

PREA Audit: PREA AUDITOR'S FINAL SUMMARY REPORT

Community Confinement Facilities

Name of facility: Leidel Residential Reentry Center
Physical address: 1819 Commerce St, Houston TX 77002
Date report submitted: December 31, 2014

Auditor Information

Name: Michelle Bonner
Address: 1629 K St NW, Suite 300, Washington, DC 20006
Email: michelle@michellebonner.com
Telephone number: 202-489-7184
Date of facility visit: June 26-27, 2014

Facility Information

Facility mailing address: (if different from above) same
Telephone number: 713-224-0984
The facility is: Private for profit

Facility Type Community Treatment Center/Halfway House

Name of Facility Head: Johnathan Hardy
Title: Facility Director
Email address: jxhardy@geogroup.com
Telephone number: 713-224-0984
Name of PREA Compliance Manager (if applicable): Johnathan Hardy

Title: Facility Director
Email address: Same as above
Telephone number: Same as above

Agency Information	
Name of Agency:	The GEO Group Inc.
Governing authority or parent agency:	(if different from above)
Telephone number:	561-999-5827
Agency Chief Executive Officer	
Name:	George C. Zoley
Title:	Chairman of the Board, CEO and Founder
Email address:	gzoley@geogroup.com
Telephone number:	561-893-0101
Agency-Wide PREA Coordinator	
Name:	Phebia L. Moreland
Title:	Director, Contract Compliance, PREA Coordinator
Email address:	pmoreland@geogroup.com
Telephone number:	561-999-5827

AUDIT FINDINGS

NARRATIVE: [The auditor should provide a summary of the audit process that includes the date of audit, who was in attendance, a description of sampling procedures and staff and residents interviewed, areas of facility toured as part of the audit, etc.]

Michelle Bonner, an independent contractor certified by the United States Department of Justice (DOJ) to conduct audits of community confinement facilities to assess their compliance with the DOJ-adopted standards of the Prison Rape Elimination Act of 2003 (PREA), conducted an onsite audit of Leidel Comprehensive Sanction Center, aka Leidel Residential Reentry Center (hereinafter, "Leidel" or "Leidel RRC"), on June 26-27, 2014 . Leidel RRC is owned and operated by the GEO Group, Inc., which has contracted to house Federal Bureau of Prison Inmates (along with a small number of US Probation inmates). During the audit there were 26 women and 137 men at the facility, with an additional 63 on home detention.

The first day of the audit started with an opening meeting consisting of the Auditor, Facility Director Johnathan Hardy and the Auditor. Auditor Bonner was also introduced to Assistant Directors Heidi Robinson (Programs) and John Rollins (Operations).

Contract Compliance PREA Manager Jennifer Shaw, and Jonathon Dressler, Divisional Reentry Services PREA Coordinator, both of GEO Group, Inc., were on delayed flights, so Auditor Bonner spent the first day interviewing the Facility Director, Assistant Directors, social services coordinator, case managers, security monitors, and the Administrative Assistant for human resources information. She also interviewed some residents, based on a combination of random selection and familiarity through pre-audit questionnaire documents. On day two of the audit, in addition to staff and resident interviews, PREA Auditor Bonner was accompanied by the Facility Director, Assistant Directors, Shaw and Dressler on a tour of the facility. During this tour, Auditor Bonner inspected all dorms, offices, rooms, food service areas, laundry rooms, closets, halls, outside recreational areas, and exterior of the building.

During the two-day audit, PREA Auditor Bonner conducted one-on-one interviews with the eleven facility employees. Topics discussed included interview protocol questions for random staff and specialized staff. Fourteen residents were also interviewed one-on-one, per the selection process described above. , Document review included: security check, head count, and pat-down logs; intake, assessment, and reassessment forms; employee files for new hires, terminations, resignations, and promotions; PREA forms for monitoring, documentation, tracking, and reviews; and other documentation (such as emails, invoices). A close-out session at the end of the second day of the onsite audit was held with the Auditor, Facility Director, Assistant Directors, Shaw, and Dressler, with GEO Group, Inc., PREA Coordinator Phebia Moreland via telephone.

DESCRIPTION OF FACILITY CHARACTERISTICS: [The auditor should include a summary describing the facility.]

Leidel Residential Reentry Center is located in downtown Houston, in the shadows of the Houston Astros Baseball Stadium. Leidel is a one-level, concrete building, built in 1995, with a small addition connected via breezeway in 2005. The 1995 portion consists of administration, Control Center, female dorms A & B, male dorms C & D, case management offices, classrooms, and food service area. The newer addition contains male dorm H, with case manager offices. The facility has a fenced-in parking lot on the side of the building for about 20 cars.

The front door faces the Control Center, the room with monitors to view cameras, where residents check in and out for work and day passes, and where visitors enter the facility. There are cameras outside and inside of this front door; and Control Center is staffed twenty-four hours per day. The front lobby area has a bulletin board containing PREA signage in English and Spanish, as well as information on community services programs The Bridge and Houston Area Women’s Center, located between the restrooms.

The door to the left of the Control Center is the pat-down area, which is captured on camera. A locked utility room and a restroom for conducting urinalysis is also in this area. There are also bulletin boards with case manager information, forms, and a grievance box with access only by Facility Director Hardy. In this hall area there are also pay phones with sexual assault hotline numbers posted for Houston Area Women’s Center, The Bridge, GEO Group PREA Hotline, and Federal Bureau of Prisons (BOP) Residential Reentry Manager (RRM). Across from this is another bulletin board with more PREA signage and single copies of pamphlets for BOP Administrative Remedies and the Texas Association Against Sexual Assault (TAASA); copies can be requested

from Control Center.

Female Dorm A is a an open bay with 8 bunks (16 beds), a restroom to the right, lockers to the left, and PREA signage and hotline numbers on the wall near beds and on far wall near emergency exit.

The laundry room has a camera in the far corner, there is a post in the room, but there is a window in the door. PREA signage is here as well.

Female Dorm B, like A, has a camera on the doorway. PREA signage and hotline numbers are posted on bulletin board as you enter. It contains a restroom with sinks, toilet stalls with doors and showers. PREA signage is here as well. A door from this dorm leads to a hall with cameras capturing hall and back exit of the building.

Main Dining contains ice machine to the left, a serving area with a door that remains locked, cameras capture the serving area, front area, and back area. The food prep area is locked, with equipment along the walls. There is also a storage closet that should remain locked. (It was open during the tour.)

Behind the food prep area is a male laundry room (annex laundry room) with camera. Blind spot exists near area in front of the hot water heater door. PREA signage is in this room. Across is a male TV room with camera coverage and PREA signage and information on outside services. A gym with new camera coverage is also back here.

A class room off of the dining area has a camera in back, along with PREA signage.

There is a hall with three case manager offices and a medication dispensing room, which remains locked. Camera coverage is present. There is also a female TV room off of the main dining area, which has a camera, but also a blind spot in the front left corner.

Male Dorm C is the largest dorm, with 70 beds, and PREA/hotline signage throughout. This is part of the old building, so it has a large shower with ten shower heads – though one person showers at a time. Half-walls between cubicles of two to four bunks provide clear sight lines throughout the dorm.

Male Dorm D has PREA signage and hotline signage as one enters and throughout the space. The dorm consists of cubicles with half-walls, for long sight lines throughout the space. There is camera coverage down the hall to the restroom at the end of the hall. Shower curtains have clear plastic tops for better visibility.

From Male Dorm D there is a door to Logan's Garden, an outdoor recreation area, which contains new camera coverage. Male and female residents are not in this area at the same time. From this yard you can walk to the breezeway between the old building and new addition, containing Male Dorm H. As one enters the building, there are case managers' offices on either side of entry in the front hall, which leads to the dorm area. Dorm area has open sight lines, like other male dorms, but has wooden bunks instead of metal. Restroom and laundry are at the right end of dorm. There is a camera in the laundry area, but it does not cover opposite side of the machines, creating a blind spot. (A window in the door or taking the door off would solve this.) PREA signage is in laundry and throughout the dorm.

SUMMARY OF AUDIT FINDINGS: [The auditor should include a summary statement of the overall audit findings. E.g.: On March 1, 2013 X number of site visits were completed at facility XYZ in X County, Maryland. The results indicate....Facility X exceeded X of standards;; met X of standards;; X of standards were not met.]

Overall, Leidel RRC does an amazing amount of work, given the relative number of staff to the number of residents and home detention persons it supervises. Compared to other facilities, only 32 staff for 225 supervisees in a residential setting is a lesson in doing more with less. However, on the whole, residents express that they do feel safe here. Regarding the PREA Standards, Leidel exceeds in one standard, meets 35 standards, does not meet 0 standards, and 3 standards are not applicable.

PREA signage and PREA hotline information are posted in dorms and common areas quite prominently and frequently (although notices for the onsite audit were not clearly visible). Unless court-ordered otherwise, residents are allowed to have cell phones and can contact the PREA Hotline provided by GEO Group and other outside services, such as Houston Area Women’s Center or The Bridge, privately.

Facility Director Johnathan Hardy has a commanding presence as PREA Compliance Manager at Leidel. Everybody knows they can go to him with a PREA complaint. Mr. Hardy trained employees last summer and provided refresher training this past spring. Employees clearly have been exposed to the information and retain much of it. However, Auditor suggested that he does mini-trainings throughout the year on different PREA subtopics. For instance, while most staff are adjusting to PREA, there have been complaints and management observation of staff interacting inappropriately with residents. The PREA Coordinator from GEO Group’s corporate office has since provided PREA refresher training to all staff at the facility. Meanwhile, facility management has continued its review of video surveillance, which helps to monitor staff as well as resident behavior.

As in other GEO Group community confinement facilities, Leidel is committed to performing the initial risk screenings well within 72 hours and reassessments for all residents within 30 days of initial screening. At present, Assistant Director of Programs conducts the initial risk screenings; and she also keeps track of reassessments conducted by the case managers. In addition to her many other tasks, these PREA responsibilities are additional burdens. During the onsite audit, Auditor suggested that case managers themselves keep track of the 30 day reassessment responsibilities via a spreadsheet shared only with clinical staff and contains only the dates of inquiries. The facility has since adopted this protocol.

Auditor also recognized in pre-audit documentation that there were instances where residents reported being sexually victimized while incarcerated at other facilities, but no documentation that these incidents were reported to the prior facilities. The facility has since checked prior initial screening documents to capture any and all reports of sexual victimization while in other incarceration

facilities, and it has reported such abuse to the Federal Bureau of Prisons (BOP).

The agency has a contract with Language Lines for interpretation services. This service should be particularly handy for use with the facility's Vietnamese residents. The facility has many bilingual staff to assist in interpreting for Spanish speaking residents. Auditor suggests that staff use Language Lines when a Spanish-speaking staff person is unavailable. In addition, bilingual staff who interpret for residents should be instructed to interpret only what the resident is saying, without more.

According to the Statement of Work with the Federal Bureau of Prisons (BOP), August 2007, the facility is not allowed to conduct any investigation of misconduct without the Contracting Officer's Technical Representative's (COTR's) approval. This process can and has created excessive delays in the investigatory process. For example, verbal allegations and informal grievance by a resident against facility staff member for "Sexual Harassment and Abuse of Authority" on Feb. 21, 2014 were not investigated by BOP's assigned Residential Reentry Manager (RRM) until April 24-28, 2014 – more than two months after the allegations were made. In order to comply with this standard, Auditor advises a revised Statement of Work to allow for administrative investigations to begin immediately by PREA Specialized Investigators under GEO Group's employ and its Office of Professional Responsibility for staff misconduct, under the review and supervision of the assigned BOP-RRM or COTR.

The PREA Resource Center (PRC) states clearly that contracting agencies must make annual PREA information public via publication on its website, in addition to the governing agency's publication of aggregate statistics. SEE, PRC FAQ "Contracts" Question #6. <http://www.prearesourcecenter.org/faq#n2093>. The Bureau of Prisons indicated that it would publish aggregate PREA statistics from its facilities and contract facilities on its website, and, on December 19, 2014, the GEO Group, Inc., published PREA reports for 2012 and 2013 on its website, http://www.geogroup.com/reporting_sexual_abuse_prea

Number of standards exceeded:	1
Number of standards met:	35
Number of standards not met:	0
Number of standards N/A:	3

FOLLOWING INFORMATION TO BE POPULATED AUTOMATICALLY FROM AUDITOR COMPLIANCE TOOL:

PREVENTION PLANNING

Overall Determination: **§115.211 -- Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes:

- definitions of prohibited behaviors regarding sexual abuse and sexual harassment;
- sanctions for those found to have participated in prohibited behaviors; and
- a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

The agency employs or designates an upper--level, agency--wide PREA Coordinator. The PREA Coordinator has more than sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The agency has committed resources and support into its PREA implementation program, and it has three or more dedicated top-level staff who travel around the country to make sure PREA is implemented properly and professionally in its community confinement facilities. The position of the PREA Coordinator in the agency's organizational structure: Director, Contract Compliance, PREA.

GEO POLICY 5.1.2-A; FACILITY POLICY 504-1.

Overall Determination: **§115.212 -- Contracting with other entities for the confinement of residents.**

Exceeds Standard (substantially exceeds requirement of standard)

N/A Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if does not meet standard):

Overall Determination: **§115.213 -- 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)

Auditor Comments (including corrective actions needed if does not meet standard):

The facility develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. Facility management conduct and document unannounced rounds of the facility on a regular, yet random, basis. Facility management also weekly review surveillance footage to identify any problems with staff or resident conduct. Facility management reviews the staffing plan at least annually. There have been no deviations from this staffing plan. GEO POLICY 5.1.2-A; FACILITY POLICY 504-1.

Overall Determination: **§115.215 - Limits to cross--gender viewing and searches.**

Exceeds Standard (substantially exceeds requirement of standard)

✓ **Meets Standard** (substantial compliance;; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if does not meet standard):

The facility does not conduct any strip or visual body cavity searches of residents; and it does not permit cross--gender pat--down searches of female residents. So far, there have been no exigent circumstances noted that have required cross-gender pat-downs. The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this policy. Facility policy requires that all cross--gender pat--down searches of female residents, all cross--gender strip searches, and cross--gender visual body cavity searches be documented, should ever that exigent circumstance arise. The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non--medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. Facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. All security staff have received training on conducting cross--gender pat--down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. GEO POLICY 5.1.2-A; FACILITY POLICY 903-1.

Overall Determination: **§115.216 - 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)

Auditor Comments (including corrective actions needed if does not meet standard):

The facility has established procedures to provide disabled residents 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. Staff read information on PREA to its residents during intake, orientation, and screening. A TTY phone is available for deaf/hard of hearing residents. Auditor suggests that the facility use the video produced by Just Detention International during its PREA orientation process.

The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The PREA Resident Handbook, posters, and brochures are available in Spanish as well as English. The agency has a contract with Language Lines for interpretation services. The facility has many bilingual staff to assist in interpreting for Spanish speaking residents. Agency policy prohibits use of 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. So far there have been no such reported limited circumstances at this facility.

GEO POLICY 5.1.2-A.

Overall Determination: **§115.217 - 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)

Auditor Comments (including corrective actions needed if does not meet standard):

Agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the 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);
- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

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

Agency policy requires that before it hires any new employees who may have contact with residents, it conducts criminal background record checks, and consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The facility runs national (NCIC) criminal background checks through its governing/contracting agency, the Federal Bureau of Prisons (FBOP); and it enlists a private company, Accurate Background Checks, for additional background information and a PREA-related check for those with prior corrections employment experience. Agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. This NCIC check is also run by FBOP. However, this facility does enlist contractors who work directly with residents.

Agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. The facility's statement of work (SOW) requires background checks of all employees with the every renewal of its contract, which is every five years.

The agency asks all applicants and employees who may have contact with residents directly about previous misconduct described in bullet points above in this section in written applications for employment. The agency also imposes upon employees a continuing affirmative duty to disclose any such misconduct. The facility has all of its employees sign acknowledgements of their continuing affirmative duty to disclose annually; and it requires such acknowledgements for all employees promoted as well. Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

The agency does 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.

GEO POLICY 5.1.2-A; FACILITY POLICY 0504-1.

Overall Determination: §115.218 - Upgrades to facilities and technology.

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

Auditor Comments (including corrective actions needed if does not meet standard):

The facility has not acquired a new facility or made a substantial expansion or modification to its existing facility since August 20, 2012. However, the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. Per its PREA Annual Facility Assessment, dated Sept. 3, 2013, three additional surveillance cameras were added to provide coverage to Logan’s Garden (resident recreational area), the rear gate, and the main hallway. During the onsite audit tour, Auditor noticed at least three additional blind spots that could benefit from a camera or other monitoring technology: the Female TV room, Male Dorm D laundry, and Male Dorm H laundry. Facility responded by adding cameras to all three of these areas. Overall, monitoring technology present complies in all material ways with this standard. GEO POLICY 5.1.2-A.

RESPONSIVE PLANNING

Overall Determination: §115.221 - 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)

Auditor Comments (including corrective actions needed if does not meet standard):

The agency/facility is responsible for conducting administrative sexual abuse investigations (including resident--on--resident sexual abuse or staff sexual misconduct) only. Houston Police Department has responsibility for conducting criminal investigations. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The facility offers to all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations would be conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at the Ben Taub General Hospital, in Houston, TX, part of Harris County Hospital District. The facility has documented attempts to enter into a memorandum of understanding (MOU) with this facility; and it has a letter from the hospital district's director.

The facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. The facility has sought an MOU with the Houston Area Women's Center. These efforts are documented. The hotline for HAWC is 713-528-7273; toll free hotline number is 800-256-0661.

If and when a rape crisis center is not available to provide victim advocate services, the facility would provide a qualified staff member from a community--based organization or a qualified agency staff member. If requested by the victim, a victim advocate, qualified agency staff member, or qualified community--based organization staff member would accompany and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. GEO POLICY 5.1.2-E.

Overall Determination: **§115.222 - Policies to ensure referrals of allegations for investigations.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident--on--resident sexual abuse and staff sexual misconduct). The agency has a policy that requires that

allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. The publication describes the responsibilities of both the agency and the investigating entity. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. GEO POLICY 5.1.2-E/FACILITY POLICY 0803-1. According to the Statement of Work with the Federal Bureau of Prisons (BOP), August 2007, the facility is not allowed to conduct any investigation of misconduct without the Contracting Officer's Technical Representative's (COTR's) approval. This process can and has created excessive delays in the investigatory process. Auditor advises BOP to issue a revised Statement of Work to allow for initial investigations to begin immediately by PREA Specialized Investigators under GEO Group's employ and its Office of Professional Responsibility for staff misconduct, under the review and supervision of the assigned BOP-RRM or COTR. Agency has made this request of BOP.

TRAINING AND EDUCATION	
Overall Determination:	§115.231 - Employee training.
	<p>Exceeds Standard (substantially exceeds requirement of standard)</p> <p>✓ Meets Standard (substantial compliance;; complies in all material ways with the standard for the relevant review period)</p> <p>Does Not Meet Standard (requires corrective action)</p> <p>Auditor Comments (including corrective actions needed if does not meet standard):</p>

The facility trains all employees who may have contact with residents on the following matters.

- (1) Its zero--tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Residents' rights to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in confinement;
- (6) The common reactions of sexual abuse and sexual harassment victims;

- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Training is tailored to the gender of the residents at the facility.

Employees who are reassigned from facilities housing the opposite gender are given additional training.

All staff employed by the facility who may have contact with residents were trained or retrained in PREA requirements, and they are trained annually. Between trainings, the facility provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment monthly. The agency documents that employees who may have contact with residents understand the training they have received through employee signature verification. GEO POLICY 5.1.2-A.

Overall Determination: **§115.232 - 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)

Auditor Comments (including corrective actions needed if does not meet standard):

All five volunteers who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

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

All volunteers who have contact with residents have been notified of the agency's zero--tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The facility maintains documentation confirming that volunteers understand the training they have received.

The facility does not have any contractors who have contact with residents.

Overall Determination: **§115.233 - 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)

Auditor Comments (including corrective actions needed if does not meet standard):

Residents receive information at time of intake about the zero--tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The facility provides residents who are transferred from a different community confinement facility with refresher information. Resident PREA education is available in accessible formats for all residents including those who are: limited English proficient, deaf, visually impaired, limited in their reading skills, or are otherwise disabled. The agency maintains documentation of resident participation in PREA education sessions. The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. GEO POLICY 5.1.2-A; FACILITY POLICY 1702-1.

Overall Determination: **§115.234 - 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)

Auditor Comments (including corrective actions needed if does not meet standard):

Agency policy requires that investigators be trained in conducting sexual abuse investigations in confinement settings. Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency maintains documentation showing that investigators have completed the required training. The agency currently employs eleven (11) Reentry Services PREA Investigators who have completed this special training for its community confinement facilities. GEO POLICY 5.1.2-A.

Overall Determination: **§115.235 - Specialized training: Medical and mental health care.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

The facility has no medical or mental health care professionals on staff.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Overall Determination: **§115.241 - Screening for risk of victimization and abusiveness.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.

In the past 12 months all residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility.

Risk assessment is conducted using an objective screening instrument.

The intake screening considers, at a minimum, the following criteria to assess residents for risk of sexual victimization:

- (1) Whether the resident has a mental, physical, or developmental disability;
- (2) The age of the resident;
- (3) The physical build of the resident;
- (4) Whether the resident has previously been incarcerated;
- (5) Whether the resident's criminal history is exclusively nonviolent;
- (6) Whether the resident has prior convictions for sex offenses against an adult or child;
- (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the resident has previously experienced sexual victimization; and
- (9) The resident's own perception of vulnerability.

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

The policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. Facility substantially complies with this provision.

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

The policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) any or all of the risk assessment screening questions.

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

GEO POLICY 5.1.2-A; FACILITY POLICY 1701-1.

Overall Determination:	§115.242 - Use of screening information.
<p style="text-align: center;">Exceeds Standard (substantially exceeds requirement of standard)</p> <p>✓ Meets Standard (substantial compliance;; complies in all material ways with the standard for the relevant review period)</p> <p>Does Not Meet Standard (requires corrective action)</p> <p style="text-align: center;">Auditor Comments (including corrective actions needed if does not meet standard):</p>	

The agency/facility uses information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

The agency/facility makes individualized determinations about how to ensure the safety of each resident.

The agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case--by--case basis.

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

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

The agency does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status. There is no such placement in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.

GEO POLICY 5.1.2-A; FACILITY POLICY 1701-1.

REPORTING	
Overall Determination:	§115.251 - Resident reporting
<p style="text-align: center;">Exceeds Standard (substantially exceeds requirement of standard)</p> <p>✓ Meets Standard (substantial compliance;; complies in all material ways with the standard for the relevant review period)</p> <p>Does Not Meet Standard (requires corrective action)</p>	

Auditor Comments (including corrective actions needed if does not meet standard):

The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: sexual abuse or sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. In addition to reporting to staff, residents can use the grievance procedure and grievance box, or they can call the agency's PREA Coordinator directly.

The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. A number to BOP is provided, as well as numbers to the Houston Area Women's Center (HAWC) and Texas Association Against Sexual Assault (TAASA). The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. The timeframe within which staff are required to document verbal reports is no later than the end of shift.

The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff can report via an employee PREA Hotline number or a website specifically for employee reports. Staff are informed of these procedures in the following ways: training, employee handbook, posters, and First Responder Cards that each carry with them with their employee badges.

GEO POLICY 5.1.2-A; FACILITY POLICY 1701-1.

Overall Determination: §115.252 - Exhaustion of administrative remedies

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

Auditor Comments (including corrective actions needed if does not meet standard):

The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.

Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Agency policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

Agency policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

In the past 12 months, there was one grievance alleging sexual abuse that reached final decision within 90 days after being filed. The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.

Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. Agency policy and procedure requires that if the resident declines to have third--party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.

The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days.

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

GEO POLICY 5.1.2-A; FACILITY POLICY 0805-1.

Overall Determination:	§115.253 - Resident access to outside confidential support services
	Exceeds Standard (substantially exceeds requirement of standard)
✓	Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
	Does Not Meet Standard (requires corrective action)
	Auditor Comments (including corrective actions needed if does not meet standard):

The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by: giving residents mailing addresses and toll-free hotline numbers for local and national victim advocacy or rape crisis organizations; and enabling reasonable communication between residents and these organizations in as confidential a manner as possible. Two such organizations are Houston Area Women’s Center (HAWC) and Texas Association Against Sexual Assault (TAASA). The facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The facility has attempted to enter into MOUs or other agreements with community service providers that are able to provide such services. The facility maintains documentation of the attempts to enter into such agreements. GEO POLICY 5.1.2-A/FACILITY POLICY 0803-1.

Overall Determination:	§115.254 - Third party reporting.
	<p>Exceeds Standard (substantially exceeds requirement of standard)</p> <p>✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Does Not Meet Standard (requires corrective action)</p> <p>Auditor Comments (including corrective actions needed if does not meet standard):</p>

The facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. Third parties are encouraged to contact the facility directly by phone, in writing or in person or contact the agency’s PREA Coordinator with any information. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents on its website, www.geogroup.com. The agency has committed to providing facilities with individualized signs for third-party reporting, containing the name and contact information for each facility director. GEO POLICY 5.1.2-A.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT	
Overall Determination:	§115.261 - Staff and agency reporting duties

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

Auditor Comments (including corrective actions needed if does not meet standard):

The agency requires all staff to report immediately and according to GEO POLICY 5.1.2-A/FACILITY POLICY 0803-1:

- Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;
- Any retaliation against residents or staff who reported such an incident;
- Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

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

This facility does not have any medical or mental health practitioners. However, unless otherwise precluded by Federal, State, or local law, the agency requires that medical and mental health practitioners report sexual abuse and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

This facility does not accept residents under the age of 18, however, if a resident is considered a vulnerable adult under Texas law (i.e., over 65 in facility's instance), the facility shall report the allegation to the designated state or local services agency under Texas' applicable mandatory reporting laws.

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

Overall Determination: **§115.262 - Agency protection duties.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

When the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).
GEO POLICY 5.1.2-A/FACILITY POLICY 0803-1.

Overall Determination: §115.263 - Reporting to other confinement facilities.

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

Auditor Comments (including corrective actions needed if does not meet standard):

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

Agency policy requires the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation; and it has reviewed back PREA risk assessments and made reports to BOP for other prior reported allegations of abuse at other institutions. The agency or facility policy requires that allegations received from other facilities/agencies be investigated in accordance with the PREA standards.

GEO POLICY 5.1.2-A/FACILITY POLICY 0803-1.

Overall Determination: §115.264 - Staff first responder duties.

Exceeds Standard (substantially exceeds requirement of standard)

✓ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if does not meet standard):

The agency has a first responder policy for allegations of sexual abuse. GEO POLICY 5.1.2-A; FACILITY POLICY 0803-1. Agency policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
- (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

1. Request that alleged victim not take any actions that could destroy physical evidence, and
2. Notify security staff.

In the past 12 months, this facility has received no allegations that initiated this first responder policy.

Overall Determination: **§115.265 - Coordinated response.**

Exceeds Standard (substantially exceeds requirement of standard)

✓ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if does not meet standard):

The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. GEO POLICY 5.1.2-A.

Overall Determination: §115.266 - Preservation of ability to protect residents from contact with abusers.

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

Auditor Comments (including corrective actions needed if does not meet standard):

The agency has no collective bargaining agreements.

Overall Determination: §115.267 - Agency protection against retaliation.

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

Auditor Comments (including corrective actions needed if does not meet standard):

The agency has 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. GEO POLICY 5.1.2-A
The facility designates a staff member with monitoring for possible retaliation: Johnathan Hardy, Facility Director.
The agency and/or facility shall 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, up to termination from facility (resident) or

employment (staff), and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff for 90 days, or longer, if the initial monitoring indicates a continuing need. The facility acts promptly to remedy any such retaliation. In the case of residents, such monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. A facility's obligation to monitor shall terminate if the facility determines that the allegation is unfounded.

INVESTIGATIONS

Overall Determination: §115.271 - Criminal and administrative agency investigations.

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

Auditor Comments (including corrective actions needed if does not meet standard):

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The agency/facility has a policy related to criminal and administrative agency investigations. GEO POLICY 5.1.2-A.

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234.

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

The 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 resident or staff. The agency shall not require a resident 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.

Administrative investigations:

- (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
- (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The agency shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. 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.

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

Overall Determination:	§115.272 - Evidentiary standards for administrative investigations.
	<p>Exceeds Standard (substantially exceeds requirement of standard)</p> <p>✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Does Not Meet Standard (requires corrective action)</p> <p>Auditor Comments (including corrective actions needed if does not meet standard):</p>

The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. GEO POLICY 5.1.2-E.

Overall Determination:	§115.273 - Reporting to residents.
	<p>Exceeds Standard (substantially exceeds requirement of standard)</p> <p>✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Does Not Meet Standard (requires corrective action)</p> <p>Auditor Comments (including corrective actions needed if does not meet standard):</p>

The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. GEO POLICY 5.1.2-E; FACILITY POLICY 0803-1. If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the resident's unit;
- The staff member is no longer employed at the facility;
- The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the facility subsequently informs the alleged victim whenever:

- The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The agency has a policy that all notifications to residents described under this standard are documented. An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

DISCIPLINE	
Overall Determination:	§115.276 - Disciplinary sanctions for staff.
	<p>Exceeds Standard (substantially exceeds requirement of standard)</p> <p>✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Does Not Meet Standard (requires corrective action)</p> <p>Auditor Comments (including corrective actions needed if does not meet standard):</p>

Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. GEO POLICY 5.1.2-E; FACILITY POLICY 0803-1. Termination shall be the presumptive disciplinary sanction for staff that have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment

(other than actually engaging in sexual abuse) are 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. 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Overall Determination: **§115.277 - Corrective action for contractors and volunteers.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. GEO POLICY 5.1.2-E. The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Overall Determination: **§115.278 - 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)

Auditor Comments (including corrective actions needed if does not meet standard):

Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that

the resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. GEO POLICY 5.1.2-E; FACILITY POLICY 0803-1. The facility follows the Prohibited Acts and Disciplinary Severity Scale of the Federal Bureau of Prisons. Sanctions shall be 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. The disciplinary process shall consider whether a resident'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 offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. The facility disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

MEDICAL AND MENTAL CARE	
Overall Determination:	§115.282 -- Access to emergency medical and mental health services.
	<p>Exceeds Standard (substantially exceeds requirement of standard)</p> <p>✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p>Does Not Meet Standard (requires corrective action)</p> <p>Auditor Comments (including corrective actions needed if does not meet standard):</p>

Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. GEO POLICY 5.1.2-A/FACILITY POLICY 0803-1.

Security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify

the appropriate medical and mental health practitioners.

Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Overall Determination: **§115.283 -- Ongoing medical and mental health care for sexual abuse victims and abusers.**

Exceeds Standard (substantially exceeds requirement of standard)

✓ **Meets Standard** (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if does not meet standard):

The facility offers 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. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Treatment services are 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 attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners.

GEO POLICY 5.1.2-A.

DATA COLLECTION AND REVIEW

Overall Determination: **§115.286 - Sexual abuse incident reviews.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.

The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

The sexual abuse incident review team includes upper--level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

The facility prepares a report of its findings from sexual abuse incident reviews and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator. The review team shall:

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- (4) Assess the adequacy of staffing levels in that area during different shifts;
- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The facility implements the recommendations for improvement or documents its reasons for not doing so.

GEO POLICY 5.1.2-A/FACILITY POLICY 0803-1.

Overall Determination: **§115.287 - Data collection.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. See, e.g., Monthly PREA Incident Tracking Log and PREA Incident Report Survey. The agency aggregates the incident--based sexual abuse data at least annually.

The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency maintains, reviews, and collects data as needed from all available incident--based documents, including reports, investigation files, and sexual abuse incident reviews.

GEO POLICY 5.1.2-A/FACILITY POLICY 0803-1.

Overall Determination: **§115.288 - Data review for corrective action.**

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

Auditor Comments (including corrective actions needed if does not meet standard):

The agency reviews 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, and training, including:

- Identifying problem areas;

- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

The annual report includes a comparison of the current year's data and corrective actions with those from prior years.

The annual report provides an assessment of the agency's progress in addressing sexual abuse.

The agency makes its annual report readily available to the public at least annually through its website.

http://www.geogroup.com/reporting_sexual_abuse_prea

The annual reports are approved by the agency head.

When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

The agency indicates the nature of material redacted.

GEO POLICY 5.1.2-A/FACILITY POLICY 0803-1.

Overall Determination: §115.289 - Data storage, publication, and destruction.

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

Auditor Comments (including corrective actions needed if does not meet standard):

The agency ensures that incident--based and aggregate data are securely retained.

Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

The agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

GEO POLICY 5.1.2-A.

AUDITOR CERTIFICATION: The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

AUDITOR SIGNATURE	/s/ Michelle Bonner
DATE	December 31, 2014