility has three investigators on staff; Facility Director, Assistant Facility Director, and Security Manager. The facility can also utilize specialized trained investigators from the agency. The agency has 111 specialized trained investigators. The investigators have completed the general PREA training and the required specialized training for investigators. The specialty training was verified through the interviews with the PREA Compliance Manager and the Investigator and the review of the training certificates and Prison Rape Elimination Act Basic Training Acknowledgement form with signatures for the course.

The investigator stated in the interview that the investigation would start immediately upon receiving an allegation. Notifications would be made immediately to Facility Director and other investigators. If the incident occurred after hours, the investigator reports to the facility immediately. Upon initiating the investigation, the investigator will secure the area; conduct interviews with alleged victim, alleged abuser, and witnesses; review video footage; and review residents files involved in the allegation including prior complaints and reports of the sexual abuse involving the alleged abuser. The process would also include review of the evidence collected, establishing a timeline, and write the investigation report. The investigator stated the investigative report would include a background summary, narrative of the interviews, any other reports including from outside agencies, a chronological timeframe, and the outcome findings.

The policies 5.1.2-E and 0803-1 states 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 individual in a GEO facility or program or staff. No agency shall require an individual in a GEO facility or program who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. The investigator stated the creditability of individuals are all the same until evidence proves otherwise; there is no bias. And an alleged victim is never required to submit to a polygraph exam, it is against policy. The three residents interviewed that reported sexual abuse stated they were not required to take a polygraph test.

Policy 5.1.2-E contains a section titled Investigative Reports that outline all the items required for investigations as listed in the standard. The policy outlines that administrative investigations shall include

an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in a written report that includes at a minimum a description of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The investigator stated throughout the investigation consideration is given to whether staff actions or failures contributed to the sexual abuse by reviewing video footage, conducting interviews, and whether policy was violated. The investigator stated the written investigative report would include a summary of allegations, findings of the investigation interview summaries, video evidence, evidence attachments, and if criminal, information about the criminal investigation. This was supported by the review of the investigation cases by the Auditor. The report is uploaded to the GEO Track System portal. The written report must be submitted to the agency's PREA Coordinator within 60 days after the allegation occurred. The final determination of the investigation is determined at the agency level. 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, which was supported through policy and the investigator's interview. All written reports are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than 10 years, per policy 5.1.2-E.

All allegations that are potentially criminal are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, which is the Jefferson County Sheriff's Office and the Beaumont Police Department. The Investigator stated the TDCJ Contract Monitor makes the decision if TDCJ will investigate the allegation. This investigation would be completed by TDCJ OIG. The outside agencies would complete the investigation and document in a written report with an outcome of the investigation. The Investigator stated the written reports of outside agencies provides details of the incident, outcome of the investigation, and who completed the investigation. The reports do not contain a summary of the outside agency's investigation process. The Investigator indicated the report would be shared with the facility. The Investigator stated it would be the responsibility of the outside law enforcement agencies to refer cases for prosecution. One resident interviewed stated she was kept informed of the case by the Investigator, including the abuser was still in jail and has not gone to court yet.

The agency policy 5.1.2-E states 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 Director and Investigator shared that the investigation would continue until completion with an outcome.

The agency policy 5.1.2-E and facility policy 0803-1 state the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The facility shall request copies of completed investigative reports. Upon receipt, the investigative report will be forwarded to the agency's PREA Coordinator for review and closure. The Facility Director stated the facility makes contact with the outside agency at least monthly of the progress of the case. The Investigator stated his responsibilities to remain informed of the case progress is to follow-up with the law enforcement agency about once a week for periodic checks. He would also keep the resident informed of the progress. The Investigator stated cooperation would include providing copies of reports, interviews, evidence, and would make residents available for interviews.

There were eight allegations reported of sexual abuse and sexual harassment during the audit period. Of the eight reported allegations; four were resident on resident sexual harassment and four resident on resident sexual abuse. The administrative findings of the four resident on resident allegations of sexual abuse were three unsubstantiated and one substantiated. The administrative findings of the four resident

on resident allegations of sexual harassment were three unsubstantiated and one substantiated. One of the cases was criminal in nature and referred to an outside investigative agency. The case was not referred for prosecution. A review of all the cases was conducted by the Auditor.

There was one outstanding issue at the end of the site visit; standard 115.217. The facility policy needs to be expanded to address criminal investigations must follow subsection (g); that criminal investigations are in a written report that contains thorough description of evidence, documentary evidence, and narrative findings. An updated policy 0803-1 Sexually Abusive Behavior Prevention and Intervention Program (PREA) was forwarded to the Auditor by the agency's PREA Contract Compliance Manager that documented compliance with the outstanding standards 115.271. The policy was expanded to include the language of the standard and the current process of the facility. No further action was necessary for compliance.

Recommendation: The facility should maintain documentation in the investigation file of when the report is forwarded to the corporate office. This would document the timely completion of the investigation by the facility.

Recommendation: The facility should obtain a MOU with Beaumont Police Department if the agency will be conducting criminal investigations for the facility.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

The Investigator stated the standard of proof for administrative investigations is a preponderance of evidence, 51%. The agency policy 5.1.2-E and facility policy 0803-1 confirms that no standard higher than a preponderance of evidence will be imposed in determining allegations of sexual abuse as substantiated. The review of the investigation files supported the practice.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

- If the agency did not conduct the investigation into a resident'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 resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident'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 posted within the resident's unit? Yes No
- Following a resident'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 No
- Following a resident'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 No
- Following a resident'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 No

115.273 (d)

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

alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-E and facility policy 0803-1 outlines the reporting of investigation outcomes to residents. The resident is notified whether the allegation was determined substantiated, unsubstantiated, or unfounded through a written notification by the facility administrator or designated staff member on the Notification of Outcome of Allegation Form. The resident receives the original and a copy is maintained as part of the investigative file. The resident would be met with privately and informed of the investigative outcome. The Notification of Outcome of Allegation is completed with the resident signing acknowledging receiving the outcome and the staff issuing the notice would also sign the form with the date of notification. The Investigator and PREA Compliance Manager stated residents are notified of the investigation outcome if the resident is still in detention and mailed to a released resident if the facility has an address. The Investigator stated the notification is made by the investigator that completed the investigation including the steps that were taken during the investigation process. The Auditor reviewed the completed notifications in the investigation files which documented the Assistant Facility Director/PREA Compliance Manager and the Security Manager made the notifications for all officially closed cases.

If the alleged abuser was an employee, the policy requires the victim to be informed of the status of the staff member to include whether the staff member is no longer posted within the resident's housing unit, the staff member is no longer employed at the facility, the facility learns that the staff member has been indicted on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. This notification is also documented on the Notification of Outcome of Allegation. There were no allegations involving a staff member during this audit period. If the allegation was sexual abuse by another resident, the policy requires the victim to be informed whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility. This notification is also documented on the Notification of Outcome of Allegation. One resident interviewed stated she was kept informed of the case by the Investigator, including the abuser was still

in jail and has not gone to court yet. The Auditor interviewed three residents that reported sexual abuse; all acknowledged receiving notifications of the outcome.

The facility will request the outcome of a criminal investigation conducted by an outside law enforcement entity. The resident will be informed of the outcome of the case. An updated notification may be needed at the conclusion of a criminal proceeding, if the resident is still in custody at the facility.

The notifications to the resident are not made timely from the date of the completed investigation by the facility. The facility is required to make the notification after corporate reviews the investigation report and determines a final outcome.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-E, facility policy 0803-1, and Employee Handbook covers that staff shall be subject to disciplinary sanctions for substantiated violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The Facility Director stated in the interview that a staff member suspected of sexual abuse would be moved to a non-contact resident post or placed on administrative leave until the investigation is completed. If the case was substantiated, the staff member would be terminated. The agency's policy stated the 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 policies also direct that the facility shall report all terminations and resignations for such conduct will be reported to law enforcement and licensing bodies, unless the activity was clearly not criminal.

During the audit period, there were no violations by staff of the agency's policies related to sexual abuse or sexual harassment.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

The agency's policies 5.1.2-A and 5.1.2-E details the corrective action for contractors and volunteers who have engaged in sexual abuse. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and reported, unless the activity was clearly not criminal. Substantiated allegations would be reported to local law enforcement, unless the activity was clearly not criminal. All reasonable efforts would be made to report to any relevant licensing bodies. In the case of any other violation of GEO Sexual Abuse or Sexual Harassment policies by a contractor or volunteer, the facility shall notify the applicable GEO contracting authority who will take remedial measures and shall consider whether to prohibit further contact with individuals in a GEO facility or program. The TDCJ Contract Monitor would also be notified. The Facility Director stated that the contractor or volunteer access to the facility would be suspended. The volunteer or contractor would not be allowed contact with any residents. If substantiated, the volunteer or contractor shall be removed from all duties and clearance revoked permanently. The volunteer interviewed confirmed knowledge of the policies and remedial measures taken for engaging in sexual abuse or sexual harassment of a resident. Noted by a memo to file and the PAQ, there were no instances where a volunteer or contractor was removed for allegations of sexual abuse.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

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

The agency's policy 5.1.2-E and PREA Educational Manual for Residents outlines the resident disciplinary sanctions. It states a resident who are found guilty of engaging in sexual abuse involving other individuals in a GEO facility or program (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions. The Facility Director stated the TDCJ Contract Monitor and /or Parole Officer would be notified. TDCJ will determine whether to subject the resident to formal disciplinary sanctions. If the resident is subject to disciplinary sanctions, the resident would be referred to the internal disciplinary process. TDCJ may revoke parole and/or transfer the resident to another facility. The policy also notes that all steps in the disciplinary process and sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the resident to conform with rules and regulations in the future. The Facility Director also indicated sanctions are commensurate within the disciplinary process for the level of prohibited act. The facility utilizes an interdisciplinary guidelines for sanctioning. The Facility Director indicated in the interview that disciplinary

sanctions could include restrictions, extra duties, internal discipline sanctions, revoking parole, transfer to another facility, and prosecution if warranted.

Policy 5.1.2-E states the internal disciplinary process shall consider whether an individual'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 Director stated staff would look at the resident history and if the resident was on medications. The agency policy states if the facility offers 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 resident to participate. The facility does not offer counseling, the resident would be referred to an outside agency. The Parole Officer will determine if the resident will be required to participate.

The policy also outlines a resident shall not be disciplined for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. 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. The facility may not deem that sexual activity between residents is sexual abuse unless it is determined that the activity was coerced, per policy. The PREA Educational Manual for Residents states that consensual relationships are not permitted and against policy.

During the audit period, no residents were referred to the internal disciplinary process for sexual abuse or sexual activity. This was documented through the PAQ. The facility did provide disciplinary sanctions from previous years to document the process.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

The facility does not have medical or mental health services onsite. The medical and mental health services are available to the resident through community resources. The agency policy 5.1.2-A states that reentry community correction facilities shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. Following a reported PREA allegation, a Resident Referral Verification form will be utilized to document the offer that onsite or offsite mental health services was made to the resident victim. The referral forms are forwarded to TDCJ who approves the referral, except in emergency situations. All alleged victims of sexual assault who require a forensic exam are taken to Christus Health Southeast Texas for completion of the forensic exam and emergency medical healthcare with no cost to the resident. The facility has a MOU with Christus Health Southeast Texas initiated March 3, 2016. The MOU states the hospital will conduct forensic exams, provide follow-up health care services, work with appropriate law enforcement agency assigned jurisdiction for the case, comply with federal, state, and local laws and certification requirements, and maintain confidentiality. Services are available through the emergency department 24-hours a day 7 days a week. The hospital representative interviewed indicated all resident victims would be transported to the emergency room where SANE staff are always on duty. It was noted that if a SANE nurse is not on duty, a SANE nurse on-call would report. The hospital representative confirmed the medical services including forensic exams and treatment would be provided by the hospital. The Auditor reviews the resident investigation files for referrals; referrals were made utilizing the Resident Referral Verification forms. The three residents that reported sexual abuse did not require emergency medical treatment or forensic exams.

All staff are trained in CPR, first aid, and AED usage. During the staff interviews, they were knowledgeable in their roles as first responders and the referral of the resident to medical services.

The agency policy 5.1.2-A and facility policy 0803-1 states victims of sexual abuse in custody shall receive, timely, unimpeded access to emergency medical treatment and crisis intervention services. The services would include offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. Following a reported PREA allegation, a Resident Referral Verification Form will be utilized to document the offer for offsite medical and mental health services was made to the resident victim. The form will also document the acceptance or refusal of these services. The policies also state all services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(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.) Yes No NA

115.283 (f)

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

115.283 (g)

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

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

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

The facility does not employ medical and mental health staff. The medical and mental health services are available to the resident through community agencies. The agency policy 5.1.2-A states that reentry community correction facilities shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. Following a reported PREA allegation, a Resident Referral Verification form will be utilized to document the offer that onsite or offsite medical and mental health services were made to the resident victim. The referral form is forwarded to TDCJ for approval, except in emergency situations.

All alleged victims of sexual assault who require a forensic exam are taken to Christus Health Southeast Texas for completion of the forensic exam and emergency medical healthcare with no cost to the resident. The facility has a MOU with Christus Health Southeast Texas initiated March 3, 2016. The MOU states the hospital will conduct forensic exams, provide follow-up health care services, work with appropriate law enforcement agency assigned jurisdiction for the case, comply with federal, state, and local laws and certification requirements, and maintain confidentiality. Services are available through the emergency department 24-hours a day 7 days a week. The hospital representative interviewed indicated all resident victims would be transported to the emergency room where SANE staff are always on duty. It was noted that if a SANE nurse is not on duty, a SANE nurse on-call would report. The hospital representative confirmed the medical services including forensic exams and treatment would be provided by the hospital. There were no allegations that required outside medical services or forensic medical exams.

The agency policy 5.1.2-A and facility policy 2019-6 states each facility shall offer medical and mental health evaluations and treatment where appropriate to all victims of sexual abuse. The intake staff are

trained to do health screenings which are conducted upon arrival to the facility. If the resident reports prior victimization or is scored as a potential abuser, the resident is referred for mental health services. The referral must take place within 48 hours and the shift supervisor must be notified prior to housing. Of the twelve resident files reviewed, all the residents were referred for mental health services: eight of the residents declined the referral, and the refusals were documented in writing in the resident file. Of the three residents that reported sexual abuse; two residents stated the facility offered a referral for victim advocacy services to an outside agency; the residents refused and stated they did not need support services.

The agency policy outlines 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 program shall help such victims with access to medical and mental health services consistent with the community level of care. Resident victims of sexual abuse while incarcerated shall be provided referrals for tests for sexually transmitted infections as medically appropriate. Staff will also provide residents with requested level of support through assisting with making appointments, transportation needs, and victim advocacy or staff accompaniment. On-going 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 shall attempt to coordinate a mental health evaluation of all known resident-on-resident abusers who remain in the facility within 60 days of learning of such abuse history and connect abusers with treatment when deemed appropriate by outside mental health practitioners. These health care services will be provided in a manner that is consistent with the level of care the individual would receive in the community and include pregnancy tests and all lawful pregnancy-related medical services where applicable, per agency policy 5.1.2-A. All refusals for medical and mental health services shall be documented.

Residents in need of medical treatment can make appointments with local doctors and utilize the hospital's emergency room. If there is a medical emergency, 911 would be called. The resident would be transported by the EMS with staff escort. Non-emergency incidents may be transferred by facility staff. Medications are stored and given to residents by the Resident Medical Advocate that reports to the facility. Residents are allowed to have approved keep-on-person medications. Mental health, drug abuse, and sex offender treatment services are provided through local outside agencies.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

The agency policy 5.1.2-A and facility policy 0803-1 outlines the requirement, procedures, and timeframes for sexual abuse incident reviews. Designated staff are required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation determined unsubstantiated and substantiated. The Facility Director stated the team consists of the Facility Director, Assistant Facility Director/PREA Compliance Manager, Security Manager, and other staff as deemed necessary. The agency's PREA Coordinator may be consulted as part of the review. The review is completed within 30 days of the conclusion of the investigation. The review team utilizes the PREA After Action Review Report to complete and document the review. The form captures the allegation findings; a short summary of allegation/incident; involved residents; the items reviewed; name of the participants in the after action review by name and title; any recommendations including a change in policy or practice that could better assist in the prevention, detection, and response to sexual abuse; 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; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff in the area where the incident allegedly occurred; and whether the actions taken by staff in regards to this incident were reasonable and appropriate based on policy. The form contains a section to make recommendations as a result of the after-action review. The review is forwarded to the agency's PREA Coordinator within ten days after the review. The facility's PREA Compliance Manager is responsible for implementing any recommendation for improvement or document its reasons for not doing so. The After-Action Review Report is maintained in the investigative file. The Auditor reviewed the investigation files and noted that incident reviews are completed on cases when the investigation process is completed through the agency review.

The Incident Review Team members stated they review the outcome of the case, steps taken during investigation, and corrective actions. They also identified all the components reviewed in an After-Action Review. They noted they review for motivation including gang related, sexual orientation, race, and status. For the incident physical area, they review for blind spots, barriers, and video coverage. When reviewing adequacy of staffing, they review staff failure to act, policy violations, staffing level adequate, was staff ratio maintained, are staff conducting rounds, was the incident reported immediately, and was policy and procedures followed. For monitoring technology, if additional cameras are needed in the area, do cameras need adjusted, and the placement of mirrors. Recommendations for additional cameras in the housing units has been made stated the Facility Director. The incident review team interviewed stated there are no trends noted for locations. They did state most of the cases are sexual harassment cases with inappropriate comments being made to TGBTI residents.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

The agency policy 5.1.2-A outlines the procedures for data collection. The facility collects and retains data related to sexual abuse as directed by the agency's PREA Coordinator. This data includes case records associated with claims of sexual abuse including investigative reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary. The PREA Compliance Manager stated she is responsible for compiling data collected on sexual activity and sexual abuse incidents. The Monthly PREA Incident Tracking Log, is forwarded monthly to the agency's PREA Coordinator that documents the facility's PREA statistical information. The PREA Compliance Manager stated she is also responsible for reporting all incidents to TDCJ through a significant incident report. The PREA Compliance Manager will create and update the PREA Survey in the PREA Portal for every allegation of sexual abuse and sexual activity. The data is secured in a locked file cabinet as observed by the Auditor. The established retention schedule is 10

years for these files. Policy states, upon request, GEO shall provide such data from previous calendar year to the Department of Justice no later than June 30.

The agency does not contract for the confinement of residents.

Policy 5.1.2-A outlines the procedures for conducting an annual review of all sexual abuse investigations and resulting incident reviews. The 2018 Annual Review of Sexual Abuse Investigations and Corrective Action Plan was completed on May 23, 2019. The document is divided into three sections; comparisons of data from 2017 and 2018, findings, and corrective action plan. The agency's PREA office compiles an annual PREA report for the company which includes breakdowns by facility. This report is available on the GEO website www.geogroup.com/PREA.

The 2015, 2016, and 2017 PREA Annual Reports were reviewed by the Auditor prior to the audit. The 2018 Annual PREA Report was provided during the audit and is available for review on the agency's website.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

The agency policy 5.1.2-A outlines the procedures for data collection. The facility collects and retains data related to sexual abuse as directed by the agency's PREA Coordinator. This data includes case records associated with claims of sexual abuse including investigative reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary. The agency's PREA Division reviews all data collected in order to access and improve the effectiveness of the agency's sexual abuse prevention, detection, response policies, practices, and training including; identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its finding and corrective actions for the facility, as well as, the agency as a whole, per policy 5.1.2-A. The agency's PREA Coordinator stated all 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 agency's PREA Coordinator to review. Annually each facility prepares a report of their findings and recommendations from their incident reviews and these reports are reviewed by the agency's PREA Coordinator and the appropriate division head for US Corrections, Reentry Community Confinement, and Youth services. Data collected from these reports, plus the data from all of the allegations reported each year, are contained in the secure PREA Secure Services and are aggregated and analyzed to improve the PREA program.

The agency's PREA Coordinator indicated the agency has prepared an Annual Report since 2013. The reports include the total number of allegations received from all our facilities and the outcome of each allegation. Policy 5.1.2-A outlines the procedures for conducting an annual review of all sexual abuse investigations and resulting incident reviews. The 2018 Annual Review of Sexual Abuse Investigations and Corrective Action Plan was completed on May 23, 2019. The document is divided into three sections; comparisons of data from 2017 and 2018, findings, and corrective action plan. The agency's PREA office compiles an annual PREA report for the company which includes breakdowns by facility. The Annual Report is approved and signed by the Senior Vice President of U.S. Corrections and Detention and International Operations and Senior Vice President of GEO Care. The Annual Reports are available on the GEO website www.geogroup.com/PREA. Agency policy notes that GEO may redact specific material from the reports when publications would present a clear and specific threat to the safety and security of a facility; but must indicate the nature of the material redacted. The agency's PREA Coordinator stated the agency only reports numbers and incident types; victims, perps, staff names, and any type of personal identifiable information is omitted for confidentiality purposes.

The 2015, 2016, and 2017 PREA Annual Reports were reviewed by the Auditor prior to the audit. The 2018 Annual PREA Report was provided during the audit and is available for review on the agency's website.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

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

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

The PREA Compliance Manager secures all facility data in locked file cabinet in a locked office with restricted access as observed by the auditor and through the PREA Portal for every allegation of sexual abuse and sexual activity. The agency's PREA Coordinator indicated that all data collected from facility reports plus the agency's data from all of the allegations reported each year are contained in the agency's secure PREA database. The data is aggregated and analyzed to improve the agency's PREA program. The data is made readily available through the Annual Report which is posted on the agency's website www.geogroup.com/PREA. Agency policy notes that the agency may redact specific material from the

reports when publications would present a clear and specific threat to the safety and security of a facility; but must indicate the nature of the material redacted. The agency's PREA Coordinator stated the agency only reports numbers and incident types; victims, perps, staff names, and any type of personal identifiable information is omitted for confidentiality purposes. The established retention schedule is 10 years for data collected or longer if required by state statute.

The 2015, 2016, and 2017 PREA Annual Reports were reviewed by the Auditor prior to the audit. The 2018 Annual PREA Report was provided during the audit and is available for review on the agency's website.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

The agency policy 5.1.2-A states that during the three-year period starting on August 2013, and each three-year period thereafter, GEO 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. The review of the agency's website confirms that PREA audits are being conducted on the agency's facilities with audit dates over the last three years. According to agency's PREA Coordinator, 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. This is the second PREA audit for this facility. The first was conducted in May 2016 and posted on the agency's website.

During the audit, the facility and agency provided the auditor full access to all areas of the facility and the auditor was able to observe practices. Prior to the audit, during the audit, and after the on-site audit, the agency and facility provided the auditor requested documents. Private interview space was provided to the auditor for conducting staff and resident interviews. Staff and resident interviews were held in an administrative conference room in the administrative building. Posted signs advised residents they could send confidential information or correspondence to the auditor. The auditor received a correspondence from a resident.

Based on the above information, the agency/facility meets the Standard 115.401 Frequency and scope of audit requirements.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

A review of the agency's website www.geogroup.com under the Social Responsibilities - PREA Page confirms that the agency publishes PREA final reports and makes them available through the website to the public. The auditor observed on the agency's website final reports of the agency's other facilities. The agency meets the requirements of this part of Standard 115.403 (f) Audit contents and findings.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Barbara A. King
Auditor Signature

September 14, 2019
Date