

PREA Audit: PREA AUDITOR'S FINAL SUMMARY REPORT

Community Confinement Facilities

Name of facility: Reality House
Physical address: 5965 N. Expressway 77/83, Brownsville, TX 78520
Date report submitted: December 26, 2014

Auditor Information

Name: Michelle Bonner
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Telephone number: 202-489-7184
Date of facility visit: May 28-30, 2014

Facility Information

Facility mailing address: (if different from above)
Telephone number:

The facility is: PRIVATE FOR PROFIT

Facility Type: COMMUNITY TREATMENT CENTER/HALFWAY HOUSE

Name of Facility	
Head:	Tencha "Maria" Mancha
Title:	Facility Director
Email address:	tmancha@geogroup.com
Telephone number:	956-350-3070
Name of PREA Compliance Manager (if applicable):	
Title:	Tencha "Maria" Mancha Facility Director/PREA Compliance Manager
Email address:	same as above
Telephone number:	same as above
Agency Information	
Name of Agency:	The GEO Group
Governing authority or parent agency: (if different from above)	The GEO Group is contracted by the Federal Bureau of Prisons.
Telephone number:	561-999-5827
Agency Chief Executive Officer	
Name:	George C. Zoley
Title:	Chairman of the Board, CEO and Founder
Email address:	
Telephone number:	561-999-5827
Agency-Wide PREA Coordinator	
Name:	Phebia 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 Reality House in Brownsville, TX on May 28-30, 2014. Reality House is a halfway house owned by the GEO Group, a private corrections corporation with its headquarters in Boca Raton, FL. The Federal Bureau of Prisons (BOP) and United States Probation Office (USPO) contract with the GEO Group to provide community confinement services at Reality House. Six weeks prior to this onsite audit Ms. Bonner forwarded a draft notice posting of her onsite audit and the Pre-Audit Questionnaire. During the six weeks prior to the audit, Ms. Bonner also communicated frequently with Phebia Moreland, Director of Contract Compliance/GEO Corporate PREA Coordinator and Maria Mancha, Facility Director and PREA Compliance Manager of Reality House. Ms. Bonner received the responses to the questionnaire well in advance of the onsite audit, and Ms. Moreland responded to questions Ms. Bonner had during her review of the material. On May 21, 2014, Ms. Bonner, Ms. Moreland, Ms. Mancha, and Marko Treviño (PREA Investigator, Case Manager, and overseer of PREA compliance at Reality House under Ms. Mancha's command), communicated via conference call to plan the agenda for the May 28-May 30, 2014 onsite audit.

PREA Auditor Bonner arrived at the facility at around 2:45pm on Wednesday, May 28, 2014. At the facility she met with Facility Director Mancha, PREA Investigator Trevino, Assistant Director Ivan Iglesias, Social Services Coordinator Josue Mascorro, as well as PREA Coordinator Moreland and two others from GEO Group Corporate Office, Johnathan Dressler, Divisional Reentry Services PREA Coordinator, and Jennifer Shaw, Contract Compliance PREA Manager. After a brief meeting, all of the above toured the facility, led by Facility Director Mancha. The group toured the entire facility, starting with the front entry, monitoring station, then down resident halls, through dorms all dorms and restrooms, kitchen and dining hall (including urinalysis restroom), laundry areas, chemical storage room, counseling/class room, gym, administrative offices, and staff break room. During the tour PREA Auditor Bonner spoke briefly with residents present, used a phone available to residents to test posted numbers, inspected for

blind spots, viewed its monitoring systems and noted upgrades in cameras and mirrors, and inspected for PREA-related signage and information throughout the facility.

PREA Auditor Bonner conducted one-on-one interviews in a vacant case manager room with the following staff: Facility Director/PREA Compliance Manager Maria Mancha, Assistant Director Iglesias, Social Services Coordinator Mascorro, PREA Investigator Trevino, Office Support Specialist (HR), one case manager, four monitors, and one volunteer. Ms. Bonner also met with ten residents, each from a different dorm. All but one was chose randomly by PREA Auditor with the assistance of Social Services Coordinator Mascorro; one was identified by PREA Risk Screener (Trevino) as being at risk of being a perpetrator of sexual abuse. PREA Auditor Bonner employed the Audit Interview Protocols for all interviews.

In addition to the documents received during the pre-audit process, onsite PREA Auditor Bonner examined the following: PREA signage throughout the facility; binders containing PREA Risk Assessment and Reassessment forms and resident acknowledgement signatures; resident acknowledgement of obtaining PREA Education Manual for Residents and orientation; incident files (2), including reports, statements, communication with outside agencies, and incident review; employee files of all hired within last 12 months, including background checks, and file of promoted employee; signed PREA Annual Review Disclosure Forms; PREA training logs for facility staff; PREA training acknowledgement forms signed by staff and volunteer interns; PREA Investigator training log and certification; and PREA education manuals and training materials. PREA Auditor Bonner also viewed the PREA video, produced by Just Detention International, which is now being used at resident intake.

The onsite audit ended with a closeout session on May 30, 2014 in the staff break room. In addition to those present at the opening meeting, GEO Group Regional Director Bob McCracken was also in attendance, and Patricia Persante, GEO Group Executive Vice President, Contract Compliance, and Michele Whiteman Director, Contract Compliance, Reentry Services, joined the group via conference call. PREA Auditor Bonner verbally highlighted some issues she observed during her onsite audit and thanked all present for their hospitality and eager assistance throughout the process.

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

The present structure of Reality House was built in 2011. It is a one level light brown structure with parking and main entrance in front. When one enters there is the front desk/monitoring station, with a glass partition that goes to the ceiling. In this monitoring station there are two monitors on staff, administrative supplies and equipment (desk, phone, log books, etc.) and the computer monitor showing views from 22 cameras operational at the time of the onsite audit. (The 23rd camera was scheduled to be installed next week.). In addition to the monitoring station, as one enters there is a wooden bench to the right of the station, and ahead there is a brown folding table and bench, where residents are searched prior to entering the dorm areas. Two cameras monitor this pat-down area. GEO Group-generated PREA signage, in English and Spanish, are on at least two of the walls (very front, to the right as you enter, and in pat-down area) as you enter the building.

Behind and to the right of the monitoring station is an electronically secure door to the administrative offices. Offices for the director, assistant

director, PREA Investigator, Office Support Specialist, case managers, accounting, copy room, and staff break room are all along this L-shaped hall. There are secure doors on both ends of the L-shaped hall; staff have key cards to this area; and residents are not allowed entry without a staff member allowing access. The nearly all of the administrative offices and the staff break room contained GEO Group-generated PREA signs, in English and Spanish, as well as First-Responder Information flyers in the staff break room, by its Kronos timekeeping system used by all staff.

Facility consists of 12 total dorms. In the front entry area, directly across from the main entry doors, are two light brown wooded doors that enter into the center hall of the facility. Along this center hall are four dorms with solid doors and walkway to other dorm hall to the right, and laundry room, dining room/kitchen, entrance to administrative offices, and Social Services Office on the left. The doors on the left have window cutouts in order to better monitor these areas. The dining room contains restroom for urinalysis, where staff monitor these tests by looking into a mirror rather than staring directly at the resident. The kitchen at the other end of the dining hall has a wall that juts out on the right as one faces the food serving area, which is not covered by the dining room camera, window or any mirror. The first three dorms on the right are female dorms. The first two dorms have a shared bathroom consisting of shower stalls with plastic curtains, toilet stalls with doors, and sinks. The female residents of the third dorm walk to the second dorm to access the bathroom. The fourth dorm at the end of the hall is a male dorm for male US Probation residents. Each of the four dorms have a solid door and a pay phone and TV in each. Four bunk beds (eight beds) in each are bolted to the floor; and there are chairs and lockers for personal belongings. PREA signage, Friendship of Women posters, Valley Council of AIDS posters, and Zero Tolerance Phone List plastic placards are on the walls of each dorm and along the hall.

Entering the second dorm hall from the hall off the first, there are 8 male dorms, all open, without doors. In each dorm there are up to 4 bunk beds (8 beds), TV, lockers, chairs, a table. In the male restroom there are shower stalls with plastic curtains that are see-through on top, toilet stalls with doors, and urinals. There is also a laundry room and chemical storage room along this hall. In addition there is one pay phone area with four pay phones, with signage including PREA, Friendship of Women, and Valley Council of AIDS signage.

Along the hall between the first and second dorm halls are rooms for counseling/class and the gym. There are window cutouts for these rooms and cameras inside the counseling room that can be viewed by monitors, senior management staff, as well as case managers.

Throughout there are twenty-one cameras along the halls, in counseling room, dining room, monitoring station and pat-down areas. There is also a camera outside monitoring the male and female patio areas. (A second camera will be added outside so each patio area will be covered separately.) Mirrors are also strategically placed for additional visual coverage.

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.]

The GEO Group has an agency PREA Coordinator named Phebia Moreland, who has been feverously creating systems and spearheading the implementation of PREA in the GEO Groups prisons and community confinement facilities throughout the country. For the past two years, the GEO Group has been committed to providing Ms. Moreland and her team the staff and resources required to bring its facilities into PREA compliance. Auditor Bonner communicated frequently throughout this audit process primarily with PREA Coordinator Moreland, who was responsive and receptive to recommendations for corrective action. Because Ms. Moreland has participated in and incorporated the PREA Resource Center's training and information into the GEO Group's PREA implementation, and has been doing so for at least two years now, her team and the facility have been able to effectively implement the recommended corrective action in an efficient manner, within 30 days of the onsite audit. The GEO Group has a policy of appointing each of its community corrections facility directors onsite PREA compliance managers. For Reality House, the Facility Director and PREA Compliance Manager is Tencha "Maria" Mancha. Director Mancha has a strong management team that includes an assistant director, social services coordinator, and a PREA Investigator/senior case manager. Marko Treviño, the PREA Investigator/case manager, is the staff person primarily responsible for ensuring PREA implementation and compliance at Reality House. He is a certified PREA investigator, he conducts all PREA at-risk screenings and reassessments, conducts the PREA trainings, and provides PREA orientation and education to all residents.

BEST PRACTICES

Auditor Bonner notes the following best practices observed during this audit:

- PREA First Responder Cards – the GEO Group provides first-responder cards for all community confinement employees to carry with their employee badges, to remind them of responsibilities they have as first-responders. The card also contains the PREA Employee Hotline and website employees can use in case of emergency or private reporting.
- 30-day reassessments for all residents – GEO Group has a policy within its community confinement facilities to do reassessments of all of its residents, regardless of whether there is additional information to trigger reassessments. Marko Treviño performs the assessments, re-assessments, and PREA training for residents. He performs the assessments and re-assessments one-on-one, in his office, in a relaxed, confidential setting.
- PREA standards applied to all, even if client does not require it – The GEO Group applies the PREA standards throughout its facilities, for all of its residents, even if some clients (such as the United States Probation Office) does not require the imposition of PREA standards.
- Uniform forms throughout the agency – GEO Group is committed to providing uniformity in its implementation of PREA standards throughout its

nineteen community confinement facilities. In this way, when improvements to forms and policies are made at one facility, they tend to be to the benefit of all of its facilities and residents.

- Reality House Spanish translation – Case Manager Marko Treviño has employed the translation skills of his educator father to interpret GEO Group PREA forms into Spanish, to the benefit of the agency and its Spanish-speaking residents.
- PREA Investigator/Screening/Compliance/Retaliation Monitor - Case Manager Marko Treviño is dedicated to PREA implementation, wears these four hats in this regard, and is known by his colleagues, residents, and the agency as a leader in PREA compliance. Reality House has benefited greatly from the time and attention he has devoted to the implementation of PREA at this facility.

CORRECTIVE ACTION

115.213 - BLIND SPOT IN KITCHEN – There was a blind spot in the food prep area, near the door where residents help bring food into the kitchen. This spot is not covered by cameras or mirrors. Auditor Bonner pointed this out during the tour, and GEO Group staff indicated that they would take corrective action to remove blind spot with additional monitoring technology. The facility has since placed a camera in this area to cover this blind spot.

115.251/115.253 - MOU AND TOLL FREE NUMBER FOR THIRD PARTY ORGANIZATION – PREA Coordinator Moreland and Reality House Staff have worked very hard to locate a third party entity that was willing to provide a toll free hotline number for residents to call, as well as an agreement whereby this entity would report back to Reality House reports of sexual abuse in its facility. On June 24, 2014, the Crisis Center (formerly Angel House Shelter) in Odessa, TX, has agreed to provide such services and has entered into a memorandum of understanding with Reality House. The Crisis Center has also provided a toll free number, 1-866-627-4747, for residents' use. Reality House also has access to the RAINN toll free hotline, which can refer residents to Friendship of Women (FoW), with which it has a MOU for victims advocate, education, and community referral services. There is no toll free hotline number for FoW.

115.288/115.289 - GUIDANCE NEEDED REGARDING PUBLICATION OF AGENCY STATISTICS - The Federal Bureau Of Prisons Residential Reentry Management Branch explicitly stated that "as the contracting agency the BOP is responsible for reporting on all PREA statistics for federal offenders in all agencies that we contract with." 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>. In order to meet compliance, the contracting agency Geo Group, Inc., changed its policy to provide annual reports of PREA information on its website. PREA reports for 2012 and 2013 can be found at http://www.geogroup.com/reporting_sexual_abuse_prea

Number of standards exceeded:	11 STANDARDS EXCEEDED
Number of standards met:	25 STANDARDS MET
Number of standards not met:	0 STANDARDS NOT MET
Number of standards N/A:	3 STANDARDS NOT APPLICABLE

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): GEO GROUP HAS SHOWN A GREAT COMMITMENT TO THE IMPLEMENTATION OF PREA WITH ITS PREA COORDINATOR DEPARTMENT AND STAFF. SOME TWEAKING OF ITS PAPERWORK (POLICY DEFINITIONS, POSTERS) WAS RECOMMENDED, BUT IT IS HAS SHOWN GREAT DEDICATION TO MAKING THIS HAPPEN. 115.211(a) - GEO PROVIDED POLICY 5.1.2-A, SEXUAL ABUSIVE BEHAVIOR PREVENTION AND INTERVENTION PROGRAM (PREA) FOR ADULT PRISON AND JAIL AND COMMUNITY CONFINEMENT FACILITIES, PAGES 1-5, WHICH CONTAIN DETAILED DEFINITIONS OF PROHIBITIVE ACTS. INDEED, GEO POLICY 5.1.2-A IS A COMPREHENSIVE PREA POLICY MANDATING ZERO TOLERANCE TOWARD ALL FORMS OF SEXUAL ABUSE AND SEXUAL HARASSMENT AND OUTLINING THE AGENCY'S APPROACH TO PREVENTING, DETECTING, AND RESPONDING TO SUCH CONDUCT. 115.211(b) - UPPER LEVEL PREA COORDINATOR, WHO REPORTS DIRECTLY TO THE EXECUTIVE VICE PRESIDENT CONTRACT COMPLIANCE, WHO, IN TURN, REPORTS DIRECTLY TO THE CHAIRMAN OF THE BOARD/CEO/FOUNDER. AGENCY-WIDE PREA COORDINATOR DOES ONLY THAT. SHE NOW HAS TWO STAFF PERSONS (DIVISIONAL REENTRY COORDINATOR AND PREA INVESTIGATIONS MGR); AND THE THREE OF THEM PROVIDE TA, WEBINARS, ARE ON-CALL, ARRANGE MOCK AUDITS, REVIEW INVESTIGATIONS BEFORE FINAL CLOSURE OF CASES.

Overall

Determination:

N/A

§115.212 - 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)

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): EVERYONE, FROM DIRECTOR DOWN, ARE EITHER ON-CALL OR AVAILABLE TO ENSURE THERE IS ADEQUATE STAFFING AND NO CROSS-GENDER PATDOWNS, SEARCHES, OR MONITORING. THE FACILITY IS DILIGENT IN LOCATING BLIND SPOTS, AND THE AGENCY IS RESPONSIVE IN PROVIDING RESOURCES TO DEAL WITH THEM. THEY CONDUCT MORE COUNTS (EVERY TWO HOURS) THAN MOST FACILITIES; AND THEY CONDUCT RANDOM ROUNDS IN ADDITION TO THESE COUNTS. THE PREA COORDINATOR REGULARLY REVIEWS ALL OF THIS INFORMATION. 115.213(a) - REALITY HOUSE ENSURES THAT THERE ARE MALE AND FEMALE STAFF AVAILABLE TO ENSURE THERE ARE NEVER CROSS-GENDER PATDOWNS. MALE AND FEMALE STAFF ARE PAIRED FOR ROUNDS TO ENSURE NO CROSS-GENDER MONITORING OF RESTROOMS/SHOWERS. ALL STAFF, NO MATTER WHAT LEVEL, ARE AVAILABLE AND TRAINED TO CONDUCT PATDOWNS TO ENSURE THERE ARE NO CROSS-GENDER PATDOWNS OR STRIP SEARCHES. ITS REQUEST FOR MORE MIRRORS AND VIDEO CAMERAS WERE APPROVED, SO NOW THERE WILL BE TWO OUTSIDE CAMERAS (WITH ZOOM) AND ONE ADDITIONAL HALL CAMERA (ALSO WITH ZOOM), TOTALING 24. 115.213(b) - PROVIDED PREA ANNUAL FACILITY ASSESSMENT FOR 2013, WHICH SHOWED NO DEVIATIONS FROM THE STAFFING PLAN AND INCREASE IN STAFFING FOR INCREASED HOME DETENTION CLIENTS. RESIDENTS INDICATED THAT THERE WERE ALWAYS STAFF AROUND, DOING MORE ROUNDS THERE THAN IN OTHER FACILITIES THEY'VE BEEN IN, AND THAT THEY FELT SAFE GIVEN THIS STAFFING. MANAGERS OF FACILITY ALSO DO UNANNOUNCED ROUNDS. 115.213(c) - PREA COORDINATOR CONFIRMED ANNUAL REVIEW OF STAFFING PLAN. SHE ALSO RECEIVES MONTHLY MONITORING REPORTS AFTER SR. CASE MGR DOES WEEKLY RANDOM REVIEWS OF VIDEO MONITORING/ROUNDS/COUNTS OF MONITORS. AFTER ANNUAL REVIEW, PREA COORDINATOR AND VP APPROVED TWO ADDITIONAL CAMERAS AND ADDITIONAL MIRRORS ("ROUNDERS") TO IMPROVE MONITORING.

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): DESPITE ONE INSTANCE INVOLVING ONE STAFF PERSON, REALITY HOUSE HAS EXCEEDED THIS STANDARD IN MANY WAYS BY NEVER ALLOWING CROSS-GENDER PATDOWNS, STRIP SEARCHES, OR VISUAL BODY CAVITY SEARCHES. POLICY NOT ALLOWING STATES OF UNDRESS IN ROOMS FURTHER REDUCE POSSIBILITY OF CROSS-GENDER VIEWING. OPPOSITE GENDER STAFF ARE NEVER IN CROSS-GENDER SHOWER OR RESTROOM AREAS. THE FACILITY MODIFIED ITS SEARCH LOGS TO REFLECT THIS POLICY AND KEEP WRITTEN TRACK OF ANY INSTANCE WHEN THESE POLICIES (SUCH AS ANNOUNCE RULE) ARE VIOLATED. 115.215(a) - GEO POLICY 0903-1, SEC. V, P.3: ALTHOUGH POLICY HAS "EXIGENT CIRCUMSTANCES" LANGUAGE, FACILITY DOES NOT CONDUCT CROSS-GENDER PATDOWNS, AND DOES NOT CONDUCT STRIP OR VISUAL BODY CAVITY SEARCHES AT ALL. 115.215(b) - NO CROSS-GENDER PAT-DOWNS; FEMALE RESIDENTS' MOVEMENT NOT LIMITED. 115.215(c) - FACILITY HAS LOG THAT RECORDS PAT-DOWNS, BUT NO CROSS-GENDER PAT-DOWNS ALLOWED. 115.215(d) - NO CROSS-GENDER VIEWING. NO CAMERAS IN DORM, AGAINST BOP POLICY. POLICY AGAINST RESIDENTS BEING IN STATE OF UNDRESS IN DORMS. OPPOSITE GENDER STAFF ANNOUNCE EACH TIME BEFORE ENTERING; ONLY SAME SEX MONITOR RESTROOMS AND SHOWER ROOMS. 115.215(e) - STAFF DETERMINE SEX OF RESIDENT MEDICAL RECORDS. IF UNSURE, RESIDENT IS EXAMINED BY A MEDICAL PROFESSIONAL ONLY TO DETERMINE SEX. 115.215(f) - ALTHOUGH STAFF RECEIVED TRAINING, THEY ALSO KNEW IT IS AGENCY POLICY NOT TO CONDUCT ANY CROSS-GENDER PAT-DOWNS. ALSO, THEY HAVE NOT HAD ANY TRANSGENDER OR INTERSEX RESIDENTS, TO THEIR KNOWLEDGE.

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): FACILITY HAS MODIFIED ITS HR POLICY AND WILL BE CONDUCTING BACKGROUND CHECKS ON CURRENT EMPLOYEES EVERY FIVE YEARS. 115.217(a) - GEO POLICY 5.1.2-A, P. 7-8, 15; FACILITY POLICY 0504.1, P. 4: ACCURATE BACKGROUND CHECK AS WELL AS NCIC FOR EMPLOYEES. PREA DISCLOSURE FORM FOR APPLICATION, ANNUAL REVIEW, PROMOTION. 115.217(b) - HR FOLLOWS UP WITH PRIOR EMPLOYERS VIA PHONE AND IN WRITING IN ADDITION TO SELF-DISCLOSURE THE APPLICATION/INTERVIEW QUESTIONS. 115.217(c) - BOP RUNS NCIC; GEO RUNS ACCURATE BACKGROUND CHECK AND DOES PREA BACKGROUND CHECK IF APPLICATION IS FLAGGED FOR SUCH CHECK. ACCURATE AND FACILITY HR CONTACT PRIOR EMPLOYERS. 115.217(d) - REALITY HOUSE DOES NOT EMPLOY CONTRACTORS. 115.217(e) - WITH NEW PREA GUIDELINES, WILL START DOING CRIMINAL BACKGROUND CHECKS EVERY FIVE YEARS. 115.217(f) - ANNUAL REVIEW AND PROMOTION REVIEW PREA DISCLOSURE FORMS. 115.217(g) - POLICY VERIFIED THROUGH INTERVIEW WITH HR STAFF. 115.217(h) - FACILITY HR DOES NOT DEAL DIRECTLY WITH ISSUES INVOLVING CURRENT/FORMER EMPLOYEES AND SEXUAL MISCONDUCT. THESE ISSUES ARE HANDLED BY GEO GROUP CORPORATE HR OFFICE IN BOCA RATON, FL.

**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):BEST PRACTICE USING OTHER MONITORING TECHNOLOGY, SUCH AS ROUNDERS OR PARTIALLY CLEAR SHOWER CURTAINS, TO IMPROVE MONITORING. ALSO, FACILITY HAS REQUESTED VIDEO CAMERAS IN DORMS, BUT WERE DENIED BY BOP, DESPITE ITS NO UNDRESS POLICY IN DORMS. FACILITY WOULD ALSO LIKE AUDIO ADDED TO ITS FRONT ENTRY CAMERAS TO IMPROVE MONITORING, BUT THAT HAS NOT BEEN APPROVED BY BOP. 115.218(a) - NOT NEW FACILITY AND NO SUBSTANTIAL EXPANSION TO EXISTING FACILITY SINCE 8/20/2012. 115.218(b) - ANNUAL FACILITY REVIEW NOTICED BLIND SPOTS, SO REQUESTED AND RECEIVED NEW MIRRORS ("ROUNDERS") AND TWO NEW CAMERAS. SHOWER CURTAINS FOR MALE SHOWERS WITH CLEAR PLASTIC TOPS FOR BETTER MONITORING OF SHOWERS.

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): IT IS DIFFICULT TO FIND AN OUTSIDE VICTIM'S ADVOCATE ORGANIZATION TO BE AVAILABLE TO MEN AND WOMEN. HOWEVER, DESPITE THE NAME, FRIENDSHIP OF WOMEN ASSURES ME THAT THEY DO SERVE MEN AND ARE AVAILABLE FOR VICTIM ADVOCATE REFERRALS. RESIDENTS ARE TAKEN TO VALLEY BAPTIST REGIONAL HOSPITAL FOR FORENSIC MEDICAL EXAMINATIONS. 115.221(a) - GEO POLICY 5.1.2-E, INVESTIGATING ALLEGATIONS OF SEXUALLY ABUSIVE BEHAVIOR (PREA) AND EVIDENCE COLLECTION, P.6-7, "EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS": AGENCY UNIFORM EVIDENCE PROTOCOL WITH PREA STD NUMBER IN TITLE AND LANGUAGE TAKEN FROM STD. STAFF WERE CLEAR THAT THE POLICE COLLECT EVIDENCE, THEY DO NOT; THEY ARE TO MAKE THE SCENE SAFE AND SECURE . 115.221(b) - NO YOUTH AT FACILITY. PROTOCOL TAKEN WORD FOR WORD FROM STDS. MOREOVER, ALL STAFF HAD FIRST RESPONDER CARDS ON THEIR PERSON OUTLINING WHAT IMMEDIATE STEPS THEY MUST TAKE TO SECURE PARTIES, SECURE SCENE, PRESERVE EVIDENCE, AND MAKE APPROPRIATE CONTACTS - A BEST PRACTICE. THIS FIRST RESPONDER INFORMATION IS ALSO POSTED NEAR KRONOS MACHINE IN BREAK ROOM AND IN OTHER EMPLOYEE AREAS. 115.221(c) - IN CASE SAFE/SANE IS NEEDED, MUST GO TO A HOSPITAL 20 MIN AWAY. NO MEDICAL STAFF, WHICH IS TYPICAL OF AN RRC. 115.221(d) - MOU SAYS FRIENDSHIP OF WOMEN TO "PROVIDE REFERRALS TO FoW VICTIM ADVOCATES FOR FURTHER SUPPORTIVE SERVICES." 115.221(e) - LANGUAGE TAKEN DIRECTLY FROM PREA STANDARDS. 115.221(f) - THE FACILITY CANNOT FORCE OUTSIDE AGENCIES TO COMPLY, BUT THIS FACILITY HAS GIVEN THE OUTSIDE AGENCIES THE NECESSARY INFORMATION TO COMPLY. 115.221(g) - N/A. 115.221(h) - N/A.

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):REALITY HOUSE EXCEEDS THIS STANDARD IN THAT IT FILLS OUT THE ONLINE FORM TO BROWNSVILLE POLICE DEPARTMENT EVEN IN INSTANCES OF SEXUAL HARASSMENT. IT IS BEST TO ALLOW POLICE TO MAKE THE FINAL DETERMINATION WHETHER SEXUAL MISCONDUCT REQUIRES CRIMINAL INVESTIGATION. THIS PROCEDURE ENSURES THIS BACKSTOP ANALYSIS BY THE POLICE. 115.222(a) - GEO POLICY 5.1.2 E /FACILITY POLICY 0803-1: POLICY INDICATES THAT ALL CASES ARE REFERRED UNLESS THEY DO NOT INVOLVE POTENTIALLY CRIMINAL BEHAVIOR. 115.222(b) - REFERRALS ARE MADE TO BROWNSVILLE POLICE DEPARTMENT, UNLESS ALLEGATION DOES NOT INVOLVE POTENTIALLY CRIMINAL BEHAVIOR. EVEN IF SEXUAL HARASSMENT, HE DOES AN ONLINE INVESTIGATIVE REPORT TO THE BROWNSVILLE POLICE DEPARTMENT AND GETS A CASE NO. 115.222(c) - GEO GROUP HAS INFORMATION ABOUT REPORTING AND INVESTIGATIONS PROMINENTLY ON ITS WEBSITE. 115.222(d) - N/A. 115.222(e) - N/A.

TRAINING AND EDUCATION

Overall Determination:

✓

§115.231 - 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)

Auditor Comments (including corrective actions needed if does not meet standard): EMPLOYEES ACROSS THE BOARD HAD A VERY GOOD UNDERSTANDING OF PREA AND THEIR RESPONSIBILITIES REGARDING PREVENTION, DETECTION, REPORTING, RESPONDING. TRAINING OPEN TO US PROBATION OFFICE EMPLOYEES WHO FREQUENT THE FACILITY AS WELL. 115.231(a) - GEO POLICY 5.1.2-A, P. 11-12: FACILITY TRAINS EMPLOYEES AND US PROBATION OFFICE EMPLOYEES ON PREA. ALL STAFF WITH WHOM I SPOKE HAD FAR MORE THAN A PASSING KNOWLEDGE; THEY WERE PROUD OF THEIR FIRST-RESPONDER CARDS. THEY HAD A CLEAR UNDERSTANDING OF BOUNDARIES, HOW TO DETECT ABUSE, HOW TO RESPOND AND HOW TO REPORT (EMPLOYEE HOTLINE). 115.231(b) - REALITY HOUSE IS CO-ED AND TRAINING REFLECTS THAT; NO INDICATION THAT EMPLOYEES ASSIGNED FROM FACILITIES OF OPPOSITE GENDER APPLIES. 115.231(c) - IN-SERVICE REFRESHER SCHEDULED FOR THIS SUMMER. 115.231(d) - TRAINING GIVEN TO EMPLOYEES. USPO EMPLOYEES ALSO PARTICIPATED.

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): FACILITY DOES NOT HAVE CONTRACTORS. IT RELIES ON STAFF AND VOLUNTEERS, CONSISTING OF COLLEGE INTERNS FROM UT-BROWNSVILLE AND TWO BIBLE STUDY/GED TEACHERS. COLLEGE INTERNS ARE PART OF A "FEEDER" PROGRAM INTO THE STAFF OF THE FACILITY; THEY SEEM TO RECEIVE MORE TRAINING AND INTERACT MORE WITH ADMINISTRATIVE STAFF WHO ARE EXPERTS ON PREA. OTHER VOLUNTEERS COME THROUGH SOCIAL SERVICES OFFICE, AND THEY SEEM TO RECEIVE LESS INFORMATION ON PREA (HANDOUT). IF THESE TWO GROUPS ARE NOT TRAINED TOGETHER ON PREA, THEY SHOULD BE. 115.232(a) - GEO POLICY 5.1.2-A, P. 13 (VOLUNTEERS): ISSUE WITH BIBLE STUDY VOLUNTEER BECOMING TOO PERSONAL WITH A RESIDENT, WANTING TO OPEN HER HOME TO HIM. WAS ADMONISHED BY DIRECTOR AND FURTHER TRAINED ON INAPPROPRIATE RELATIONSHIPS. 115.232(b) - COLLEGE INTERNS SAID 0.5 TO 1 HR LONG TRAINING. BIBLE STUDY VOLUNTEER SAID GIVEN A HANDOUT. ALL UNDERSTOOD ABOUT INAPPROPRIATE RELATIONSHIPS. 115.232(c) - ALL SEVEN ON LOG FOR TRAINING BETWEEN OCT 2013 AND MAR 2014 SIGNED ACKNOWLEDGEMENT FORMS.

**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): MARKO TREVINO DOES A GREAT JOB OF MAKING INFORMATION AND HIMSELF ACCESSIBLE TO RESIDENTS RE ALL THINGS PREA. HE DOES GO THROUGH THE INFO WITH EVERYONE, REGARDLESS OF READING LEVEL, HAS ACCESS TO LANGUAGE LINES, AND IS BILINGUAL. HE HAS EVEN HAD HIS DAD (AN EDUCATION PROFESSIONAL) TRANSLATE MATERIALS INTO SPANISH; AND THESE MATERIALS ARE NOW USED AGENCY-WIDE. WHILE TREVINO EXCEEDS HERE, THE AGENCY SHOULD WORK ON SIMPLIFYING ITS WRITTEN MATERIALS AND SIGNAGE TO MAKE THE INFORMATION MORE DIGESTIBLE. 115.233(a) - GEO POLICY 5.1.2-A, SEC.E.2(G), P.11; FACILITY POLICY 1702-1, P.4: CASE MGR TREVINO DOES GENERAL INTAKE AND PREA INTAKE, SO HE SEES EVERYONE AND EDUCATES ALL RESIDENTS ON PREA. EVERYONE KNOWS HE IS THE PREA EXPERT AND TO REPORT ANY ISSUES PERTAINING TO PREA TO HIM. 115.233(b) - TREVINO DOES NOT MAKE ASSUMPTIONS ABOUT WHETHER SOMEONE HAS RECEIVED INFO IN THE PAST. NO OTHER INSTITUTIONS HAVE BEEN AS COMPREHENSIVE, ACCORDING TO RESIDENTS INTERVIEWED. 115.233(c) - WRITTEN MATERIALS ARE IN ENGLISH AND SPANISH. ALL STAFF, INCLUDING TREVINO ARE BILINGUAL (ENGLISH AND SPANISH). VIDEO IS AVAILABLE IN ENGLISH ONLY AT THIS POINT. JDI IS WORKING ON SPANISH VERSION. DOCUMENTS CAN BE SIMPLIFIED FOR THOSE WITH LIMITED READING ABILITY. HOWEVER, TREVINO READS THROUGH DOCUMENTS AND POLICIES WITH ALL RESIDENTS DURING INTAKE. HE DOESN'T JUST HAND FOLK WRITTEN MATERIALS. 115.233(d) - REVIEWED DOCUMENTATION (SIGNED ACKNOWLEDGEMENT FORMS) FOR ALL INTAKES DURING THE PAST 12 MONTHS. IN VERY GOOD ORDER. 115.233(e) - POSTERS EVERYWHERE! IN ENTRY, IN HALLS, IN DORMS, ADMINISTRATIVE OFFICES, BREAK ROOM, ETC. RESIDENTS NOTICE SIGNS EVERYWHERE AS WELL, THOUGH THEY HAVE NOT TAKEN THE TIME TO READ THROUGH THEM; TOO MUCH INFO ON ONE SHEET.

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): MARKO TREVINO IS AN INVESTIGATOR LOCATED AT THE FACILITY, YET PROVIDES ADVICE AND GUIDANCE TO REGIONAL INVESTIGATORS. PREA COORDINATOR PHEBIA MORELAND IS ON-CALL 24/7 TO ANSWER ANY QUESTIONS AND GUIDE INVESTIGATORS. GEO USES PRC/BJA INVESTIGATOR TRAINING CURRICULUM TO MAKE SURE IT IS IN COMPLIANCE WITH THE STANDARD. 115.234(a) - GEO POLICY 5.1.2-A, P.13: TRAINING CONSISTED OF A 5 HR WEBINAR AND TEST, WHICH TREVINO TOOK SOME TIME AFTER THE WEBINAR AND STILL SCORED 97%. 115.234(b) - TREVINO WENT THROUGH AN INVESTIGATION STEP-BY-STEP WITH PREA COORDINATOR PRIOR TO WEBINAR, SO WAS ALREADY FAMILIAR WITH THE PROCESS. HE IS IN A FACILITY, UNLIKE OTHERS WHO MAY BE REGIONAL INVESTIGATORS. HOWEVER, OTHER INVESTIGATORS MAY CALL HIM FOR ADVICE AND GUIDANCE. 115.234(c) - TREVINO HAS COMPLETED THE TRAINING AND HAS CONDUCTED A COUPLE OF INVESTIGATIONS. 115.234(d) - N/A.

Overall

Determination:

N/A

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if does not meet standard): N/A - NO MEDICAL/MENTAL HEALTH CARE PRACTITIONERS AT FACILITY. RESIDENTS ARE TRANSFERRED TO VALLEY BAPTIST HOSPITAL FOR SAFE/SAFE EXAMINATIONS, IF NEEDED. GEO POLICY 5.1.2 - A, P. 12-13

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): IN ADDITION TO SCREENING WITHIN 24 HOURS OF ARRIVAL (STD MANDATES WITHIN 72 HOURS), THE FACILITY CONDUCTS A REASSESSMENT OF ALL RESIDENTS WITHIN 30 DAYS, REGARDLESS OF WHETHER THERE IS NEW INFORMATION TO JUSTIFY A REASSESSMENT. THE FACILITY HAS SYSTEMS IN PLACE TO KEEP ALL INITIAL SCREENING AND REASSESSMENT INFORMATION CONFIDENTIAL. 115.241(a) - GEO POLICY 5.1.2-A, P. 8-9; FACILITY POLICY 1701.1, P. 2-3: THE RESIDENTS KNOW TREVINO AS "MR. PREA": THEY EXPECT TO SEE HIM AT INTAKE AND WITHIN 30 DAYS FOR REASSESSMENT. 115.241(b) - FACILITY CONDUCTS INTAKE AND SCREENING WITHIN 24 HOURS OF ARRIVAL FOR ALL RESIDENTS. 115.241(c) - IN ADDITION TO OBJECTIVE SCORING, SCREENER TAKES INTO ACCOUNT ADDITIONAL INFORMATION TO DETERMINE RISK. 115.241(d) - SCREENING INSTRUMENT ASKS ALL OF THE QUESTIONS IN STD. 115.241(e) - QUESTIONS TO DETERMINE RISK OF BEING SEXUALLY ABUSIVE. 115.241(f) - TREVINO KEEPS COPIOUS RECORDS OF REASSESSMENT SCHEDULING FOR ALL RESIDENTS AS WELL AS ACKNOWLEDGEMENT FORMS OF REASSESSMENT IN CONFIDENTIAL BINDERS. 115.241(g) - REASSESSMENT DONE WITHIN 30 DAYS FOR EVERYONE AND AS NEEDED ANYTIME ELSE. 115.241(h) - RESIDENTS WOULD NOT BE DISCIPLINED FOR REFUSING TO ANSWER OR NOT DISCLOSING COMPLETE INFORMATION IN RESPONSE TO QUESTIONS ASKED PURSUANT TO PARAGRAPHS D-1, D-7, D-8, OR D-9 OF THIS SECTION. 115.241(i) - ONLY SCREENER AND FACILITY DIRECTOR KNOW ABOUT THIS INFORMATION. OCCASIONALLY ASSISTANT DIRECTOR MAY KNOW ON AS-NEEDED BASIS.

**Overall
Determination:**

§115.242 - Use of screening information.

✓

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if does not meet standard): FACILITY HAS GOOD SCREENING TOOL AND HAS DEVELOPED A HELPFUL PREA RISK ASSESSMENT REFERRAL FORM FOR DESIGNATED HOUSING BASED ON RISK OF VICTIMIZATION AND RISK OF ABUSING. FACILITY DIRECTOR SAID THAT THERE WAS A GAY RESIDENT WHO WAS TERMINATED FROM THE PROGRAM BECAUSE HE WAS UNACCOUNTABLE, NOT BECAUSE HE WAS GAY. A LESBIAN RESIDENT (US PROBATION) WAS EXPELLED FOR "GOING AFTER" OTHER WOMEN. NOW THAT PREA STANDARDS, POLICIES, AND SCREENING PROTOCOL ARE IN PLACE, THESE TOOLS WILL GIVE THE FACILITY GUIDANCE AS IT DETERMINES HOUSING AND PROGRAM PLACEMENTS FOR RESIDENTS' SAFETY. 115.242(a) - GEO POLICY 5.1.2-A, P. 10; FACILITY POLICY 1701-1, P. 3: DORMS FOR THOSE AT RISK OF VICTIMIZATION AND DORMS FOR THOSE AT RISK OF ABUSIVENESS. PLACE AT RISK OF VICTIMIZATION WITH OTHERS AND IN MORE VISIBLE AREAS TO INCREASE SAFETY, NOT SEGREGATE THEM. 115.242(b) - NO INDICATIONS THAT DECISIONS OTHER THAN HOUSING DECISIONS ARE MADE USING THIS RISK ASSESSMENT. 115.242(c) - WOULD CONSIDER ON CASE-BY-CASE BASIS, AND WOULD ALSO CONSIDER HOME DETENTION OR FURLOUGH IF RESIDENT IS ELIGIBLE. 115.242(d) - CASE-BY-CASE BASIS. NO ISOLATION OR SEGREGATION. WILL CONSIDER RESIDENT'S VIEWS ABOUT SAFETY. 115.242(e) - FACILITY COULD ARRANGE TIMES FOR OPPORTUNITY TO SHOWER SEPARATELY. 115.242(f) - POLICY PROHIBITS SEGREGATION IN SEPARATE DORMS/UNITS.

REPORTING

Overall Determination:

§115.251 - 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)

Auditor Comments (including corrective actions needed if does not meet standard): RESIDENTS SEEM TO TRUST THE STAFF OF REALITY HOUSE AND FEEL COMFORTABLE REPORTING TO STAFF. HOWEVER, THERE ARE RELIABLE WAYS FOR RESIDENTS TO REPORT OUTSIDE OF THE AGENCY (AND ITS CLIENT, BOP) IF THEY DO NOT FEEL COMFORTABLE REPORTING TO ANYONE INSIDE OF THE FACILITY. GEO AND REALITY HOUSE HAVE ENTERED INTO AN AGREEMENT WITH THE CRISIS CENTER (FORMERLY ANGEL HOUSE) IN ODESSA, TX, WHICH HAS AGREED TO PROVIDE A TOLL FREE NUMBER AND WAY FOR FACILITY RESIDENTS TO REPORT SEXUAL ASSAULT AND HARASSMENT AT THE FACILITY. WITH CONSENT OF THE RESIDENT, THE CRISIS CENTER WILL FORWARD THE RESIDENT'S COMPLAINT TO THE FACILITY FOR INVESTIGATION. SIGNAGE HAS BEEN MODIFIED TO MAKE CLEAR TO RESIDENTS HOW THEY AND/OR THIRD PARTIES CAN REPORT SEXUAL ABUSE, ANONYMOUSLY AS WELL. GEO PREA COORDINATOR AND FACILITY STAFF HAVE WORKED HARD TO COMPLY WITH THIS STANDARD, TAKING CORRECTIVE ACTION WITHIN 30 DAYS. 115.251(a) - GEO POLICY 5.1.2-A, P.17; FACILITY POLICY 1702-1, P. 4: GEO POSTER DID NOT HAVE NUMBER FOR RESIDENTS TO CALL TOLL FREE, BUT IT DID LIST A NUMBER FOR THE EMPLOYEES TO CALL TOLL FREE. THIS POSTER HAS BEEN MODIFIED. 115.251(b) - MOU WITH CRISIS CENTER, ODESSA, TX AS OUTSIDE ORG THAT CAN REPORT BACK TO THE FACILITY. 115.251(c) - THE POSTER OUTLINING HOW THIRD PARTIES CAN REPORT NEEDS TO BE SPECIFIC TO THE FACILITY, WITH CLEAR INFORMATION RESIDENTS AND 3P'S CAN USE TO REPORT. AGENCY MADE APPROPRIATE CHANGES TO THIS POSTER. 115.251(d) - STAFF ARE WELL AWARE OF EMPLOYEE HOTLINE AND WEBSITE TO REPORT, ON POSTERS AND FIRST RESPONDER CARDS.

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): FACILITY SUBSTANTIALLY MEETS STANDARD. 115.252(a) - GEO POLICY 5.1.2-A, P. 17-18; FACILITY POLICY 805-1, P.4: GRIEVANCE FORMS AVAILABLE NEAR OTHER FORMS IN HALLS WHERE DORMS ARE LOCATED. 115.252(b) - POLICY DOES NOT PUT A TIME LIMIT ON PREA-RELATED GRIEVANCES AND ALLOWS FOR 3P ASSISTANCE AND SUBMISSION OF GRIEVANCES, WITH RESIDENT APPROVAL. NOT REQUIRED TO PARTICIPATE IN INFORMAL GRIEVANCE PROCEDURE. BOP GRIEVANCE PROCEDURE USED; GRIEVANCES MAILED TO REGIONAL OFFICE. 115.252(c) - POLICY STATES THAT IF GRIEVANCE INVOLVES FACILITY DIRECTOR, GRIEVANCE CAN BYPASS HER AND GO TO BOP-RRM, GEO PREA COMPLIANCE MANAGER (DIRECTOR HERE THOUGH, RIGHT???), OR GEO RESIDENTIAL REENTRY SERVICES REGIONAL DIRECTOR. 115.252(d) - POLICY REFLECTS STANDARD. 115.252(e) - ALTHOUGH POLICY DOES NOT CLEARLY STATE THAT FACILITY DOCUMENTS RESIDENT'S DECISION TO DECLINE PURSUING GRIEVANCE FILED BY THIRD PARTY, THIS FACILITY HAS A POLICY OF DOCUMENTING ALL SUCH INFORMATION. IT JUST NEEDS TO TWEAK LANGUAGE IN POLICY TO REFLECT THIS PRACTICE. 115.252(f) - POLICY STATES THAT IF RESIDENT IN SUBSTANTIAL RISK OF IMMINENT SEXUAL ABUSE, DIRECTOR WILL TAKE IMMEDIATE ACTION TO PROTECT THE POTENTIAL VICTIM. 115.252(g) - NO SUCH DISCIPLINARY ACTIONS. MODIFY FACILITY AND MANUAL POLICY TO REFLECT AGENCY POLICY.

**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): STANDARD MET. THEY CAN CALL THE CRISIS CENTER CONFIDENTIALLY AND REPORTS USING RESIDENT NAME WILL ONLY BE MADE BACK TO THE FACILITY WITH THE RESIDENT'S PERMISSION. 115.253(a) - GEO POLICY 5.1.2-A, P. 23; FACILITY POLICY 0802-1, P. 10: FACILITY HAS ENTERED INTO MOU WITH THE CRISIS CENTER, ODESSA, TX, THAT WILL ACCEPT CALLS TOLL FREE, WILL ACCEPT CONFIDENTIAL & ANONYMOUS REPORTS, AND (WITH PERMISSION OF THE RESIDENT) WILL REPORT BACK TO THE FACILITY. 115.253(b) - THE CRISIS CENTER, ODESSA, TX, THAT WILL ACCEPT CALLS TOLL FREE, WILL ACCEPT CONFIDENTIAL & ANONYMOUS REPORTS, AND (WITH PERMISSION OF THE RESIDENT) WILL REPORT BACK TO THE FACILITY. 115.253(c) - FACILITY HAS SINCE HAD COMMUNICATION WITH FRIENDSHIP OF WOMEN (FOW) FOR FURTHER CLARIFICATION OF SERVICES TO BE PROVIDED TO MEN AND WOMEN. ALSO IS EXPECTATION THAT RAINN CALLS WOULD BE FORWARDED TO FOW.

**Overall
Determination:**

§115.254 - Third party reporting.

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

Auditor Comments (including corrective actions needed if does not meet standard): FACILITY HAS ENTERED INTO MOU WITH THE CRISIS CENTER, ODESSA, TX, THAT WILL ACCEPT CALLS TOLL FREE, WILL ACCEPT CONFIDENTIAL & ANONYMOUS REPORTS, AND (WITH PERMISSION OF THE RESIDENT) WILL REPORT BACK TO THE FACILITY. THE FACILITY MODIFIED ITS POSTERS TO INCLUDE CONTACT INFO TO THIS THIRD PARTY ORGANIZATION, AND GIVE INSTRUCTIONS TO RESIDENTS AND THIRD PARTY REPORTERS ON HOW TO REPORT SEXUAL ABUSE TO THE CRISIS CENTER.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Overall Determination:

§115.261 - Staff and agency reporting duties

✓

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if does not meet standard): MET STANDARD. HOWEVER, FOCUS ON DEFINITIONS FOR RETALIATION AND MANDATORY REPORTING IN STAFF TRAINING. GEO POLICY 5.1.2-A, P. 18-19; RH POLICY 0803-1, P. 5-6: STAFF UNDERSTOOD "NEED-TO-KNOW" POLICY, NOT TELLING ANYONE BUT SUPERVISOR AND MR. TREVINO INCIDENTS REPORTED TO INVESTIGATOR TREVINO. CRIMINAL INCIDENTS REPORTED TO BROWNSVILLE POLICE DEPARTMENT.

Overall Determination:

§115.262 - Agency protection duties.

✓

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if does not meet standard):FROM INCIDENT REPORT, FACILITY HAS DEMONSTRATED THAT IT MOVES IMMEDIATELY TO SEPARATE PARTIES TO ENSURE SAFETY OF VICTIM. STAFF ARE CLEAR ON THIS AS WELL. 115.262(a) - GEO POLICY 5.1.2-A, P. 19: ALL STAFF KNEW TO IMMEDIATELY SEPARATE ALLEGED VICTIM FROM ALLEGED PERPETRATOR IMMEDIATELY, THEN CONTACT SUPERVISOR AND/OR TREVINO. ALL HAD FIRST RESPONDER CARDS WITH THEM - A BEST PRACTICE.

**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): FACILITY HAS NOT EXPERIENCED THIS STANDARD YET, BUT POLICY IS IN PLACE SHOULD THEY EVER RECEIVE REPORTS FROM OTHER FACILITIES OR MAKE REPORT TO OTHER FACILITIES. GEO POLICY 5.1.2-A, P. 22

**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): ALL STAFF EXPRESSED CONFIDENCE IN KNOWING WHAT TO DO AS FIRST RESPONDER, GIVEN THE FIRST RESPONDER CARDS - A BEST PRACTICE. 115.264(a) - GEO POLICY 5.1.2-A, P.19-22: ALL STAFF ARE POTENTIALLY FIRST RESPONDERS AND ALL CARRY FIRST RESPONDER CARDS FOR INSTRUCTIONS. 115.264(b) - INCIDENT REPORT WHERE STAFF SEPARATED VICTIM FROM ALLEGED PERPETRATOR AND CONTACTED MR. TREVINO.

**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): FACILITY COORDINATED RESPONSE PLAN SHOULD BE MORE TAILORED TO THE INDIVIDUAL FACILITY, NOT MERELY AGENCY-WIDE PLAN. PLAN HAS SINCE BEEN MODIFIED, SPECIFIC TO THE FACILITY, WITH NAMES AND CONTACT INFORMATION IN ORDER FOR STAFF TO BETTER FOLLOW IT.

**Overall
Determination:**

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

N/A

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): 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): GEO POLICY 5.1.2-A, P.24 ; FACILITY POLICY 0803-1, P. 11: TREVINO IS ESSENTIALLY THE PREA COMPLIANCE MANAGER AT FACILITY. HE DOES FOLLOW-UP/MONITORING OF RETALIATION. HE CONSIDERS HOUSING CHANGES, HOME DETENTION, MORE ROUNDS, RETALIATION LOG FOR UP TO 90 DAYS, CHECKS IN WITH RESIDENT, WILL MONITOR UP TO 90 DAYS OR LONGER IF RESIDENT HERE AND IS NEEDED. POLICY REQUIRES MONITORING FOR RETALIATION, MEET WEEKLY WITH INDIVIDUAL, IN PRIVATE, IMMEDIATE CORRECTIVE ACTION.

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): POTENTIAL CONFLICT OF INTEREST SHOULD FACILITY DIRECTOR OR HER STAFF BE INVESTIGATED FOR CRIMINAL SEXUAL ABUSE BY POLICE DEPARTMENT THAT EMPLOYS HER BROTHERS. FACILITY SHOULD PRESERVE VIDEO EVIDENCE IF RELIED UPON FOR DETERMINATION SO THAT AUDITOR MAY REVIEW, PURSUANT TO 115.401(l), AND TO REMAIN COMPLIANT HERE 115.271(c). 115.271(a) -GEO POLICY 5.1.2-E, P. 4-6: INVESTIGATIONS IN RESPONSE TO SEXUAL ABUSE ALLEGATIONS ARE INITIATED IMMEDIATELY. 115.271(b) - CASE MANAGER MARKO TREVINO HAS RECEIVED SPECIALIZED INVESTIGATOR TRAINING, 5 HR WEBINAR WITH TEST (97% SCORE). 115.271(c) - CASE MGR TREVINO ACCURATELY DESCRIBED STEPS TO BE TAKEN AS INVESTIGATOR, HOWEVER, FACILITY DID NOT PRESERVE VIDEO EVIDENCE CONSIDERED IN HARASSMENT CASE. 115.271(d) - FACILITY HAS ONLINE REPORTING SYSTEM WITH BROWNSVILLE POLICE DEPARTMENT, WHERE POLICE REVIEW INITIAL REPORT AND DETERMINE WHETHER THEY WILL INTERVENE OR IT REMAIN ADMINISTRATIVE. 115.271(e) - TREVINO CHECKS FILES FOR PRIOR INCIDENT REPORTS, PRIOR BOP VIOLATIONS, CASE MGR. BI-WEEKLY REPORTS, PSI'S. DOES NOT REQUIRE POLYGRAPHS/TRUTH-TELLING DEVICES. 115.271(f) - TREVINO'S REPORTS ARE THOROUGH AND GIVE REASONS FOR FINDINGS. INCIDENT REVIEW REPORT CONTAINS STAFF FAILURE ANALYSIS. 115.271(g) - NO CRIMINAL INVESTIGATIONS AT FACILITY. HOWEVER, TREVINO DOES REPORT ALL ALLEGATIONS VIA ONLINE REPORTING SYSTEM WITH BROWNSVILLE POLICE DEPARTMENT. 115.271(h) - TECHNICALLY, REFERRAL TO POLICE IS "REFERRAL FOR PROSECUTION." HOWEVER, FACILITY FORWARDS ALL PREA ALLEGATIONS TO POLICE VIA ONLINE SYSTEM. 115.271(i) - FACILITY REQUESTS TO REMAIN INFORMED AND TO RECEIVE REPORTS OF CRIMINAL INVESTIGATIONS. 115.271(j) - WILL STILL INVESTIGATE EVEN IF RESIDENT(S) ARE NO LONGER AT THE FACILITY. FACILITY DOES NOT INVESTIGATE STAFF RELATED ALLEGATIONS. 115.271(k) - N/A. 115.271(l) - AS DIRECTOR HAS BROTHERS ON BROWNSVILLE POLICE DEPARTMENT, THERE IS NO ISSUE RE BEING INFORMED OR COOPERATION.

Overall
Determination:

§115.272 - Evidentiary standards for administrative investigations.

✓

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if does not meet standard): COMMON DEFINITIONS OF PREPONDERANCE OF THE EVIDENCE STANDARD IS "51% CHANCE" OR "MORE LIKELY THAN NOT. GEO HAS A PREA COMPLIANCE MANAGER THAT REVIEWS ALL ADMINISTRATIVE INVESTIGATIONS BEFORE THEY ARE OFFICIALLY CLOSED. THIS WILL BETTER ENSURE ALL FACILITIES ARE FOLLOWING THE PROPER STANDARD OF PROOF. GEO POLICY 5.1.2-E, P. 6.

Overall
Determination:

§115.273 - 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)

Auditor Comments (including corrective actions needed if does not meet standard): NOTIFICATIONS ARE WELL-DOCUMENTED, WITH RESIDENTS' SIGNATURES AS ACKNOWLEDGEMENT OF RECEIPT OF NOTIFICATION OF OUTCOME OF ALLEGATION FORM. GEO POLICY 5.1.2-E, P.10-11; RH 0803-1, P.11: RESIDENTS APPEARED TO HAVE BEEN GIVEN NOTICE WITHIN 24 HOURS OF DETERMINATION. FACILITY WOULD BE KEPT ABREAST OF CRIMINAL INVESTIGATION; AND NOTIFICATION FORM DESIGNED FOR OUTSIDE AGENCY INVESTIGATIONS AS WELL. NO FOUNDED COMPLAINTS AT THIS FACILITY. NO SUCH NOTIFICATIONS OF INDICTMENT OR CONVICTION AT THIS FACILITY. NOTIFICATIONS ARE DOCUMENTED: SIGNED BY RESIDENT AND INVESTIGATOR TREVINO AT TIME NOTIFICATION GIVEN TO RESIDENT WITHIN 24 HRS OF DETERMINATION. 115.273(f) - N/A.

DISCIPLINE

Overall Determination:

§115.276 - Disciplinary sanctions for staff.

✓

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if does not meet standard): NOTE THAT THE FACILITY DOES NOT PARTICIPATE IN SUCH INVESTIGATIONS. THE DISCIPLINE OF A STAFF PERSON FOR SEXUAL ABUSE IS MADE AT THE AGENCY LEVEL. TO DATE, THERE HAVE BEEN NO SUCH STAFF RELATED INCIDENTS AT THIS FACILITY. THE CORPORATE POLICY REGARDING DISCIPLINARY SANCTIONS FOR STAFF ARE IN KEEPING WITH THE PROVISIONS OF THIS STANDARD. GEO POLICY 5.1.2-E, P.11; FACILITY POLICY 0802-1, P.12-13

**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): FACILITY IS MINDFUL OF VOLUNTEER, WHO, DESPITE HER RELIGIOUS LEANINGS TOWARDS ASSISTING RESIDENTS AFTER THEIR RELEASE, SAYS SHE UNDERSTANDS THE RULES AGAINST THIS AND WILL NOT COMMUNICATE WITH RESIDENTS POST-RELEASE. 115.277(a) - GEO POLICY 5.1.2-E, P.12: FACILITY HAS NO CONTRACTORS, BUT DOES HAVE VOLUNTEERS, NONE OF WHOM HAVE BEEN REPORTED TO LAW ENFORCEMENT OR LICENSING BODIES. 115.277(b) - I SPOKE TO VOLUNTEER WHO ALSO RELAYED THIS MEETING WITH FACILITY DIRECTOR AND INDICATED THAT SHE UNDERSTOOD THE RULES AND REASONS BEHIND THEM. HER WILLINGNESS TO HELP RESIDENT DID NOT APPEAR TO BE SEXUAL IN NATURE, BUT STILL INAPPROPRIATE.

**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): FACILITY DEFERS TO BOP/USPO FOR DISCIPLINE OF RESIDENTS UNDER THIS STANDARD. HOWEVER, IT CAN PUT ITS CONSIDERATIONS (SUCH AS RESIDENT'S HISTORY, MENTAL HEALTH ISSUES) IN ITS REPORTS WHEN IT REFERS RESIDENTS FOR DISCIPLINE UNDER THIS STANDARD.

115.278(a) - GEO POLICY 5.1.2-E, P.12; FACILITY POLICY 0802-1, P.12-13: FACILITY DOES NOT IMPOSE THE DISCIPLINE, BOP OR US PROBATION OFFICE DOES. ALSO, SUBJECT TO CRIMINAL PROSECUTION. 115.278(b) - FACILITY REPORTS RESIDENTS TO BOP OR USPO FOR DISCIPLINARY SANCTIONS IN THESE INSTANCES. FACILITY IS AWARE OF BOP DISCIPLINARY STRUCTURE ON HOW RESIDENTS MIGHT BE DISCIPLINED DEPENDING ON FACTORS CONSIDERED IN THIS STANDARD. 115.278(c) - FACILITY DOES NOT DISCIPLINE RESIDENTS, BUT WOULD MENTION MENTAL HEALTH IN REPORT TO BOP FOR CONSIDERATION.

115.278(d) - FRIENDSHIP OF WOMEN PROVIDES EDUCATION/GROUPS. MIGHT THEIR GROUPS INCLUDE SUCH INTERVENTIONS? 115.278(e) - POLICY REFLECTS STANDARD. ECHOED IN INTERVIEWS WITH MANAGEMENT STAFF. 115.278(f) - POLICY REFLECTS STANDARD. ECHOED IN INTERVIEWS WITH MANAGEMENT STAFF. 115.278(g) - POLICY REFLECTS STANDARD. ECHOED IN INTERVIEWS WITH MANAGEMENT STAFF.

MEDICAL AND MENTAL CARE

Overall Determination:

§115.282 - Access to emergency medical and mental health services.

✓

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor Comments (including corrective actions needed if does not meet standard): FACILITY PROVIDES ACCESS TO MEDICAL AND MENTAL HEALTH CARE WITHOUT COST TO RESIDENTS. MOU WITH THE CRISIS CENTER, ODESSA, TX, FOR TOLL FREE NUMBER AND REFERRALS. 115.282(a) - GEO POLICY 5.1.2-A, P.23; FACILITY POLICY 0802-1, P.8: FACILITY UPLOADED WEBSITE PAGES FROM LOCAL HOSPITAL. FLYERS IN DORMS FOR FRIENDSHIP OF WOMEN AND VALLEY AIDS COUNCIL SERVICES. 115.282(b) - STAFF KNOW TO CALL 911 IN CASE OF EMERGENCY; AND RESIDENT WOULD BE TRANSPORTED TO VALLEY BAPTIST REGIONAL HOSPITAL. FRIENDSHIP OF WOMEN MOU STATES FOW WOULD PROVIDE VICTIM ADVOCATE REFERRAL AND REFERRAL TO OTHER SUPPORTIVE SERVICES. 115.282(c) - FACILITY REFERRAL OF RESIDENT ALLEGING SEXUAL HARASSMENT TO FRIENDSHIP OF WOMEN FOR COUNSELING SERVICES. 115.282(d) - RESIDENT NOT CHARGED FOR REFERRAL TO FRIENDSHIP OF WOMEN.

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): I DID CONTACT FRIENDSHIP OF WOMEN, WHO CONFIRMED THAT IT WOULD PROVIDE SUCH SERVICES FOR MEN AND WOMEN. 115.283(a) - GEO POLICY 5.1.2-A, P. 24: FLYERS FOR FOW AND VALLEY AIDS COUNCIL IN DORMS, RESIDENT HALLS. CASE MANAGERS INDICATE THEY MAKE REFERRALS TO OTHER COMMUNITY SERVICE PROVIDERS, AS THEY ARE NOT MENTAL HEALTH PROFESSIONALS. 115.283(b) - REVIEWED REFERRAL TO FOW FOR RESIDENT WHO COMPLAINED OF SEXUAL HARASSMENT. SHE CHOSE NOT TO FOLLOW UP AFTER ONE SESSION WITH FOW. 115.283(c) - REVIEWED REFERRAL TO FOW FOR RESIDENT WHO COMPLAINED OF SEXUAL HARASSMENT. SHE CHOSE NOT TO FOLLOW UP AFTER ONE SESSION. 115.283(d) - PLANNED PARENTHOOD WEBPAGE UPLOADED. 115.283(e) - PLANNED PARENTHOOD WEBPAGE UPLOADED. 115.283(f) - VALLEY AIDS COUNCIL FLYERS THROUGHOUT FACILITY. OFFERS FREE TESTING FOR HIV/AIDS/STI'S. 115.283(g) - FACILITY MAINTAINS THAT THESE SERVICES ARE AVAILABLE AT NO COST TO THE RESIDENTS WHO ARE VICTIMS OF SEXUAL ABUSE. RESIDENT REFERRED TO FOW WAS NOT CHARGED FOR REFERRAL OR SERVICE. 115.283(h) - UPLOADED WEBSITE PAGE FOR TROPICAL TEXAS BEHAVIORAL HEALTH THAT DOES INTAKE AND ASSESSMENT.

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): NOT ONLY DO THEY MEET THE MINIMUM REQUIREMENTS OF THIS STANDARD, THIS INCIDENT REVIEW TEAM EXCEEDS THEM IN ITS SWIFTESS OF REVIEW AND IMPLEMENTATION OF CORRECTIVE ACTION. WITH ONE REVIEW, THEY EDUCATED THE RESIDENTS IMMEDIATELY ABOUT HORSEPLAY NOT BEING ALLOWED. IN ANOTHER REVIEW, THEY DETECTED STAFF DEFICIENCIES AND IMMEDIATELY ADDRESSED THEM AT A MANAGEMENT TEAM MEETING THE NEXT DAY. 115.286(a) - GEO POLICY 5.1.2-A, P. 25; FACILITY POLICY 0802-1, P.12: TWO INCIDENT REVIEW REPORTS WERE THOROUGH; UNSUBSTANTIATED. 115.286(b) - THESE REVIEWS WERE COMPLETED WITHIN 1 TO 2 DAYS OF THE INCIDENT REPORT. BOTH WERE SIGNED BY FACILITY DIRECTOR. 115.286(c) - INCIDENT REVIEW TEAM INCLUDES FACILITY DIRECTOR, ASSISTANT DIRECTOR, AND SR. CASE MGR/PREA INVESTIGATOR. THE TEAM TOOK VIEWS OF OTHER STAFF INTO ACCOUNT IN INVESTIGATION AND REPORT. 115.286(d) - THE INCIDENT REVIEW TEAM TAKES REVIEW, RECOMMENDATIONS AND IMPLEMENTATION OF CORRECTIVE ACTION SERIOUSLY. REVIEWS WERE IMMEDIATE, AND MANAGEMENT TOOK IMMEDIATE CORRECTIVE ACTION WITH STAFF AND RESIDENTS.

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): SURVEYS, WHICH ARE GREAT AT COLLECTING DATA. OVER TIME WILL SEE AGGREGATE DATA AND REPORTS OF DATA TO DOJ PER REQUEST. 115.287(a)/(c) - GEO POLICY 5.1.2-A, P. 25: REVIEWED DATA COLLECTION INSTRUMENTS: MONTHLY PREA TRACKING LOG AND PREA INCIDENT REPORT SURVEY. TREVINO DOES CHECKS ON MONITORS BY GOING THROUGH VIDEO OF THEIR MOVEMENT EACH WEEK. 115.287(b) - REVIEWED GEO'S PREA INCIDENT REPORT SURVEY. THIS A SIMPLE AND GOOD WAY TO KEEP TRACK OF STATISTICS FROM ALL GEO FACILITIES. 115.287(d) - ALL REPORTS, FILES AND INCIDENT REVIEWS ARE FORWARDED TO GEO'S CORPORATE OFFICE TO ITS PREA DEPARTMENT. THERE, INCIDENTS AND INVESTIGATIONS ARE REVIEWED BY PREA CONTRACT COMPLIANCE MANAGER PRIOR TO BEING OFFICIALLY CLOSED. 115.287(e) - GEO IS THE PRIVATE FACILITY THAT BOP CONTRACTS WITH TO CONFINE BOP RESIDENTS. REVIEWED GEO'S PREA INCIDENT REPORT SURVEY. 115.287(f) - GEO GROUP HAS NOT RECEIVED ANY REQUEST FOR ANY OF THE REENTRY FACILITIES AS OF YET.

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): GEO GROUP UPLOADED EMAIL FROM FEDERAL BUREAU OF PRISONS RESIDENTIAL REENTRY MANAGEMENT BRANCH, WHICH EXPLICITLY STATES THAT "AS THE CONTRACTING AGENCY THE BOP IS RESPONSIBLE FOR REPORTING ON ALL PREA STATISTICS FOR FEDERAL OFFENDERS IN ALL AGENCIES THAT WE CONTRACT WITH." MEANWHILE, GEO HAS COMPILED DATA AND PUBLISHED ITS OWN AGENCY ANNUAL REPORTS FOR 2012 AND 2013, AT http://www.geogroup.com/reporting_sexual_abuse_prea. AGENCY HEAD DESIGNEE APPROVES ANNUAL REPORTS. DIVISIONAL VICE PRESIDENT OF COMMUNITY-BASED SERVICES. IDENTIFYING INFORMATION HAS BEEN REDACTED FROM THE REPORTS.

**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): STORAGE AND DESTRUCTION COMPONENTS OF STANDARD ARE MET. 115.289(a) - GEO POLICY 5.1.2-A, P. 26: ALL RESIDENT-RESIDENT INCIDENTS ARE IN SERIOUS INCIDENT REPORTING SYSTEM; STAFF CASES ARE IN THE OPR DATABASE. ALSO DATA COMES TO CORPORATE. ON FACILITY LEVEL, INVESTIGATIVE FILES ARE SECURELY RETAINED WITH RESTRICTED ACCESS. DON'T HAVE INVESTIGATORS AT ALL THE SITES, SO WILL NOT HAVE SUCH INFO TO STORE (KEPT AT CORPORATE). STAFF CASES RETAINED AT CORPORATE OFFICE IN COMPUTERIZED DATABASE. 115.289(b) - GEO GROUP, AS THE CONTRACTING AGENCY, WILL MAKE SUCH DATA PUBLIC IN ITS REPORTS. 115.289(c) - POLICY REFLECTS STANDARD. 115.289(d) - POLICY FOLLOWS STANDARD. NO LAW REQUIRING OTHERWISE UPLOADED.

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 R. Bonner
DATE	December 26, 2014 – FINAL REPORT