

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## JUVENILE FACILITIES



<b>Name of Facility:</b> Hector Garza Center			
<b>Physical Address:</b> 620 E. Afton Oaks, San Antonio, TX 78232			
<b>Date report submitted:</b> May 12, 2016			
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<b>Telephone number:</b> (804) 873-4949			
<b>Date of facility visit:</b> July 14 - 16, 2015			
<b>Facility Information</b>			
<b>Facility Mailing Address:</b> <i>(if different from above)</i>			
<b>Telephone Number:</b> (210) 568-8600			
<b>The Facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> <b>XX</b> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit	<input type="checkbox"/>	<input type="checkbox"/>
<b>Facility Type:</b>	<input type="checkbox"/> Detention (Juvenile)	<input type="checkbox"/> Correction	<input checked="" type="checkbox"/> <b>XX</b> Other: Regional Treatment Center
<b>Name of PREA Compliance Manager:</b> John Silva		<input type="checkbox"/>	<b>Title:</b> PREA Com Mgr.
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<b>Agency Information</b>			
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<b>Governing Authority or Parent Agency:</b> <i>(if applicable)</i>			
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# AUDIT FINDINGS

## NARRATIVE:

The PREA audit of the Hector Garza Center (here after referred to as HGC) operated by Abraxas, a GEO Group Company, was conducted from July 14 – 16, 2015, in San Antonio, Texas. The Designated Auditor was Charles J. Kehoe of Midlothian, Virginia.

The auditor wishes to extend his deepest appreciation to the GEO Group Administrator for Juvenile Services, Jon Swatsburg; PREA Coordinator, Phebia Moreland; Dr. Danny Cole, Abraxas Director of Quality, Compliance, and Research; Kathi Witt, Abraxas Sr. Manager of Quality and Compliance; Facility Director, Sergio Fernandez; PREA Compliance Manager, John Silva; and all the employees of the HGC for their professionalism, hospitality, and kindness.

This is a 139-bed residential treatment facility that provides treatment and support services to young people who have serious behavioral issues.

The PREA Coordinator mailed the agency's PREA policies and procedures, related documentation, and the Pre-Audit Questionnaire to the designated auditor several weeks before the audit.

The auditor contacted Just Detention International to inquire if that agency had received any information regarding HGC. A check of their records showed no complaints on file regarding the agency.

Ms. Moreland, Mrs. Witt, Dr. Cole and the auditor arrived at the facility on July 14, 2015 at 8:00 a.m. and were met by Mr. Fernandez and his administrative team. An Entrance Meeting was held at 8:16 a.m. with the administrative team. Eleven members of HGC's administrative team, along with Dr. Cole, Mrs. Witt, and Ms. Moreland were in attendance and introduced to the auditor. The Facility Director welcomed the auditor and provided an overview of this facility. The auditor thanked the GEO PREA Coordinator and the Abraxas/GEO leadership team for being involved in the PREA certification process. He then reviewed the audit process, the audit schedule, and gave the PREA Coordinator and Facility Director the lists of employees and residents selected for Random Interviews. The lists of specialized staff and youth in specialized categories were also reviewed. The Entrance Meeting ended at 8:45 a.m.

The site review of the facility began at 8:50 a.m., following the Entrance Meeting. Accompanying the auditor on the tour were Mr. Fernandez, John Silva, Dr. Danny Cole, Kathi Witt, and Phebia Moreland. All areas where residents may be found were reviewed. The site review ended at 10:50 a.m.

Following the tour the auditor began the interviews.

The first day of the audit, there were 134 residents in the facility and one resident in the hospital. Ten (10) residents were selected for random interviews. Five (5) residents were also interviewed who were identified as being in the special categories. One resident was interviewed who reported sexual abuse or harassment. Two (2) residents who identified as being transgender, lesbian, or gay were interviewed and two (2) residents who disclosed a prior sexual victimization during screening were interviewed.

Interviews with residents confirmed that they are well informed and educated on the agency's Zero Tolerance Policy, their rights to be free from sexual abuse and sexual harassment, how to report sexual abuse or sexual harassment, and the right to be free from retaliation for reporting. A few of the residents are aware that support services are available in the community for emotional support for sexual abuse victims, but the majority need a refresher class. It is clear that the HGC

is making the information available to the residents. Residents stated they are informed about PREA during intake and orientation on the first day in the facility and are offered ample opportunity to ask questions. All the residents reported that they felt safe in this facility and that they are treated well by the staff.

At the time of the audit, the HGC had 193 FTEs listed on FY 2015 Working Budget. Ten staff were randomly selected by the auditor from all shifts and were interviewed. Sixteen interviews were conducted with staff or contractors in 15 specialized areas and included the Agency Director (GEO Vice President), Facility Director, the PREA Compliance Manager, an intermediate level or higher level supervisor, medical and mental health professionals (2), a contractor, the staff member who Performs Screening for Risk of Victimization, an Incident Review Team member, a Designated Staff Member Who Monitors for Retaliation, a non-security staff who could act as a first responder, an Intake Staff member, the Training Manager, and the Deputy Director of the Rape Crisis Center. Since this is a moderate sized facility, some staff have multiple responsibilities and were interviewed more than once if their duties covered more than one specialized area. The GEO PREA Coordinator was interviewed earlier by another auditor doing another GEO audit.

In all, the auditor conducted 41 interviews during the HGC audit.

The staff reported that they have received the required PREA Training.

Allegations of sexual abuse are investigated by the Texas Department of Family and Protective Services, the San Antonio Police Department, the HGC investigator and the corporate office of the GEO Group. The auditor reviewed 19 closed PREA investigation files, with the facility investigator, that had been reported between August 2014 and the July 2015. Of the 19, five allegations alleged sexual abuse (two resident-on-resident and three staff-on-resident), 10 alleged sexual harassment (two resident-on-resident and eight staff-on-resident) and four were determined to involve "willing sexual activity" (i.e., consensual). Of the eight staff-on-resident sexual harassment investigations, three staff-on-resident sexual harassment were "substantiated", four were determined to be "unfounded," and one was determined to be "unsubstantiated". Of the three staff-on-resident sexual abuse investigations, two were "unfounded" and one was "unsubstantiated." Regarding the two resident-on-resident abuse allegations, one was "unsubstantiated" and one was "unfounded." Of two resident-on-resident sexual harassment allegation, one was "substantiated" and the other was "unsubstantiated." As a result of these investigations, two employees were terminated.

The auditor thoroughly reviewed four personnel files to document that employees were acknowledging at the time of hire, during annual evaluations, and during any promotions that they have not been involved in behaviors listed in 115.317 and that the employees had the appropriate criminal and child welfare background checks. HGC also documented that volunteers and contractors who have contact with residents have the appropriate background checks.

Six training files were also reviewed and found that employees received and understood the required PREA training. Two of the training files involved medical and mental health staff who had received the specialized training. Employees received four hours of initial PREA training and four hours of refresher training, annually. Staff who are in the specialized categories receive an additional four hours of training, two-hours during their orientation and two-hours refresher training, annually.

Three juvenile files were also examined and found to document that the residents had received PREA training, and received the screening for risk of sexual victimization and abusiveness. Two residents had also received the follow-up reassessments. Investigation notices and documents that monitored for retaliation were reviewed in other investigation documents.

The facility does not use isolation.

The GEO Group does not contract with other facilities or with any other agencies or entities for the confinement of its residents.

An Exit Meeting was convened at 3:30 p.m. on July 16, 2015, when the on-site audit was completed. The PREA Coordinator, the Clinical Director from Abraxas, and nine members of the HGC administrative staff were present. The auditor thanked all the leadership and staff of the HGC and the leadership of GEO/Abraxas. The auditor gave an overview of the audit and stated a few things had been corrected during the audit and that he now believed there are only two standards that needed additional documentation of implementation. While he could not give a final finding the auditor stated that overall the audit was very well organized and that it was obvious that HGC had incorporated the PREA Standards into the facility's operating procedures and organization. The Exit Meeting ended at 4:18 p.m.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The Hector Garza Center (HGC) is a 139 bed residential treatment facility for adolescent males and females. Residents in this program have behavioral issues severe enough to require staff-secure, intensive residential care. Referrals to the HGC are accepted from the statewide Texas Juvenile Justice System and Texas Department of Family and Protective Services/Child Protective Services. The average length of stay for the HGC Program is approximately six to nine (6-9) months. The minimum levels of services are provided to each resident as determined by the Texas Department of Family and Protective Services (DFPS). Hector Garza provides services at the "Specialized Service Level" and the "Intensive Service Level", and participates in the "Intensive Psychiatric Transition Program".

Hector Garza's four-story building has approximately 72,000 square feet of residential and office space. The facility was built in 1987 as a psychiatric hospital and has ample offices, classrooms, a full size swimming pool, gymnasium, play areas, commercial kitchen, cafeteria, conference rooms, and laundry facilities. There are five housing areas. Alpha and Bravo units are on the fourth floor. Alpha unit has 12 rooms that sleep a total of 25 residents. Bravo unit has 10 rooms that sleep a total of 24 residents. Falcon and Phoenix units are on the third floor. Falcon and Phoenix units each have 8 rooms that can each sleep a total of 22 residents. The Frontier unit is located on the second floor and has 12 rooms that can hold 29 residents. Residents' rooms accommodate one to three residents, and each room has a private bathroom/shower. A large group room is located on each floor near the staff control room and is used for multiple purposes.

Sufficient employees are on duty at all times to provide for the safety of the residents and meet their needs. The minimum employee-to-resident ratios are:

- During awake hours – 1 employee: 5 residents
- During sleeping hours – 1 employee: 15 residents

HGC employees have the education, experience, and training to effectively work with challenging residents. The program is dedicated to providing the highest quality of care, by employing staff members who possess the qualifications and competencies needed to effectively provide meaningful interaction, intervention, and direct supervision to the residents. The HGC training department provides comprehensive training for staff to develop skills and competencies critical to effectively complete their job duties.

- In addition to 80 hours of new employee orientation training, all new HGC employees will complete 40 hours of pre-service experience (supervised, on the job training) before they can be the only caregiver responsible for a resident in care.
- All HGC employees also participate in on-going professional development training; at least 50 hours per year for direct care employees, and 20 hours per year for administrators and administrative support employees.

Licensed therapists provide individualized treatment to the residents. Residents generally have multiple behaviors of concern in a variety of domains: social, emotional, mental health and behavioral problems, learning deficits, and histories of physical, emotional, and/or sexual abuse. The overwhelming majority of residents at the Hector Garza Center may have also experimented with drugs and alcohol and therefore they are in need of drug and alcohol prevention, education, and treatment. All residents are treated as individuals with unique treatment needs. The length of a resident’s stay varies based on individual progress towards meeting treatment goals.

The HGC currently maintains a partnership with the John H. Wood Jr. Public Charter District to provide educational services on site for the students in the program. Students attend school Monday - Friday from 8:30 AM - 4:15 PM. The academic curriculum is based on Individualized Plans and the school uses assessment data from outside sources/previous schools and benchmarking assessments on each student’s academic strengths and weaknesses. Classrooms for female students are located on the Pioneer wing of the second floor. The classrooms for the males are located on the first floor. The school is accredited by the Texas Education Agency to provide education for at risk students.

A Health Services Manager supervises the on-site medical department. Medical and psychiatric services are provided by a contracted physician (the Medical Director), a contracted psychiatrist, licensed vocational nurses, and medical technicians. Medical personnel evaluate the resident and begin coordinating necessary medical services within the first 72 hours of admission. Vision and dental exams, hearing evaluations, laboratory studies, immunization updates, tuberculosis testing, and physical evaluations are conducted routinely. Residents in need of psychiatric care and medication management are evaluated and monitored by the contracted psychiatrist. The Medical Director and/or other physician(s) are available (on-call) to the facility 24 hours a day for medical problems.

The HGC is licensed by the Texas Department of Family and Protective Services and accredited by The Joint Commission.

**SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded:	9
Number of standard met:	30
Number of standards not met:	0
Number of standards not applicable:	2

**Standard Prevention Planning**

**§ 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.**

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

The Hector Garza Center's policy states:

"The Hector Garza Center (HGC) mandates zero tolerance towards all forms of Sexual Abuse and Sexual Harassment in the facility. Sexual conduct between Employees, Volunteers, or Contractors and Residents regardless of consensual status is prohibited and subject to administrative as well as criminal and disciplinary sanctions. This prohibition includes conversations or correspondence of a romantic or sexual nature. All Employees, Contractors, and Volunteers are expected to have a clear understanding that HGC strictly prohibits any type of sexual relationship with Residents. This shall be considered a serious breach of the Standards of Employee Conduct, Volunteer agreements as well as vendor, service and Contractor agreements. These inappropriate relationships with Residents will not be tolerated."

The GEO Zero Tolerance Policy is also stated in the GEO Employee Handbook.

Ms. Phebia L. Moreland is the GEO Group PREA Coordinator and is an upper-level manager at the GEO corporate office. The PREA Coordinator's span of control is illustrated on the GEO table of organization. Ms. Moreland stated that being the PREA Coordinator is her full-time responsibility. She stated she has sufficient time and authority to develop, implement, and oversee the GEO Groups efforts to comply with the PREA standards in all the GEO facilities. Ms. Moreland is also a Certified PREA Auditor.

The HGC PREA Compliance Manger is John Silva. He stated he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA Juvenile Facility Standards. The PREA Compliance Manager position is illustrated on the HGC table of Organization.

**Standard**

**§ 115.312 Contracting with other entities for the confinement of residents.**

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

GEO/Abraxas does not contract with other public or private agencies for the confinement of GEO residents.

HGC receives residents from Texas Juvenile Justice Department (TJJD) and other jurisdictions within Texas and Texas Department of Family and Protective Services/Child Protective Services. The contract with the TJJD was amended in August of 2013 to confirm that the Cornell Abraxas (now known as Abraxas at GEO Group Company) would comply with the PREA standards and have a PREA audit every three years. The TJJD also stated it would make announced and unannounced compliance monitoring visits with the PREA standards, as well as an annual audit of the facility.

HGC has similar agreements with Bexar County and Bell County. As of March of 2015, these were

the only three contracts out of a total of 45 that had PREA language. At the time, the Governor of Texas said he would not Certify the State as being compliant with the PREA Standards. However, this standard applies only when the HGC is contracting with another agency to take its residents and, as previously stated, the HGC does not do this.

**Standard**

**§ 115.313 Supervision and monitoring**

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

Prior to the audit, the auditor was provided the HGC Annual Facility Assessment (staffing plan) dated April 9, 2014. The facility has had no findings of inadequacy from any court or Federal investigative agency. The Facility Assessment describes all components of the facility's physical plant. The assessment identified some areas that had various coverings over the windows and doors that had no view panels. Some of the doors without windows included, some therapists' offices, some supervisors' offices, and various classrooms in the living units. It was also noted that the HGC administrators don't have the software to view the cameras in the school classrooms.

In December of 2014, the Facility Administrator issued an Addendum regarding the follow-up to the Annual Facility Assessment. The memorandum described all the corrective actions and improvements that had been made in the areas of concern that were identified in the Annual Assessment. This was a very detailed report that described how the items that covered the windows had been removed and how doors to the therapists' and supervisors' offices were being replaced with doors that had view panels or view panels were being cut into the doors. Plans were also being made to install view panels in classroom doors. Since the HGC administrators do not have access to the cameras in schools, the Facility Administrator will seek permission from School Superintendent to install the school video software on his computer so classrooms can be monitored.

The PREA Coordinator documented, in writing, that she has been consulted and reviewed the Annual Facility Assessment and the Addendum.

The Annual Facility Assessment also described the resident population. The Assessment similarly described the number and placement of supervisory staff. A separate table illustrated the HGC Budgeted FTE Report. The auditor also reviewed the activity schedule at the facility.

HGC is in compliance with the Texas Department of Family and Protective Services and Joint Commission standards.

At the time the Annual Assessment was written there had been no substantiated allegations of sexual abuse reported in the previous two years. In reviewing the investigation files, the auditor reviewed five allegations of sexual abuse that were reported since the Annual Assessment was written. Three were determined to be unfounded and two were unsubstantiated. The auditor was told that these incidents would be acknowledged in the 2015 Annual Facility Assessment.

The facility complies with the Annual Assessment and staffing plan. The staffing ratio is 1:5 during waking hours and 1:15 (1:12 for Texas Juvenile Justice Department youth) during sleeping hours. In this area, HGC exceeds the PREA ratio standard.

HGC has a facility camera map that identifies the location of each camera in the facility. As previously reported, there is limited access to the school cameras. The Facility Director's Addendum Report stated that permission is being requested to install the school's camera software on the Facility Director's office computer.

The Resident Supervision Policy addresses Unannounced Rounds as follows:

“At a minimum of once per month on each shift, an intermediate-level or higher-level supervisor will conduct unannounced rounds of the facility to identify and deter staff sexual abuse and sexual harassment. The unannounced rounds will be documented on the Unannounced PREA Rounds form (attached). Staff members are prohibited from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate functions of the facility.”

The auditor reviewed several “Unannounced PREA Rounds” checklists that supervisors completed when they visit each living unit and floor. There is space where supervisors can acknowledge any needed corrective actions. The checklist is reviewed by the PREA Compliance Manager who documents her review in writing. These checklists not only document the unannounced rounds, but identify areas needing attention.

Based on the comprehensiveness of Annual Facility Assessment, the Facility Director’s detailed report that documents the corrective actions that have been taken, the thorough camera map that was provided to the auditor, the documentation of the “Unannounced PREA Rounds” report, and the confirmation that it was reviewed and approved by the PREA Compliance Manager, the auditor finds that HGC exceeds the requirements of the standard

**Standard**

**§ 115.315 Limits to cross-gender viewing and searches.**

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

The HGC Resident Supervision Policy prohibits cross-gender strip searches, cross gender visual body cavity searches, and cross-gender pat down searches except in exigent circumstances. If, in an exigent circumstance, a cross-gender search was ordered, it would be documented. HGC strongly recommends that a supervisor be present if such a search is conducted.

During random interviews with residents, seven of ten residents told the auditor that some staff do not announce their presence or rarely announce their presence when they enter a resident housing unit or hall. In random interviews with staff, six of ten staff reported that they do not consistently announce their presence when entering a housing area or hall. The auditor brought this to the attention of the HGC administration, the PREA Coordinator, and the administrators from Abraxas. The auditor was assured that corrective action would be taken immediately. Within a few hours, corrective action was initiated as the HGC administration sent a memo to all HGC Employees that said “OPPOSITE GENDER ANNOUNCING PROTOCOL.” The memo stated what is in the GEO/Abraxas Policy and given training. The auditor was also told that the procedure and training would be reviewed to clarify any misunderstanding regarding announcements by opposite gender staff. The auditor was also told that all staff would be “re-trained” on the announcement over the coming weeks. The auditor was satisfied that these steps would ensure all staff are aware of the requirement. During the report writing period, the PREA Coordinator sent the auditor the HGC Training Department log sheets that documented the staff have been retrained.

SPRTC Policy 103.4.03. 3. b. states:

“The facility will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. If the resident’s genital status is unknown, it



may be determined 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.”

The interviews with staff confirmed that staff received training in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The auditor reviewed the “Limits to Cross-Gender Viewing and Searches” curriculum and found it to be very thorough.

**Standard**

**§ 115.316 Residents with disabilities and residents who are limited English proficient.**

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

Abraxas Policy 101-14 states:

“Abraxas Programs will attempt to provide reasonable accommodations for any resident or resident’s family with limited English proficiency. This policy will be in accordance with the Civil Rights Act of 1964, which prohibits discrimination based on race, color, religion, sex, or national origin. ”

The Guidelines specify:

1. Upon referral to the program, employees responsible for reviewing admission criteria will determine from the placing agency the resident’s and his/her family’s ability to read, write, understand, and speak the English language.
2. Abraxas Programs will make reasonable accommodations in providing oral language interpretation, provide translation of written materials, and provide notice to persons with LEP of their right to language assistance and the availability of such assistance free of charge.
3. Each Abraxas Program has bilingual staff available. However, in the event that an interpreter is not available on staff, the program will utilize interpreter services for assistance in providing services.
4. Translation and interpretation services are available twenty-four hours a day, seven days a week through a contract with *Language Line Solutions*.

The auditor was shown the notice staff are given which provides direction on how to access the Language Line Solutions phone number and account information.

At the time of the audit, there were no residents in the program who were disabled or had limited English proficiency.

The HGC procedures prohibit the use of resident interpreters, readers, or assistants except in emergency situations. Five bi-lingual staff are employed at the facility, including one staff member who speaks five languages. In the event bi-lingual staff are not available employees know to call Language Line Solutions.

PREA signage and the Resident Safety Guide are printed in English and Spanish.

**Standard****§ 115.317 Hiring and promotion decisions.**

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

GEO/Abraxas requires background checks on all newly hired employees in the HGC and contractors who may have contact with residents. GEO/Abraxas uses Accurate Background, Inc. to conduct background checks on all employees. The GEO Group also makes its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or resignation during a pending investigation of an alleged sexual abuse.

The facility provided the auditor with documentation that persons being considered for hire are asked, in writing:

1. If they have ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution ;
2. If they have ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. If they have been civilly or administratively adjudicated to have engaged in the activity described above in paragraph (a) (20) of section 115.317 of the standards.

HGC also considers 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.

These questions are also asked of all employees when they are considered for promotions and as part of their annual performance evaluations.

HGC also requires all current employees to report any conduct described in items 1, 2, or 3, above.

The auditor reviewed four personnel files and confirmed the background checks and statements regarding prohibited behaviors were in the files.

**Standard****§ 115.318 Upgrades to facilities and technologies.**

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

Abraxas Policy #101-12 states, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the facility shall consider how such technology may enhance the facility's ability to protect residents from sexual abuse."

The auditor confirmed through the PREA Annual Facility Assessment that HGC always considers the impact new technology will have on the facility's ability to protect residents from sexual abuse. As previously mentioned, the Facility Director was working with the School Superintendent's office to get permission to install the school's video software on his office computer workstation.

The auditor observed the comprehensive video camera coverage during the site review. The auditor also reviewed previously recorded days to confirm the retention of the tapes and evaluate the quality of the video. The monitors and cameras provide good quality pictures with clarity.

**Standard Responsive Planning**

**§ 115.321 Evidence protocol and forensic medical examinations.**

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

The HGC policy on reporting sexual abuse states:

"1. All staff and volunteers will receive training on the Texas State Law (Texas Family Code, 261.401) which requires them to report any suspected abuse, neglect or exploitation to the Texas Department of Family and Protective Services or to a local law enforcement agency.

2. Any staff or volunteers suspecting abuse, neglect or exploitation must immediately report the incident to the Administrator On-Duty."

HGC has a Memorandum of Understanding (MOU) with the Rape Crisis Center (RCC) of San Antonio, Texas that provides advocacy services for any resident of the HGC who is a victim of sexual abuse at the facility. The MOU was entered into on April 15, 2015.

The facility has a log that will document referrals to the crisis center (Rape Crisis Center Referral Log). At the time of the audit, no resident had requested services from the Family Crisis Services, Inc. (Two youth were involved in an incident in 2015 concerning a "willing sexual act." In that case, the youth were informed of the services of the RCC and one youth did request a contact with the agency.)

The auditor interviewed the Deputy Director of the RCC who confirmed the MOU with the HGC and said that the agencies have a very good working relationship. She also confirmed the services that would be provided by the RCC to any resident of the HGC who needed their advocacy or emotional support. She did say that RCC staff are impressed with the therapists at the facility. She confirmed the agency had worked with the one resident mentioned earlier.

The auditor also interviewed the nurse who confirmed that if a resident was sexually abused in the facility he/she would be taken to either the San Antonio Children's Hospital or the Methodist Hospital. The San Antonio Children's Hospital Web site states: "We also provide FNE (Forensic Nurse Examiners) who assess children for suspected physical and sexual abuse and/or neglect. Our ED operates 24 hours a day, seven days a week, and is staffed with a devoted team of pediatric nurses, physicians, Child Life specialists, and other support staff specially trained in children's care. The ED team works diligently to treat all patients quickly and effectively; delivering compassionate, complete care for your child."

In random interviews with the residents, most of the residents said they were not aware of services that were available for emotional support. However, the auditor was given the information that is provided to HGC residents during their PREA education that describes the services that are available that will provide emotional support to victims of sexual abuse. A refresher class on the community services twice a year would be helpful.

**Standard****§ 115.322 Policies to ensure referrals of allegations for investigations.**

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

GEO Group policy directs that any allegation of sexual abuse or sexual harassment that rises to the level of criminal conduct be referred for investigation to an agency with the legal authority to conduct criminal investigations. This policy is published on the GEO Group Web site. In the case of HGC, this would be the San Antonio Police Department.

The auditor interviewed the HGC Investigator and reviewed 19 investigations (as described earlier). The investigator told the auditor that when an allegation of sexual abuse or sexual harassment is reported, the HGC would first notify the Texas Department of Family and Protective Services TDFPS) If the allegations appeared to be of a criminal nature, the San Antonio Police Department (SAPD) would also be notified. The TDFPS policy requires that the agency (HGC) suspend its investigation until there is a finding by the TDFPS. The auditor was told this could take several weeks. The auditor did note there were several investigations still pending.

In addition to notifying the DFPS and the SAPD, HGC would also notify the Juvenile Justice Department of Texas (JJDT), when the allegation involves a resident placed in the program by the JJDT. The resident would also be given the opportunity to report allegations directly to the JJDT.

The Facility Director also must notify the GEO Office of Professional Responsibility (OPR). OPR will also conduct an investigation of the allegation.

With all the agencies involved, it can extend the time it takes for the PREA Investigator at the HGC to complete his investigation. Investigations are very thorough.

**Standard – TRAINING AND EDUCATION****§ 115.331 Employee training.**

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

Staff interviewed by the auditor reported that they had received PREA training during their orientation and also during refresher training. The auditor was told the staff had to take a written test following the training. Staff told the auditor they are also given refresher training, at least annually. When answering questions about specific training they had received, the staff gave very detailed information about the material that was covered.

The GEO Group has created a very comprehensive training program that encompasses all the areas required by Standard 115.331 (1) – (11), plus additional information on what the data shows about sexual abuse in confinement facilities, the importance of screening for risk, barriers to reporting a sexual abuse, determining risk factors for victimization, what to do as a first responder, and legal issues related to employee misconduct. The PowerPoint presentation is comprised of 183 slides.

HGC employees take a written exam following the training and must receive a score of 70 to pass. Employees also acknowledge, in writing, that they received the training and understand it.

The auditor was very impressed by the meticulous detail in the training. HGC exceeds the standard. Staff were also given pocket cards during their training that describe the steps to follow if an allegation is reported.

**Standard**

**§ 115.332 Volunteer and contractor training.**

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

HGC provides a very comprehensive training program for contractors and volunteers. The auditor reviewed the 14-page curriculum and was impressed with the scope of the training material. The material goes far beyond simply informing volunteers and contractors of GEO's Zero Tolerance Policy and how to report such. The curriculum closely parallels the excellent training given to paid employees.

Volunteers and contractors acknowledge in writing that they have received and understand the PREA training for volunteers and contractors. The auditor reviewed the documentation that confirmed the contractor and volunteer had received the training and understood it.

The auditor interviewed the psychiatrist who is a contractor and confirmed he had received the training for contractors and the health care provider training and found all the training to be very thorough.

**Standard**

**§ 115.333 Resident education.**

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

During the intake process, a new resident receives information regarding the HGC's Zero Tolerance Policy and how to report allegations of sexual abuse or sexual harassment.

HGC Intake Policy states:

"The Intake Counselor will provide the resident with age-appropriate information regarding the program's zero tolerance policy regarding sexual abuse and sexual harassment, by reviewing information in the Client Handbook. The information will include how to report incidents or suspicions of sexual abuse or sexual harassment."

The policy goes on to state:

"Abraxas Youth Safety Guide

Within 10 days of admission, a trained staff member will provide the resident with comprehensive age-appropriate information regarding the program's zero tolerance policy regarding sexual abuse and sexual harassment by reviewing the *Abraxas Youth Safety Guide*. The information includes the resident's rights to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and how to report sexual abuse or sexual harassment. The staff member

will review the information with the client in person, verify his understanding, and obtain his signature on the acknowledgment form (attached).

The *Abraxas Youth Safety Guide* is printed in both English and Spanish. Residents are also given a brochure titled, "What you should know about Sexual Abuse". Residents confirm, in writing, that they have received the training, the Resident Handbook, the *Youth Safety Guide*, and the brochure and understand the material.

Nine out of 10 residents the auditor interviewed reported they received the PREA training the first day they arrived at the HGC.

**Standard**

**§ 115.334 Specialized training: Investigations.**

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

The Investigator reported that he completed the specialized training for investigators on June 26, 2014. GEO/Abraxas investigators completed a very comprehensive web based course taught by the PREA Coordinator that was developed by the PREA Resource Center and The Moss Group for investigators. The auditor reviewed the lesson plans for this course that totaled 145 pages. The curriculum provided great detail on all facets of investigating sexual abuse and sexual harassment in confinement facilities including how to collaborate with the forensic team and a victim advocacy agency, law enforcement and the legal issues involved in conducting these types of investigations. Documentation was given to the auditor that confirmed the investigator completed the basic PREA training and the specialized investigator training. An acknowledgement was also provided in writing that confirmed the employee had received and understood the investigator training. Because of the professional quality of this training and the all-inclusive scope of the curriculum, the auditor believes HGC exceeds the requirements of this standard.

**Standard**

**§ 115.335 Specialized training: Medical and mental health care.**

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

The medical and mental health staff received the specialized training that was developed by GEO Group based material from the PREA Resource Center and the National Commission on Correctional Health Care under a grant from the Bureau of Justice Assistance. This is a very complete and very detailed curriculum that covers all the areas required by Standard 115.335 (1) – (4). HGC documented that the medical and mental health providers received the basic training and the specialized training. The comprehensiveness of this specialized training demands several hours and, therefore, this auditor finds that it exceeds the basic requirements of the standard.

**Standard Screening for Risk of Sexual Victimization and Abusiveness**  
**§ 115.341 Obtaining information from residents.**

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

HGC Policy regarding Admission, Service Planning and Discharge states:

“During the Admissions process, but no later than 72 hours of the resident’s arrival at the facility, a trained staff person will complete an objective screening instrument with the resident.” The instrument is called the Screening for Risk of Victimization and Sexually Aggressive Behavior. This instrument includes all the elements that are required in 115.341.

- The purpose of the screening instrument will be to obtain and use information about the resident’s personal history and behavior to reduce the risk of sexual abuse by or upon the resident.
- If a resident has experienced prior sexual victimization or has previously perpetrated sexual abuse, he/she will be offered a follow-up meeting with the therapist within 14 days.
- The program will use the information gathered in this screening to make room and programming assignments for the resident with the goal of keeping him/her safe and free from sexual abuse. The program will not use isolated housing to protect a resident who is alleged to have suffered sexual abuse.
- Placement and programming assignments for each transgender or intersex client shall be reassessed at least twice a year to review any threats to safety experienced by the client.
- A re-assessment will be completed with each resident 4 months from the date of admission and then every 90 days thereafter, using the *Vulnerable to Victimization Reassessment Questionnaire*. The HGC policy that address the coordinated response plan also states, “Refer the alleged victim to his/her Therapist for re-assessment to determine if any issues need to be addressed.

At the time of the audit, the facility did not meet the standard because the facility was not periodically obtaining the same information that was obtained during the initial assessment. During the report writing period, HGC revised its procedures and revised the *Vulnerable to Victimization Reassessment Questionnaire*. The PREA Coordinator emailed the auditor five new examples of the revised form that is now being used to do ninety-day reassessments. The auditor confirmed the agency meets the requirements of the standard.

**Standard**  
**§ 115.342 Placement of residents in housing, bed, program, education, and work assignments.**

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

HGC Policy regarding Admission, Service Planning and Discharge states:

“The program will use the information gathered in this screening to make room and programming assignments for the resident with the goal of keeping him/her safe and free from sexual abuse. The

program will not use isolated housing to protect a resident who is alleged to have suffered sexual abuse.”

During the site review of the living units, some residents showed the auditor their rooms. No living unit is designated just for transgender, intersex, gay, lesbian or bisexual residents. Two residents who identified as being lesbian confirmed they are in the general population, that all residents take showers privately, and that there is not specific housing for LGBTI residents. Interview with staff and administrators confirmed that housing assignments are made on a case-by-case basis.

Education and program assignments are made on a case-by-case basis and tied directly to the treatment plan. The primary focus in this facility is on providing a safe and secure environment where the treatment plan drives the major decision regarding each resident. The administrative staff stated that a transgender or intersex resident’s own views with respect to his or her own safety would be given serious consideration. Placement and programming assignments for transgender and intersex youth are evaluated on a ninety-day basis as are all other residents.

There are no isolation rooms in the HGC.

### **Standard Reporting**

#### **§ 115.351 Resident reporting.**

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

HGC provides multiple internal and external ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff and staff neglect or violation of duties that may have contributed to such incidents. The *Youth Safety Guide* states that a resident can report an allegation of sexual abuse or sexual harassment to any staff member, health care provider, to his or her parent/guardian, probation officer, attorney, or chaplain or minister. The Guide also provides the phone number for Texas Abuse Hotline (800-252-5400). Residents can also file a grievance regarding sexual abuse and sexual harassment. The resident handbook describes the grievance procedures.

The residents who were interviewed stated they know of multiple ways of reporting sexual abuse and harassment allegations and listed talking to staff, telling a family member, calling the hotline and filing a grievance as examples. They also said they know they can make the reports in writing, verbally, via third parties, and anonymously.

The random staff that were interviewed also confirmed that residents can make reports in writing, verbally, via third parties, and anonymously.

There are no residents “detained solely for civil immigration purposes at this facility.”

During the site review, the auditor saw numerous posters throughout the facility that informed residents how to report sexual abuse and sexual harassment. These posters were in English and Spanish. Residents also said the staff do provide writing materials if they need them to make a written report.

Employees interviewed confirmed that they can privately report allegations of abuse. During training, employees are trained on their options and bilingual posters are located in staff offices, control centers, and break rooms. The posters state:

“GEO Employees reporting Sexual Abuse or Sexual Harassment may report such information to the Chief of Security or facility management privately if requested. They may also report Sexual Abuse or Sexual Harassment directly to the Employee Hotline, which is an independent, professional



service, available 24 hours per day, 7 days a week on the Internet at [www.reportlineweb.com/geogroup](http://www.reportlineweb.com/geogroup) or at the toll free phone number (866) 568-5425. Employees may also contact the Corporate PREA Director directly at (561) 999-5827”.

**Standard**

**§ 115.352 Exhaustion of administrative remedies**

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

The GEO Corporate Procedure Manual 5.1.2 – B Section III. J. 2 directs facilities to have a facility-specific grievance procedure for reporting sexual abuse that addresses all the elements of this standard.

HGC Grievance Procedure states:

*“Emergency (formerly “Immediate”):* “Emergency” is the highest level of priority. Grievances of this nature must be assessed and reported up to the Facility Director or PREA Compliance Manager (who will refer to proper authorities such as police department or TDFPS Hotline) as soon as one becomes aware of the incident but no later than 24 hours. Examples of an emergency priority are allegations or incidents involving sexual abuse, physical abuse, neglect or exploitation of a resident, or indications a resident is in imminent harm of sexual or physical abuse. An initial response to the emergency grievance to the resident is required within 48 hours and a final decision shall be provided within five (5) calendar days.”

The Youth Safety Guide states:

“Remember: You can also file a grievance. Each Abraxas facility has a confidential process to inform therapists/counselors that a youth needs to speak with them. All staff members know what to do if you have been harmed and how to help you become safe.”

The HGC Resident Handbook also describes how a resident can file a grievance and how a grievance that alleges sexual harassment or sexual abuse will be addressed within 24 hours. The PREA Compliance Manager said there have been grievances filed regarding allegations of sexual abuse and sexual harassment. These are immediately referred to the TDFPS and to the PREA Investigator. The PREA Compliance Manager also said that staff are trained to provide writing tools to residents who wish to file a grievance and to assist residents in preparing a grievance, if the residents requests their help. Interviews with residents confirmed that they are aware of multiple ways of reporting sexual harassment and sexual abuse, including filing a grievance.

The auditor reviewed two grievances that alleged sexual abuse or sexual harassment. One was under investigation by TDFPS at the time of the audit and the other case was determined to be unsubstantiated.

**Standard**

**§ 115.353 Resident access to outside support services and legal representation.**

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

HGC has an MOU with the Rape Crisis Center of San Antonio to provide outside support services for

residents who are victims of sexual abuse and sexual assault.

There was one allegation of Willing Sexual Activity in the past twelve months in which one of the involved residents requested a referral to the RCC.

During the interviews, two of 10 residents reported that they knew there were agencies in the community that could provide outside support services, if requested, but they could not remember the name of the agency. All the residents know they can call the TDFPS to report sexual harassment or sexual abuse and that they can report sexual abuse and sexual harassment to a trusted staff member, their parents, probation officer, or CASA worker.

The auditor saw the signage for the RCC and called it to the attention of the residents. The auditor suggested to the PREA Compliance Manager that refresher classes on the RCC might be helpful as most residents simply do not pay attention to this information because they don't believe that will be a service they will need.

The HGC Youth Handbook states, "The program services residents from the Juvenile Justice System and from Resident Protective Services. The program does not provide legal services for residents. Residents have the right to an attorney of their choice and the Hector Garza Residential Treatment Center will act as a referral source for residents requiring legal services. Again, all residents have the right to meet with their attorney in private and can make and receive telephone calls to attorneys."

All the residents interviewed said they understand they can meet with their attorney, as needed, and do so privately. Because the majority of the youth have been committed by a juvenile court for offenses, they have no continuing need for legal counsel. Some of the youth said they still had an attorney.

**Standard**

**§ 115.354 Third-party reporting.**

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

Every resident interviewed was aware that he/she could report a sexual abuse or sexual harassment to his/her parent, family member caseworker, probation/parole officer, or CASA worker, if he/she did not feel he/she could report it to anyone at the facility. Staff were also aware that third-party reports could be taken regarding sexual abuse and sexual harassment.

The GEO Web site has instructions for third party reporting:

"If you were previously housed in a GEO facility or program and need to report an allegation of sexual abuse/sexual harassment or to report an allegation of Sexual Abuse/Sexual Harassment on behalf of an individual who is or was housed in any GEO facility or program, 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 directly (see contact information below).

It is critical that you provide as many details as possible to include:

- The names and locations of alleged persons involved;
- The names of any witnesses to the alleged incident;
- Individual's register/booking number (if known);
- A brief description of the alleged incident;
- Date, time and location of where the alleged incident occurred;
- Your contact phone number and address if you wish to do so"

This statement is also found on posters that are displayed throughout the facility and specifically where visitors can see them. The posters are in English and Spanish.

**Standard Official Response Following a Resident Report**  
**§ 115.361 Staff and agency reporting duties.**

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

All the random staff interviewed by the auditor described in detail their reporting responsibilities beginning with the immediate supervisor up to and including the TDFPS. The staff understand that they are mandatory reporters for allegations of sexual abuse, sexual harassment, retaliation or threats of retaliation, and staff neglect of duties that may have contributed to a sexual abuse incident. The administrator on duty will notify the TDFPS, the institution investigator. The TDFPS will notify the San Antonio Police Department (if the incident appears to be criminal in nature).

Staff also stated they understood the limitations on who they would inform about the incident and the confidential nature of the allegation. Staff carry a pocket card that can be used to ensure all the steps are followed in reporting sexual abuse or sexual harassment.

The HGC's procedures also state that contractors, interns, and volunteers are also considered mandatory reporters and must follow the reporting procedures and protocols.

Medical and mental health staff said they always inform a resident of the limits of their duty to report, as mandatory reporters, and the limitations of confidentiality.

The Facility Director will notify the Corporate Office, the PREA Coordinator, the resident's (victim's) parent/guardian (unless the court has ordered they not be notified), the JJDT, if the resident was placed by the state, and the resident's attorney, probation officer, caseworker or other legal representative if the resident is under the jurisdiction of the local juvenile court.

All residents are told at intake of the Center's limitations on confidentiality and the agency duty to report any allegations of sexual abuse to the TDFPS.

The Facility Director provided written documentation of a referral he made to the TDFPS.

**Standard**  
**§ 115.362 Agency protection duties.**

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

The Facility Director and all staff randomly interviewed stated that any resident in substantial risk of imminent sexual abuse would be immediately removed from the area and would be maintained under the close supervision of a staff member until such time as the resident's safety was assured. If the aggressor is known, he/she could also be removed from the area.

**Standard**

**§ 115.363 Reporting to other confinement facilities.**

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

The Facility Director stated that if the HGC received an allegation that a resident had been sexually abused at another facility the Facility Director would notify the director of the other facility. The HGC has created a form that will document if such an allegation is received and the action taken.

The Facility Director said he received an allegation in June of 2015 from a county probation office that said a female resident was touched by a staff member at HGC in a sexual way. The allegation was referred to the TDFPS and was investigated and determined to be unsubstantiated.

**Standard**

**§ 115.364 Staff first responder duties.**

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

The auditor interviewed ten random staff and the training manager and specifically asked what they would do if a resident told the employee that he/she had been sexually abused. To a person, every employee described in great detail how they would separate and protect the victim, protect the scene, ensure the victim and the perpetrator, if he or she is known, not to shower, use the toilet, change clothes, or brush their teeth, etc. The staff also showed the auditor their pocket cards that give specific steps to follow if they are informed of an allegation of sexual abuse. The auditor also reviewed PREA investigations that documented that staff responded according to the HGC policy which is consistent with the requirements of the standard.

**Standard**

**§ 115.365 Coordinated response.**

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

The HGC policy titled, "Facility PREA Response Plan Following Resident Report" articulates the roles and responsibilities each of the involved staff, supervisors, and administrators on duty will perform to ensure the victim's safety and that evidence is preserved. The duties and responsibilities of the line staff are clearly stated. The supervisor on duty will notify the administrator on-call who will notify Facility Director, the PREA investigator, and the TDFPS. The TDFPS will notify the San Antonio

Police Department, if needed. The Facility Director will notify the health care staff and the resident's therapist if they have not been previously notified. The PREA Compliance Manager will notify the PREA Coordinator at the Corporate Office. Responding supervisory staff will assign a staff member, of the same sex as the victim, to remain with the victim and provide close supervision and support. The health care staff will determine, with the police and TDFPS, if a forensic exam is needed. The victim's therapist will determine what mental health/crisis intervention services are needed. The Facility Director will ensure the requirements of this policy are followed throughout the process.

The plan also addresses monitoring for retaliation and the need for a reassessment per standard 115.341.

The pocket card is also valuable as a resource for the staff to refer to ensure all steps in the process are completed.

**Standard**

**§ 115.366 Preservation of ability to protect residents from contact with abusers.**

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

HGC does not have any collective bargaining agreements with employees at the facility.

**Standard**

**§ 115.367 Agency protection against retaliation.**

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

At the HGC, the Intervention Supervisor or Intervention Aide is charged with monitoring for retaliation. The auditor interviewed a Intervention Aide who explained that he would meet with the victim weekly and that he would be assessing behavioral reports and changes in behavior. He stated that if the victim expresses any concern or is feeling threatened, he would bring that to the attention of the treatment team. The facility has a Protection from Retaliation Log that is used to document the contacts between the therapist and the victim. The facility provided examples of completed logs. The Intervention Aide stated that the monitoring would continue for at least 90 days and could be extended longer if there was a need. At times it takes longer than 90 days for the TDFPS to complete the investigation. In that case, monitoring would continue. If a case consultation was needed, the meeting would be documented in a separate Log. A resident could be moved to a different housing unit in the facility, if such a transfer would ensure further protection of the victim. If the act was criminal, it is possible the aggressor could be moved to a juvenile detention facility or jail, pending trial on new charges.

Staff who may be the subject of retaliation will be monitored by a Treatment Supervisor, PREA Compliance Manager, or the Facility Director. If necessary, to prevent retaliation, staff can be moved to a different shift or to a different post.

**Standard****§ 115.368 Post-allegation protective custody.**

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

The HGC "Facility PREA Response Plan Following Resident Report" states, "The program will not use isolated housing to protect a resident who is alleged to have suffered sexual abuse."

**Standard Investigations****§ 115.371 Criminal and administrative agency investigations.**

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

The auditor reviewed 19 closed PREA investigation files, with the facility investigator, that had been reported between August 2014 and the July 2015. Of the 19, five allegations alleged sexual abuse (two resident-on-resident and three staff-on-resident), 10 alleged sexual harassment (two resident-on-resident and eight staff-on-resident) and four were determined to involve "willing sexual activity" (i.e., consensual). Of the eight staff-on-resident sexual harassment investigations, three staff-on-resident sexual harassment were "substantiated", four were determined to be "unfounded," and one was determined to be "unsubstantiated". Of the three staff-on-resident sexual abuse investigations, two were "unfounded" and one was "unsubstantiated." Regarding the two resident-on-resident abuse allegations, one was "unsubstantiated" and one was "unfounded." Of two resident-on-resident sexual harassment allegation, one was "substantiated" and the other was "unsubstantiated." As a result of these investigations, two employees were terminated.

The auditor was told that investigations are initiated immediately by the TDFPS and the San Antonio police, if needed. In addition, the Facility Director must inform the GEO PREA Coordinator and the Office of Professional Responsibility at the corporate headquarters of the allegation. All the investigations are conducted professionally, thoroughly, and objectively. The auditor asked why there were several investigations listed as "on-going" and was told that it takes several weeks and sometimes months for the TDFPS to complete an investigation and to send its findings to HGC. After the TDFPS reports to HGC, that information is forwarded to the PREA Coordinator at the Corporate Office where a thorough review of the entire allegation is conducted. During that time, the HGC PREA investigator is barred from conducting any interviews with the residents or staff involved in the allegation.

Administrative investigations involving allegations of sexual harassment are conducted by the HGC PREA Investigator. The TDFPS may not be notified of these investigations if there is no evidence of sexual abuse. Administrative investigations are also conducted when there is reason to believe that staff actions or failures to act contributed to an allegation of sexual abuse or sexual harassment. All administrative investigations are documented in very complete written reports.

As previously reported, the HGC investigator has gone through extensive training in how to conduct a sexual abuse or sexual harassment investigation.

Investigations are not terminated if the resident recants the allegation or leaves the facility. The investigators state the credibility of the alleged victim, witness, and or suspect will be assessed on an individual basis. Residents will not be asked to take a polygraph exam.

If the investigation finds the sexual abuse was substantiated, the matter will be referred to the local District Attorney for possible prosecution.

Administrative investigations determine if staff actions or failures to act contributed to the abuse or harassment. All investigations are documented in written reports. HGC retains all written sexual abuse and sexual harassment reports for as long as the alleged abuser is in the facility or employed by the company, plus five years, unless the abuse was committed by a juvenile resident and the applicable Texas law requires a different retention period.

GEO Policy 5.1.2-E, Investigating Allegations of Sexual Abusive Behavior and Evidence Collection states:

"GEO shall retain all written reports referenced in this section 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 ten years."

The GEO Policy also states: "Due to their confidential nature, all Sexual Abuse and Sexual Harassment investigative files shall be retained in a secure location with restricted access as designated by the Facility Administrator."

**Standard**

**§ 115.372 Evidentiary standard for administrative investigations.**

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

The HGC will not impose any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

**Standard**

**§ 115.373 Reporting to residents.**

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

The auditor interviewed one residents who reported a sexual abuse that occurred a about ten days before the audit. The youth alleged that he had been touched by another resident. Since the investigation was still going on there was no notification. The youth did say staff said they would monitor him for retaliation.

Because it can take several weeks or months to learn of the findings from the TDFPS and the police, many residents are discharged from the facility before they can be told of the outcome of the

investigation. This is beyond the control of HGC.

GEO Policy 5.1.2-E, Investigating Allegations of Sexual Abusive Behavior and Evidence Collection describes how the person who made the allegation is to be informed of the outcome of the investigation.

HGC has a form that is used to inform the victim or the person reporting the allegation of the outcome of the investigation. The PREA Compliance Manager provided the audit with copies of "notifications" that had been given to residents and signed by the resident to acknowledge receipt of the form. The form has all of the actions that can be taken against the abuser, as well as the status of the case (i.e., the abuser was charged, the abuser was convicted, the abuser was transferred to another facility, or terminated, in the a case of an employee.)

**Standard Discipline**

**§ 115.376 Disciplinary sanctions for staff.**

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

GEO Policy 5.1.2-E, Investigating Allegations of Sexual Abusive Behavior and Evidence Collection L. 1. Employee Disciplinary Sanctions (§115.76/§115.276) states:

"a. Employees may be subject to significant disciplinary sanctions for sustained violations of Sexual Abuse and Harassment policies, up to and including termination for any Employee found guilty of Sexual Abuse.

b. Termination shall be the presumptive disciplinary sanction for staff who have engaged in Sexual Abuse.

c. 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.

d. All terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal."

The employee handbook also states that any sexually abusive behavior can result in termination.

The Facility provided the auditor with written documentation that two employees were discharged for sexually explicit conversations with two residents and another employee resigned pending disciplinary action by GEO.

**Standard**

**§ 115.377 Corrective action for contractors and volunteers.**

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

The HGC Sexually Abusive Behavior Prevention and Intervention Policy states, "Engaging in a



romantic and/or sexual relationship with Residents may result in employment termination and/or termination of the Contractual or Volunteer status, and/or criminal charges...Engaging in a romantic and/or sexual relationship with Residents may result in employment termination and/or termination of the Contractual or Volunteer status, and/or criminal charges." Similar language is found in the volunteer section of the policies.

The Facility Director told the auditor that any volunteer or contractor who violates this policy will be immediately removed from the facility and reported to the TDFPS. He also stated that any applicable licensing body would also be notified. No volunteers or contractors have ever been removed for violation of the HGC policy on sexual abuse or sexual harassment.

**Standard**

**§ 115.378 Interventions and disciplinary sanctions for residents.**

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

The HGC Resident Handbook describes, in detail, the disciplinary procedures for minor and major rule violations and the resident's due process. The auditor was told that if the resident's mental disabilities or mental illness contributed to his or her behavior that this would be taken into consideration when determining sanctions. Given that the focus of the HGC program is on providing therapy to its residents, residents who sexually abuse or sexually harass another resident will be provided therapy based on the level of needed intervention. The auditor was reminded that the clinicians at the HGC are not "certified sex offender therapists."

Sanctions for sexual abuse could range from criminal prosecution and placement in an adult detention center or juvenile detention program, to a "Modified Program" restriction including the loss of privileges. Residents would still receive daily large-muscle exercise, access to required educational programming/special education services. Residents could have access to other programming to the extent possible. HGC does not use isolation.

The auditor was provided examples of disciplinary reports for violations that involved consensual sexual activities. In these cases, the residents were placed on restricted activities for 7 days.

**Standard Medical and Mental Care**

**§ 115.381 Medical and mental health screenings; history of sexual abuse.**

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

The HGC Intake Policy states, "During the Admissions process, but no later than 72 hours of the resident's arrival at the facility, a trained staff person will complete an objective screening instrument with the resident.

- The purpose of the screening instrument will be to obtain and use information about the resident's personal history and behavior to reduce the risk of sexual abuse by or upon the resident.
- If a resident has experienced prior sexual victimization or has previously perpetrated sexual

abuse, he/she will be offered a follow-up meeting with the therapist within 14 days.”

Interviews with the mental health therapist and residents confirmed that if a resident acknowledges a prior history of sexual abuse, he/she will be seen by a mental health therapist within 14 days. The auditor reviewed several completed assessments and the progress notes from the 14-day follow-up meeting. The progress notes were very specific as to the resident’s allegation that he/she has a history of prior sexual victimization. These notes were used to develop a treatment plan, identify appropriate living units, and identify residents who would be at risk if placed with a more aggressive population.

The information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health staff and other specifically designated staff. The files are maintained in a secure room.

The therapists told the auditor that they are mandatory reporters and therefore informed consent is not necessary, regardless of where the abuse happened.

**Standard**

**§ 115.382 Access to emergency medical and mental health services.**

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

There are two (2) registered nurses at HGC. Nurses are at the facility 5 days a week from 6:00 a.m. until 2:00 p.m. and from 2:00 p.m. to 10:00 p.m. There are also five EMTs who work the same hours as the nurses. The facility physician comes to the facility every Saturday for sick call. Residents can also be taken to the physician’s office, if necessary.

HGC has twelve highly trained and educated (master’s degree) Qualified Mental Health Professionals on the staff every day. Therapists also work on Saturdays and Sundays from Noon until 8:00 p.m. on a rotating schedule.

The nurse reported that San Antonio Children’s Hospital and Methodist Children’s Hospital have SANE services. If a nurse is not on duty at the time a report of an abuse is made, staff first responders will take preliminary steps to protect the victim pursuant to 115.362 and will immediately notify the administrator on-call, the TDFPS, the on-call nurse, and the mental health staff. TDFPS will call the San Antonio Police Department who will transport the resident to the hospital, if necessary.

The nurse told the auditor that a female victim of sexual abuse will be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. This would be accomplished by sending the female resident/victim to the hospital.

These services will be provided without cost to the victim.

**Standard**

**§ 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers.**

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

HGC residents who have been victims of sexual abuse will be offered continuing medical and mental health treatment. These services will become part of the overall HGC treatment plan. The scope of these evaluation and treatment services will include services for continued care, as appropriate, following their transfer or release from custody.

Both the nurse and the mental health therapist stated that the level of care residents receive in this facility "exceeds" the level of care an adolescent would receive in the community.

Female residents who experienced sexually abusive vaginal penetration will be offered pregnancy tests. If pregnancy results from the sexual abuse, the victim will receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services.

All resident victims of sexual abuse will be offered a test for sexually transmitted infections as needed.

All these services will be provided without financial cost.

The facility conducts a mental health evaluation on all sexual abusers within 14 days of admission.

The auditor reviewed the notes from one of the forensic exams that was conducted on a resident from HGC. The exam was conducted at the San Antonio Children's Hospital.

**Standard Data Collection and Review**

**§ 115.386 Sexual abuse incident reviews.**

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

The Facility Director said that the PREA Incident Review Team is comprised of the Director, the Assistant Director, the Quality & Compliance Specialist/PREA Compliance Manager, the Clinical Director, a nurse, and the PREA Investigator. Others can be added as needed.

After the TDFPS investigation and, if necessary, the police investigation, are completed, the HGC would complete its investigation and all the information would be forwarded to the PREA Coordinator and the Office of Professional Responsibility at the Corporate Office for review.

When the investigation is completed, the Incident Review Team meets and considers those areas listed in 115.386 (d) (1) through (5). The Team then prepares an After-Action Review Report. The auditor examined eight (8) After-Action Review Reports out of the 19 investigations he reviewed and found they were comprehensive and complied with the requirements of the standard.

Recommendations for improvements are implemented according to the Facility Director.

**Standard**

**§ 115.387 Data collection.**

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

When an allegation is reported and investigated, a PREA Incident Report Survey is completed. This 22 page survey captures all the critical information regarding the alleged sexual abuse and all the information necessary to answer all questions on the most recent version of the Survey of Sexual

Violence (DOJ) and more. The GEO Group collects and maintains data from all incident-based documents, including reports, investigations, and Incident Review Team analyses.

The HGC also has a spreadsheet, referred to as the PREA Incident Tracking Log, the provides critical information regarding on-going investigations and closed investigation. The Tracking Log is the basis for considerable information used in other reports.

The GEO Group's understanding of the importance wide-ranging data in strategic planning for sexual safety exceeds the requirements of this standard.

**Standard**

**§ 115.388 Data review for corrective action.**

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

The GEO Group collects data from the PREA Incident Report Survey, identifies problem areas, and takes corrective action, as needed, on an on-going basis.

The GEO Group has published its first PREA Annual Report in 2014. This 14 page report identifies issues needing attention, corrective actions to be taken, training that has been done, policies and procedures that have been enhanced, and presents data from all GEO facilities. The auditor was very impressed by the transparency of the data and the comprehensiveness of the report. This report is available on the GEO Web site. The GEO Annual Report exceeds the requirements of the standard.

**Standard**

**§ 115.389 Data storage, publication, and destruction.**

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

HGC Annual Program Evaluation 2014 (published in March of 2015) identified future encounters that may directly impact on PREA. The Auditor is impressed by the transparency and candid observations and the need to be pro-active in finding solutions to the facility's physical plant challenges.

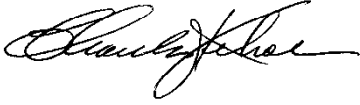
HGC secures all data collected pursuant to 115.387 in a secure office and access to these files is limited to a small number on the administrative team. This data is maintained for at least 10 years, in accordance with this standard.

As previously mentioned, the 2014 PREA Annual Report, which includes aggregated sexual abuse data, is available on the GEO Web site.

The GEO Group has created a position titled Corporate PREA Data Specialist with responsibility to collect and analyze PREA data from all GEO facilities with PREA obligations. This clearly exceeds this standard.

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his knowledge and no conflict of interest exists with respect to his ability to conduct an audit of the agency under review. Hector Garza Treatment Center, San Antonio, Texas meets the requirements of the Prison Rape Elimination Act, Juvenile Facility Standards.



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Auditor Signature

May 12, 2016

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Date