

PREA AUDIT REPORT Interim Final

Community Confinement Facilities

Date of Report: May 9, 2016

Auditor Information		
Auditor name:	Barbara Jo Denison	
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Date of facility visit:	May 3-5, 2016	
Date report submitted:	May 9, 2016	
Facility Information		
Facility Name:	Southeast Texas Transitional Center	
Facility Address:	10950 Beaumont Hwy, Houston, TX 77078	
Facility mailing address: <i>(if different from above)</i>	N/A	
Telephone number:	713-351-1502	
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County <input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal <input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit	
Facility Type:		
	<input checked="" type="checkbox"/> Community Treatment Center	<input type="checkbox"/> Community-Based Confinement Facility
	<input checked="" type="checkbox"/> Halfway House	<input type="checkbox"/> Mental Health Facility
	<input type="checkbox"/> Alcohol or Drug Rehabilitation Center	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Steven T. Blanchard, Facility Director		
Number of staff assigned to the facility in the last 12 months: 81		
Current population of facility: 494		
Designed facility capacity: 500		
Facility security levels/inmate custody levels: Minimum		
Age range of the population: 18-66		
Name of PREA Compliance Manager: Santina Anderson	Title:	Assistant Facility Director- Programs- Operations/PREA Compliance Manager
Email address: sanderson@geogroup.com	Telephone number:	713-361-1502
Agency Information		
Name of agency:	The GEO Group Inc.	
Governing authority or parent agency: <i>(if applicable)</i>	N/A	
Physical address:	One Park Place, Suite 700, 621 Northwest 53 rd Street, Boca Raton, FL 33487	

Mailing address: (if different from above)		N/A
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Agency Chief Executive Officer		
George C. Zoley	Title:	Chairman of the Board, CEO and Founder
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AUDIT FINDINGS

NARRATIVE:

The PREA on-site audit of the Southeast Texas Transitional Center was conducted May 3 -5, 2016, by this Department of Justice Certified PREA Auditor, Barbara Jo Denison. Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards. The Facility Director, the Assistant Facility Director-Programs/PREA Compliance Manager and the agency's PREA Coordinator answered questions during this review period.

On the first day of the audit, an entrance meeting was held with Ted Blanchard, Facility Director, Santana Anderson, Assistant Facility Director-Programs/PREA Compliance Manager, Erniefare JN-Baptiste, Assistant Facility Director-Operations/Security and Jonathon Dressler, Director, Fidelity & Quality Assurance in attendance. Those in attendance of the entrance meeting and Jasimine Hudson, Assistant Manager of Security, accompanied me on a facility tour following the conclusion of the entrance meeting. During the tour, all areas that residents are allowed access to were toured. The location of cameras and mirrors, dorm layout including shower/toilet areas and placement of PREA posters with resident reporting information was observed. I spoke informally to staff and residents questioning them about their overall knowledge of the agency's zero-tolerance policy and available methods of reporting.

There has recently been a major restroom renovation project that is nearing completion. The shower areas allow residents to shower separately and shower stalls have plastic curtains for additional privacy. Toilets are single stalls with partial solid doors for privacy. Included in the renovation project has been the installation of two-way swinging doors with open spaces at the top and bottom of the doors on the entry of the restrooms that provides the residents additional privacy when showering without compromising security.

During the course of the tour and on-site visit, it was noted that in Building 5 a room on the farther left-hand side of the top floor was empty and did not have a door. It was explained that the room was sometimes used for residents to store legal material, a contractual obligation of the facility to provide this space to residents. A domed mirror was recently mounted on the opposite wall, but did not capture the room in question. My concern was that this room compromised the safety of residents. A room adjacent to the empty room without a door was also empty, but had a locked door on it. That room will

soon be occupied as office space for an MHMR Case Manager. The Facility Director and his team were very responsive to my concerns and prior to the conclusion of the audit visit, the door of the adjacent room was moved to the room without a door and a door was ordered for the room that will soon be occupied.

In addition, on the second floor in Building 5, there was a concern about a u-shaped area located on the left-hand side of the staircase where residents' lockers lined all three sides of the walls. The area was deep and appeared to have a blind spot and a potential for incidents of sexual abuse. It was suggested that a domed mirror be added to capture this area. Again, the Facility Director was responsive to my recommendation and a domed mirror was installed before the conclusion of the audit.

During the tour of Building 4, it was observed that most closets in resident rooms had large curtains covering the openings of the closet doorways. Some curtains were made of dark, heavy material that were not transparent. The curtains obstructed the vision of staff doing security rounds in the closet areas. It was suggested that the curtains be removed. A tour of this building on the last day of the audit visit showed that all curtains were removed from the closet doorways, another proactive move on the part of the Facility Director and his team.

On the recreation yard, there are a bank of several pay telephones with telephone service provided by GTL. I attempted to telephone the RAINN National Hotline Network and found all the telephones to be inoperable, most likely due to a recent lightning storm. GTL was contacted for repair services and the facility expected repair service in the next few days. Residents have access to the telephone at the Control Station at any time for reporting incidents of sexual abuse and sexual harassment or to call the RAINN National Hotline Network to request advocacy services. I called the RAINN National Hotline Network on the telephone in the Control Station and was told by RAINN that the calls from STTC are routed to the Houston Area Women's Center. I questioned the process for requests for victim advocates to accompany a sexual abuse victim to the hospital and was told that the SANE would contact the Houston Area Women's Center to provide a victim advocate at the time the SANE is contacted.

Prior to the on-site audit, I was supplied with a list of residents sorted by housing unit, those with special designations and security and non-security staff who were scheduled during the on-site visit. A total of 27 residents, three each from the smaller dorms and eight each from the two larger dorms, were formally interviewed during the course of the audit. Of the residents interviewed, there were four self-disclosed gays and one self-disclosed bisexual who all reported that they were not housed in a special dorm because of their sexual orientation. There was one refusal and that resident was replaced with another resident from the same housing unit.

Three residents interviewed reported not viewing the *PREA Enhanced Inmate Education* video that is shown to all residents during the orientation process and shown last month to all residents again. In review of these three residents' files, it was confirmed that they all had two *Acknowledgement of PREA Education* forms signed by them and filed in their resident file acknowledging receipt and understanding of PREA educational material, which includes acknowledgement of viewing the *PREA Enhanced Inmate Education* video. It was my recommendation that these three residents be scheduled to view the video again.

All residents interviewed were familiar with the agency/facility's zero-tolerance policy against sexual abuse and sexual harassment and were able to articulate during interview the methods of reporting allegations of sexual abuse and sexual harassment available to them. At the time of the audit, there were 65 residents that were identified from initial screening to be at risk for victimization and three that

were identified at risk for abusiveness. A sample of these residents was incorporated into my random sample. There were no intersex residents housed at the facility at the time of the audit. There was one self-disclosed transgender resident, but when interviewed he denied being transgender and denied self-disclosing that information during intake screening. At the time of the on-site audit, there were no residents that were limited English proficient, none that were deaf, hard of hearing, blind or had low vision.

A total of 23 staff members were interviewed during the course of the audit, this number included one volunteer. Of the total staff interviewed, 12 were security staff and the remaining 11 were specialized staff. Several of the specialized staff have multiple roles and were asked multiple questions as they related to the responsibilities of those roles. Staff interviewed were all knowledgeable of their responsibilities of detecting, preventing and responding to sexual abuse and sexual harassment allegations.

There is no SAFE or SANE staff at the facility. Residents in need of SANE exams, by agreement, are referred to the Harris County Health System – Ben Taub Hospital. The Harris County Health System – Ben Taub Hospital Neuropsychiatric Center or the Montrose Counseling Center, an agency that the facility is attempting to secure an MOU with, provides mental Health Services. MHMR Case Managers have offices at the facility and are accessible during working hours to provide mental health counseling with many residents already receiving these services. After hours, residents are referred to the Neuropsychiatric Center or to the Montrose Counseling Center.

In the 12 months preceding the audit, the Southeast Transitional Center received and investigated one allegation of sexual harassment and five allegations of sexual abuse. They are broken down as follows:

<u>Number Received</u>	<u>Description of Complaint</u>	<u>Investigative Results</u>
1	Resident-on-Resident Sexual Harassment	Unsubstantiated
2	Staff-on-Resident Sexual Abuse	1 Unsubstantiated/1 Open
3	Resident-on Resident Sexual Abuse	1 Unsubstantiated/2 Open

Investigative files were reviewed and found to be thoroughly investigated and documented per agency policy. The Houston Police Department is responsible for all criminal investigations. In the past 12 months, there were no investigations referred for criminal investigation.

At the conclusion of the on-site audit, an exit meeting was held to discuss the audit findings with Steven Blanchard, Facility Director, Erniefare JN-Baptiste, Assistant Facility Director-Operations/Security, Santana Anderson, Assistant Facility Director-Programs/PREA Compliance Manager, Terry Garcia, Senior Area Manager, Texas and Jonathon Dressler, Director, Fidelity and Quality Assurance present with Phebia Moreland, PREA Coordinator in attendance via telephone. During the exit meeting, the facility was informed of the process that would follow the on-site visit. The team was told that a final report would be written and it was GEO's responsibility to post the report on the agency's website. The team was complimented on their cooperation prior to the audit and during the on-site visit and their willingness to achieve PREA compliance. The Southeast Texas Transitional Center has undergone many physical plant and operational changes in this audit period and continue with plans for additional improvements that will make an already safe and well-managed facility even better.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Southeast Texas Transitional Center (STTC) is a GEO Reentry Services, Inc. facility that provides transitional services to "Mandatory Supervision" parolees that have been released from the Texas Department of Criminal Justice (TDCJ), but have not secured a parole-approved permanent home plan. Although referred to in general terms as a "halfway house", STTC has some specific differences that separate it from traditional halfway houses, or even other residential reentry centers within the GEO Reentry Division. It is one of only two facilities (within the lower 48) contracted with a Texas Department of Criminal Justice.

In 1963, Southern Bible College, a coeducational college in Houston (founded in 1958 from the Pentecostal Church of God of America) constructed an administration and classroom building, as well as a gymnasium on the current STTC site. Dormitories, a cafeteria, a temporary library, and other buildings for classroom space were added subsequently. In 1968, the college was an associate member of the Accrediting Association of Bible Colleges. Enrollment in the fall of 1974 reached 208. In the early 1980s, however, Southern Bible College closed for financial reasons.

"The Texas House" – a drug and alcohol treatment facility purchased the property in the 1980's. The Texas House was established in 1965 as a non-profit organization providing comprehensive treatment for indigent men with alcohol and other drug dependencies. The program was operated as a Therapeutic Community contracting with the State of Texas to provide residential substance abuse treatment services to probation and parole offenders.

In 1994, Cornell Companies, Inc. bought the property and changed the name of the facility to the Ben A. Reid Center and they operated under the Cornell Corrections of Texas Corporation. Cornell continued to work under contract with the Texas Department of Criminal Justice to provide housing and transition services to offenders within the state's criminal justice system. In 1996, Cornell expanded the capacity of the facility from approximately 300 to 500 by constructing a new dorm (Building 6) and remodeling a portion of the existing Building 2.

In 2010, The GEO Group, Inc. merged Cornell into its company and the name of the facility was changed in 2011 from Ben A Reid facility to Southeast Texas Transitional Center. The facility continues to service mandatory supervision parole offenders transitioning from the Texas Department of Criminal Justice to a parole-approved home plan.

The Southeast Texas Transitional Center houses adult male residents with a design capacity of 500 with the population on the first day of the on-site audit was 494. In the past 12 months, there have been 2982 residents admitted to the facility with an average length of stay being approximately 90 days. The age range of the population was 18-66 years-of-age at the time of the audit.

The majority of the resident population of Southeast Texas Transitional Center have been convicted of sex offenses and are paroled under mandatory supervision conditions. Many are on electronic monitoring devices and GPS tracking. Many residents suffer from mental illness and some with physical disabilities or both.

The physical layout of the facility includes six buildings. Building 1 houses administrative offices, a Security Control Center, the kitchen/dining area and maintenance building. Cameras and domed mirrors are located in office areas to enhance visibility. Visitors check into the facility in the entrance of the administration building and residents are allowed only with permission.

The remaining five buildings are resident dorms. Case Management offices are located inside of each housing area. Security measures include a perimeter fence that surrounds the facility, with the

exception of the administration building that is outside of the fence. Additional security features include camera surveillance, door alarms and security staff monitoring of residents. There are 36 high-definition cameras with DVR's that store data for up to 30 days. Exterior cameras are positioned to capture movement on the perimeter of the fence. The surveillance system provides monitor staff in the Control Station with real time views of camera footage enabling the staff to respond to unusual activities.

There is a large recreation area in front of Building 3. The area has a basketball court, a volleyball court, a covered weight bench and benches for sitting on. In addition, in the recreation area there are a bank of pay telephones for residents' use. On each phone, a card is affixed with reporting information provided.

Programs offered at STTC include life skills, employment related assistance, residency development that provide transitional needs to the resident population. Case management services include referral services that assist the residents in identifying risk factors for successful transition, developing formal written plans of action to pursue in their transition process and the periodic evaluation of progress made towards the goals and objectives identified within these plans. Parole Officers determine what types or levels of programming each resident receives based on the resident's parole conditions. Case Managers work with the supervising Parole Officers to coordinate transition for the resident to a parole-approved home plan, which is the single-most focus and mission of the facility.

Because the Harris County public health care system is very good, STTC has become the clearinghouse for the State's population of offenders released on parole with physical/mental impairments. Indigent health care in Houston, TX is easy to access and therefore STTC has become the most favorable placement location for this special population, distinguishing the facility even further from other State-contracted facilities. In fact, transfers from other contracted private facilities in Texas (including GEO's Beaumont Center) to STTC frequently occur for this reason. Approximately a third of the residents at STTC are prescribed medication for medical and/or mental health conditions. The Harris County Health System – Ben Taub Hospital or the Lyndon B. Johnson Hospital provides medical services. The Harris County Health System – Ben Taub Hospital or the Montrose Counseling Center provides mental health services.

Southeast Texas Transitional Center's Mission Statement:

It is the mission of GEO Reentry Services – Southeast Texas Transitional Center to provide an integrated delivery of individual transitional needs to the resident population. To facilitate this mission the facility shall provide the following opportunities, programs and/or services:

Transitional Programs: To include but not limited to life skills, employment related assistance and residency development. These programs will be provided in accordance with contractual and licensing requirements and be presented in a manner that encourages residents to obtain and employ the necessary skills for the successful transition into the community.

Case Management Services: To include but not limited to appropriate case management and referral services that assist the residents in identifying risk factors for successful transition, developing formal written plans of action to pursue in their transition process and the periodic evaluation of progress made towards the goals and objectives identified within these plans.

Community Interaction / Services: To include programs (when appropriate) which provide meaningful interaction within the local community and involve residents in community service projects that benefit the inner community within the facility and the outer community at-large.

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

SUMMARY OF AUDIT FINDINGS: (39)

The following is a summary of the audit findings:

Number of standards exceeded: 6

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 2

Standard §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 policy 5.1.2 and the Southeast Texas Transitional Center policy 0803-1 are written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency's/facility's approach to preventing, detecting and responding to such conduct. Both policies includes definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors. Both policies upon review were found to be very detailed and comprehensive as it applied to each standard.

GEO policy 5.1.2-A, pages 6 & 7, section III, B, 1-3 and facility policy 0504-1, page 2, section VI, A, outline the responsibilities of the PREA Coordinator and the PREA Compliance Manager. The agency also employs a Director, Fidelity & Quality Assurance. Upon interview, the PREA Coordinator, at an earlier date, and the Assistant Facility Director-Programs/PREA Compliance Manager, both stated that they have sufficient time and authority to manage their PREA-related responsibilities.

Standard §115.212 Contracting with other agencies for confinement of residents

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

GEO is a private provider and does not contract with other agencies for the confinement of residents. Based on documentation provided as well as interview of the agency's PREA Coordinator, this standard is not applicable.

Standard §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)

Based on GEO policy 5.1.2-A, page 7, section C-1 and facility policy 0504-1, page 3, section 1, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the population and the prevalence of substantiated incidents of sexual abuse, and the resources the facility has available to commit to ensure adequate staffing levels in the development of the facility's staffing plan. The contract with TDCJ mandates certain ratios of staffing be adhered to on all three shifts. The Assistant Facility Director-Operations/Security checks shift schedules and the TDCJ Contract Monitor monitors adherence to the staffing plan.

The facility makes its best efforts to comply with the approved PREA Staffing Plan. In circumstances where the staffing plan is not complied with, the Facility Director documents and justifies all deviations from the plan. In review of documentation provided by the facility and upon interview with the Facility Director, in the past 12 months there were no times that there were deviations to the staffing plan. The facility ensures compliance to the staffing plan by covering call-ins by contacting another staff member to work overtime to fill the shift vacancy.

The staffing plan is reviewed annually by the Facility Director, the Assistant Facility Director, the Assistant Facility Director-Programs/PREA Compliance Manager and the Assistant Facility Director-Operations/Security and documented on the *PREA Annual Facility Assessment* form. This form is then forwarded to the Regional Director, the Divisional Vice President and the Corporate PREA Coordinator for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocations of additional resources to maintain compliance to the plan. The 2014 *PREA Annual Facility Assessment* was completed on 9/22/14. It was noted that the established staffing plan was adequate and there were no recommendations made for changes to the staffing levels. Recommendations were made for additional surveillance cameras and an additional DVR system to provide for increased video monitoring of certain areas.

As of the contract renewal date of 9/1/15, the positions allocated to Southeast Texas Transitional Center was increased bringing the total positions to 97.5 FTE's. The most recent *PREA Annual Facility Assessment* was completed on 10/7/15 with no recommendations for changes to the established staffing plan. Recommendations were made for the installation of permanent two-way swinging doors in the shower areas for increased privacy and additional camera enhancements. The new camera enhancements is complete and the shower door project is nearing completion with Building 6 in progress and Building 5 to begin shortly.

Per policy, facility management staff and mid-level supervisors conduct unannounced rounds within their respective areas to identify and deter employee sexual abuse and sexual harassment. The Shift Supervisors on all three shifts and management staff rounds are documented in housing logs. For increased supervision and monitoring efforts, the agency has in place a count verification procedure to monitor surveillance tapes on a weekly basis to ensure staff are conducting formal resident counts. These verifications are documented on the *Resident Count Verification Checklist*.

Documentation provided for review and in interview with staff and residents, the practice of rounds by facility management staff and mid-level supervisors confirmed numerous rounds being conducted on all three shifts. The facility exceeds in all elements of this standard.

Standard §115.215 Limits to cross gender viewing and searches

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on review of GEO policy 5.1.2-A, pages 15 & 16, section I, and facility policy 0903-1, pages 3 & 4 on offender strip searches, the facility prohibits cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Facility policy requires that all cross-gender strip searches and body cavity searches be documented. Staff are not to search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. In the past 12 months, there were no cross-gender strip searches or cavity searches performed.

Resident strip searches may only be conducted with advanced authorization from TDCJ before any strip search is conducted. Authorization for strip search is requested when there is a reasonable suspicion that the resident is in possession of contraband.

In addition to general training provided to all employees, security staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents. The agency's *Guidance in Cross Gender and Transgender Searches* lesson plan was provided for review. Staff sign a *PREA Basic Training Acknowledgement* form and a *Cross Gender Pat Searches & Searches of Transgender & Intersex* acknowledgement form upon completion of this training. Receipt of this training was verified through interviews with Security Monitors and review of random staff training records.

Elements 115.215 (b) and 115.215 (c) does not apply to this facility. Female residents are not housed at the Southeast Texas Transitional Center.

The agency has policies and procedures in place that enable residents to shower, perform bodily functions and change clothing without staff viewing their breast, buttocks or genitalia. Policy requires staff of the opposite gender to announce their presence when they enter resident housing and restroom areas. Signs are posted near the entry door of each dorm reminding staff to make this announcement. This practice was observed while on-site and residents interviewed confirmed that this practice is being followed. Residents shared that they feel they have privacy to shower, toilet and change clothing when staff of the opposite gender are in their housing unit.

Based on GEO policy 5.1.2-A and facility policy 0903-1, the facility prohibits examining transgender or intersex residents for the sole purpose of determining genital status. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. Upon request, residents will be permitted to shower during a time that a staff member is in the dorm area to provide supervision. In addition to general training provided to all employees, security staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents. Receipt of this training was verified through staff interviews and review of random staff training files. In the past 12 months, there have been no transgender or intersex residents housed at this facility.

Standard §115.216 Residents with disabilities and limited English speaking

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency takes appropriate steps to ensure that residents with disabilities and residents that are limited English proficient have an opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. GEO policy 5.1.2-A, page 10, section E and facility policy 1702-1, pages 1 & 2, section V, were used to verify compliance to this standard.

The facility provides all written materials to residents in both English and Spanish. Residents receive a *PREA Education Manual for Residents* during the intake process that is available to them in English and Spanish and in large print in both languages for residents who have low vision. PREA posters, a GEO *Sexual Assault Awareness* pamphlet, the *PREA Enhanced Inmate Education* video and all PREA educational materials are provided in both English and Spanish. Spanish speaking staff provide translation for Spanish speaking residents. A contract with Language Line Services provides for the translation of any other languages. A TDD is available for residents who are deaf or hard of hearing. At the time of the audit, there were no residents housed at the facility that were deaf, hard of hearing, limited English proficient, blind or with low vision.

The agency prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances. In the past 12 months, there have been no instances where residents were used for this purpose.

Standard §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

GEO policy 5.1.2-A, pages 7 & 8, section C-2 and page 15, section H-4 and facility policy 0504-1, pages 3 & 4, section 2, interview with the Office Support Specialist and random review of personnel files were used to verify compliance to this standard.

Per policy the agency/facility 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 have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or in the community. GEO considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

The agency requires that all applicants and employees who may have contact with residents have a criminal background check and every five years thereafter. In the past 12 months, 54 new staff

received criminal background checks. In interview with the Office Support Specialist, all criminal background checks are performed through Accurate Background, Inc. and through the Texas Department of Criminal Justice (TDCJ) with access to the Texas Department of Public Safety (DPS). During the application process, names of employees or contractors are entered into the system. DPS provides an automatic notification by e-mail of any activity on the individual's criminal history. If an employee is arrested, the agency receives an automatic notification at that time and this information is forwarded to the facility. This method of reporting is known as Flash Reporting and eliminates the need for criminal background checks every five years. Applicants who answer on their application that they have worked in a confinement setting previously, receive a *PREA Verification* through Accurate Background, Inc.

For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions – PREA Related Positions* and another background check by Accurate Background, Inc. is completed including PREA Verification. At the time of annual evaluations, employees complete a *PREA Disclosure and Authorization Form – Annual Performance Evaluation*.

Agency policy requires that criminal background checks be completed on any contractor who may have contact with residents. The Southeast Texas Transitional Center does not utilize the services of contractors.

GEO policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct and/or misconduct to the Facility Director. Unless prohibited by law, GEO Reentry Services Human Resources Department will 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 the individual has applied for work.

In review of employee files, which included files of new hires, promotions and transfers in the past 12 months and staff employed for five years or longer, two new hires did not have the *Basic Acknowledgement* form acknowledging receipt and understanding of the *Cross Gender and Transgender Searches* training, but did have the *Cross Gender Pat Searches & Searches of Transgender & Intersex* acknowledgement form. Since the training is provided as part of the Pre-Service Training on the same day, the Office Support Specialist will ensure these employees sign the required form and file it in their respective employee file. All other files reviewed were complete showing documentation of employee education per agency policy requirements.

Standard §115.218 Upgrades to facilities and technology
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X Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 8, section C-3 and facility policy 0504-1, page 4, section 3, and documentation provided was used to verify compliance to this standard. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, GEO considers the effect of the design, acquisition, expansion or modification on the ability to protect residents from sexual abuse and/or harm. The facility has not acquired any new facilities, but has made substantial physical plant modifications to the existing facility in the

past 12 months. One of the major modifications was the restroom renovation project that ensured privacy and removed the opportunity for cross gender viewing in the restroom area, in particular, the shower areas.

When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, GEO will consider how such technology may enhance the ability to protect residents from sexual abuse. In this audit timeframe, there have been additions of surveillance cameras as recommended on the *PREA Annual Facility Assessment* completed in 2014 and 2015, bringing the total number cameras to 36. The camera upgrades enhanced the images and increased the DVR capacity to allow data to be obtained for a longer period of time, as well as high quality real time footage.

In discussion with the Facility Director, the facility has made exceptional efforts when outlining the scope of work and design of major physical plant renovations and upgrading the camera surveillance system to an enhanced system with high definition. The camera system that was replaced made play back of camera images a poor quality and usually not useful for investigative purposes. The facility exceeds in these standards and continues in its efforts with other proposed projects in the next fiscal year.

Standard §115.221 Evidence protocol and forensic medical exams

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

GEO policy 5.1.2-E, pages 6-9, sections D-J outlines the agency's requirements as it applies to this standard. The Southeast Texas Transitional Center is responsible for administrative investigations of all allegations of sexual abuse. Based on facility policy 0803-1, page 7 & 8, section 3, it is the responsibility of the Houston Police Department for conducting all criminal investigations and both entities are to ensure all forensic evidence is collected and preserved in accordance with evidence protocols established by the Department of Justice (DOJ). The investigating entities follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard. Staff-on-resident sexual misconduct allegations are referred to GEO Office of Professional Responsibility (OPR).

The facility does not house youth, therefore element (b) of this standard is not applicable to this facility.

Victims of sexual abuse have access to forensic medical examinations. Forensic exams are not performed at this facility. Harris County Health System – Ben Taub Hospital at no cost to the resident, provides residents in need of SANE exams. The agency/facility has made multiple attempts to secure an MOU with the Harris County Hospital for SANE exams, at no avail, but they do provide these services to the residents of this facility. In the past 12 months, there have been no residents who have required SANE exams.

Along with efforts to enter into an MOU with the Harris County Health System – Ben Taub Hospital, the facility has attempted to secure an MOU with the Montrose Counseling Center to provide

victim advocacy services and these efforts are ongoing. At the current time, residents in need of victim advocacy services can call the RAINN National Hotline Network at 800-656-4673.

Standard §115.222 Policies to ensure referrals of allegations for investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-E, pages 6-9, sections D-I and facility policy 0803-1, page 5, section B-1 and page 6, section 3-e, f & h, outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse. 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 or staff sexual misconduct. TDCJ's PD-29, *Sexual Misconduct with Offenders*, outlines employee sexual misconduct. Staff-on-resident sexual misconduct allegations are referred to GEO Office of Professional Responsibility (OPR).

Upon receipt of an allegation, the facility initiates an administrative investigation and if it is determined that the allegation involved potential criminal activity, a referral is made to the Houston Police Department who conduct a criminal investigation and prosecution if warranted. Notifications of allegations are made to the TDCJ Contract Monitor, TDCJ Parole Supervisor, TDCJ Office of Inspector General (OIG), Senior Area Manager, Texas, GEO's Office of Professional Responsibility (OPR), the PREA Coordinator, and to the Director, Fidelity & Quality Assurance. The agency documents all referral of allegations of sexual abuse or sexual harassment for criminal investigation. A *Serious Incident Report* is completed for all allegations of sexual abuse. All allegations are tracked on the *PREA Incident Outcome Tracking Log*. Misconduct by contractors is addressed in Modification M-027, page 14 & 15, section c.3.2, B-3 & 4.

The agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the GEO website (http://www.geogroup.com/reporting_sexual_abuse-prea). In the past 12 months, there was one allegation of sexual harassment and five allegations of sexual abuse that were investigated.

Standard §115.231 Employee training

X Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO employees receive training on GEO's zero-tolerance policy (5.1.2) for sexual abuse and sexual harassment at pre-service and annually at in-service. Then agency's requirement of this training is found on pages 11 & 12, section F-1. Between trainings, the facility has monthly staff meetings where the policy is reviewed and discussed. The Assistant Facility Director-Programs/PREA Compliance Manager provides employee training. The pre-service and in-service training curriculums were reviewed and found to address all elements of 115.231 (a) as required.

Employees sign a *PREA Basic Acknowledgement* form that they have received and understood the training they received. Staff upon completion of training that addresses procedures on searches sign a *Cross Gender Pat Searches & Searches of Transgender & Intersex* acknowledgement form.

In the past 12 months, all Southeast Texas Transitional Center's 77 employees have received this training as verified by review of random employee training files that showed documentation of this training is being maintained by the facility. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing and responding to allegations of sexual abuse and sexual harassment. The facility exceeds in this standard as evident by documentation provided, review of staff training records and the overall knowledge of staff in response to questions when interviewed.

Standard §115.232 Volunteer and contractors 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)

GEO policy page 13, section G addresses the requirements of volunteer training and page 14, section H, addresses the requirements of contractor training. The training curriculum for volunteers and contractors was reviewed. The objectives of the training ensures that volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents.

The Southeast Transitional Center does utilize the services of contractors. There is one volunteer who received this training on 4/18/15 and acknowledged by his signature on the *PREA Basic Acknowledgement* form that he received and understood the training he received. This Acknowledgment form is maintained by the facility as verified by review of his training record. In interview with the volunteer, he confirmed receiving the training and understood his responsibilities under the agency's sexual abuse and sexual harassment policy.

Standard §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)

Based on GEO policy 5.1.2-A, page 11, section E-2 and facility policy 1702-1, page 4, all residents receive information at time of intake and if transferred from another facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. Resident education is provided by the Case Manager Supervisors during the orientation process within 24 hours of arrival to the facility in formats

accessible to all residents, including those who are limited English proficient, deaf, visually impaired or otherwise disabled. In the past 12 months, 2982 residents admitted to the facility received PREA training.

Residents view a *PREA Enhanced Inmate Education* video that is presented in both English and Spanish. Residents receive a *PREA Education Manual for Residents* and a *GEO Sexual Assault Awareness Program* brochure. Spanish speaking residents are given PREA information by Spanish speaking staff and Language Line Services is used for the translation of any other languages.

Residents acknowledge by their signature on an *Acknowledgement of Receipt of PREA Educational Material* (HWH01M) form that they have received and understood the PREA education presented to them and that they have viewed the *PREA Enhanced Inmate Education* video. This documentation is maintained in the residents' files as was verified in random review of random resident files. Ongoing information is provided on posters, both in English and Spanish, prominently displayed in various locations throughout the facility. At the time of the audit, there were no residents that were limited English proficient, deaf, hard of hearing, blind or with low vision. When interviewed, residents acknowledged receiving PREA education and were knowledgeable of the agency's zero-tolerance policy and how to report incidents of sexual abuse and sexual harassment.

Standard §115.234 Specialized training: Investigators
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, page 13, section F-3, in addition to general training provided to all employees, GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. The training includes techniques for interviewing sexual abuse victims, proper use of the 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 referral for prosecution.

The agency's PREA Coordinator provides the four-hour *PREA Specialized Investigation Training* webinar. There are five trained investigators at the South Texas Transitional Center and 85 investigators agency-wide. Upon completion of this training, investigators sign a *PREA Basic Acknowledgement* form and receive a certificate of completion. In review of the investigators' training files, documentation of this training is being maintained by the facility.

In interview with the facility investigators, they acknowledged receipt of this specialized training and knew their responsibilities in conducting sexual abuse investigations.

Standard §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)

X Not Applicable

The Southeast Texas Transitional Center has an RN on staff, but the functions she performs are not clinical in nature. Her responsibilities are medication management for the residents of Southeast Texas Transitional Center. Mental health services are not performed by staff of Southeast Texas Transitional Center. Residents are referred offsite medical and mental health services; therefore, this standard is not applicable.

Standard §115.241 Screening for risk of victimization and abusiveness
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X 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)

Based on GEO policy 5.1.2-A, pages 8 & 9, section D-1 and facility policy 1701-1 pages 2 & 3, section VI-B, upon admission to the Southeast Texas Transitional Center or upon transfer to another facility, residents are screened by the Case Manager Supervisors for their risk of being sexually abused or sexually abusive towards others within 24 hours of arrival to the facility. The *PREA Risk Assessment* form is used for this purpose. The form was reviewed and found to contain all requirements of 115.241 (b) of this standard and considers prior acts of sexual abuse and prior convictions for violent offenses. Residents may not be disciplined for refusing to answer any questions or for not disclosing complete information. In addition to the screening form, a thorough review of any available records that can assist in determining risk assessment is completed.

Effective 4/1/16, the *PREA Risk Assessment* form was revised to meet the needs of the predominately sex offender population of the facility. The new screening procedure took into consideration sex offenders with adult victims or victim while incarcerated. A score of three or more in the *At Risk of Victimization* section (#1-11) of the *PREA Risk Assessment* form to identify residents who may be at risk for victimization and three or more on the *At Risk of Abusiveness* section (#12-17) of the *PREA Risk Assessment* form to identify residents who may be at risk for abusiveness. All *PREA Risk Assessment* forms were reviewed and rescored at the implementation of the new procedure and residents were moved if rescoring of the screening indicated a change in their status.

Within 30 days of the resident's arrival to the Southeast Texas Transitional Center, their Case Manager or their Job Developer using the *PREA Vulnerability Reassessment Questionnaire* (HWH 38) screens the resident again. A resident's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. *PREA Risk Assessment* forms and *PREA Vulnerability Reassessment Questionnaire* forms are filed in the residents' files that are locked in the records room. To maintain confidentiality, only the Administrative Team, Records Clerk and Case Managers are allowed access to these files.

In interview with the Case Manager Supervisors responsible for initial risk screenings, two Case Managers responsible for 30-Day Reassessment screenings, and in review of random residents' records, this process is in place and being followed.

The facility exceeded in this standard. All resident files reviewed contained their *PREA Risk Assessments*, showing completion within 24 hours of arrival to the facility, and contained *PREA Vulnerability Questionnaires* completed within 30 days of arrival to the facility.

Standard §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)

The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating residents at high risk of being sexually victimized from residents with those at high risk of being sexually abusive. Individualized determinations are made about how to ensure the safety of each resident. GEO policy 5.1.2-A, page 10, section D-3 and facility policy 1701-1, page 3, explains the use of PREA screening information. On interview with the Facility Director, he explained how the facility utilizes screening information for this purpose.

Due to the revision of the *PREA Risk Assessment* form (see standard 115.241 for details), all *PREA Risk Assessment* forms were reviewed and rescored at the implementation of the new procedure and residents were moved if rescoring of the screening indicated a change in their status. Residents identified from screening to be at risk for victimization, abusiveness or both are tracked on the facility *at risk logs*. These logs will be kept current and monitored weekly for accuracy. Residents identified at risk for victimization are housed in Building 3 and those identified at risk for abusiveness are housed in Buildings 5 and 6.

Guidelines on housing and program assignments and for the management of transgender and intersex residents are outlined in the GEO and local policies. Transgender and intersex residents are reassessed at least twice per year to review any threats to safety experienced by the resident as required by this standard and takes into consideration their own views regarding their own safety. Placement is made on a case-by-case basis to ensure the health and safety of the resident. Transgender and intersex residents are given the opportunity to shower separately from other residents.

GEO does not place lesbian, gay, bisexual, transgender or intersex residents in dedicated units or wings solely on the basis of such identification. On interview with four residents who self-disclosed being gay and one resident who self-disclosed being bisexual, they all reported that they have not been placed in any housing area because of their sexual orientation.

Due to the recent review of all resident *PREA Risk Assessments*, which included rescoring of the screening and the tracking of the residents that are at risk of victimization or at risk for abusiveness, the facility exceeds in ensuring the safety of each resident and in the requirements of this standard.

Standard §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)

GEO policy 5.1.2-A, page 17, section K-1 outline the agency's options for resident reporting methods. The agency provides multiple ways for residents to privately report sexual abuse and sexual harassment and retaliation by other residents or staff for reporting sexual abuse and sexual harassment and retaliation by other residents or staff for reporting sexual abuse and sexual harassment.

Residents are made aware of methods of reporting available to them through the *PREA Resident Education Manual*, the *GEO Sexual Assault Awareness* brochure provided to them and continuously through posters displayed throughout the facility. Residents are made aware that they can inform a staff member immediately, contact the Facility Director, the Assistant Facility Director-Operations/PREA Compliance Manager, put their allegation in writing to the PREA Coordinator, tell a family member or friend on the outside, or by calling the RAINN National Hotline Network toll-free at 1-800-656-4673, the Houston Police Department Sexual Assault Information Line at 713-308-1400, the TDCJ PREA Ombudsman's Office by calling the TDCJ-Agency Toll Free Number at 1-800-535-0283, or the TDCJ Contract Monitor at 713-675-1547. Calling these numbers allows the resident to remain anonymous upon request. Residents can also file a grievance and policy 0805-1 outlines the grievance procedure.

Staff must take all allegations of sexual abuse and harassment seriously whether they be made verbally, in writing, anonymously and from third parties and are required to document all reports.

Staff have access to private reporting by calling the Employee Hotline at 866-568-5425 or the Corporate PREA Coordinator at 561-999-5827. Information for resident and staff reporting can be found on the GEO website (http://www.geogroup.com/reporting_sexual_abuse_prea).

Standard §115.252 exhaustion of administrative remedies
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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)

In review of GEO policy 5.1.2-A, pages 17 & 18, section K-2, there is a procedure in place for residents to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances as outlined in facility policy 0805-1 pages 4, 5 & 8. Instructions on how to file grievances are provided on page 7 of the *PREA Resident Education Manual*.

There is no time limit when a resident can submit a grievance regarding sexual abuse. Residents have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint. If a third party files a grievance on a resident's behalf, the alleged victim must agree to have the grievance filed on his/her behalf. Emergency grievances may be filed if a resident feels he/she is at substantial risk of imminent sexual abuse. A final

decision will be issued on the merits or portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. A resident can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the resident filed the grievance in bad faith.

The Assistant Facility Director-Operations/PREA Compliance Manager receives all copies of grievances relating to sexual abuse or sexual harassment for monitoring purposes. In the past 12 months, there have been no PREA-related grievances received.

Standard §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)

GEO policy 5.1.2-A, page 23, section N-8 and facility policy 0803-1, page 11, section J-2,4 & 6, outlines the agency's policy on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents are given mailing addresses and telephone numbers to the RAINN National Hotline Network (1-800-656-4673). This information is provided to residents in the *PREA Education Manual for Residents* and on posters posted throughout the facility. Residents are informed of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. When residents call the RAINN National Hotline Network, those calls are routed to the Houston Area Women's Center. When the SANE is contacted, the SANE will contact the Houston Area Women's Center requesting a victim advocate meet the resident at the Harris County Health System-Ben Taub Hospital. A *Victim Advocate Referral* form is presented to victim residents and if they do not wish to have victim advocacy services, they have a right to refuse these services.

The facility has made multiple attempts to enter into an MOU with the Montrose Counseling Center to provide outside confidential support services. These efforts have not been successful, but the facility continues to pursue these agreements. Currently, residents in need for victim advocacy services will be referred to the Harris County Health System – Ben Taub Hospital and to the Montrose Counseling Center, both who provide these services to residents of the local area including residents of the Southeast Texas Transitional Center.

Residents interviewed were aware of the outside confidential support services available to them and how to access them.

Standard §115.254 Third party reporting
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency has a method to receive third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. Information on third-party reporting is made available on facility posters and on the GEO website at http://www.geogroup.com/reporting_sexual_abuse_prea. Third-party reports can be made in person, in writing, anonymously or by contacting the agency's PREA Coordinator. Residents interviewed were aware of this method of reporting. During the past 12 months, there have been no reports of sexual abuse or sexual harassment made to the facility by a third party.

Standard §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)

The agency/facility policy on staff reporting duties can be found pages 18 & 19, section 4 of GEO policy 5.1.2-A. Staff must take all allegations of sexual abuse and sexual harassment seriously. All staff are required to report immediately to the Assistant Facility Director-Programs/PREA Compliance Manager any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against residents or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are reported to supervisors. The supervisor receiving the report immediately notifies the Facility Director. For an allegation of sexual abuse, the Facility Director will make notification within two hours to the TDCJ-OIG, TDCJ Emergency Action Center (TDCJ-EAC) and to the TDCJ Contract Monitor, along with the PREA Coordinator, the Director, Fidelity & Assurance and the Senior Area Manager, Texas. If the allegation involves staff, notification is made to GEO OPR.

GEO policy pages 13 & 14, section G-2 outlines the responsibilities of reporting of volunteers and page 14, H-2 the responsibilities of contractors to report. The facility does not utilize the services of contractors. Interviews with staff revealed that they are very knowledgeable of their responsibilities to report incidents of sexual abuse or sexual harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary.

The Southeast Texas Transitional Center houses adult male residents only, all of whom according to their classified level of care, are not considered to be vulnerable adults under the State Vulnerable Persons Statute.

Standard §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)

When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it take immediate action to protect the resident. GEO policy 5.1.2-A, page 19, section L-1 and facility policy 0803-1, page 7, section O, outline the agency's procedures related to the agency's efforts to protect residents at risk of sexual abuse or sexual harassment. In interview with the Facility Director and the Assistant Facility Director-Programs/PREA Compliance Manager and review of documentation provided, there were no times during the past 12 months that it was necessary for the agency to take immediate action in regards to a resident being in substantial risk of sexual abuse. Staff interviewed were aware of their responsibilities if they felt a resident was at risk for sexual abuse.

Standard §115.263 Reporting to other confinement facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 22, section 5 and facility policy 0803-1, page 10, section H were used to verify compliance to this standard. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director shall notify the head of the facility where the sexual abuse was alleged to have occurred and document the that notification was provided. This notification is to occur as soon as possible, no later than 72 hours of receiving the allegation and should include all actions taken regarding the incident. Copies of this documentation will be forwarded to the PREA Coordinator.

If a report is received from another facility regarding alleged sexual abuse occurring at the Southeast Texas Transitional Center, the allegation will be reported and investigated according to PREA standards.

In interview with the Facility Director, In the past 12 months, there have been no reports of allegations of sexual abuse received from other facilities that were alleged to have occurred at the Southeast Texas Transitional Center and no reports by residents were received of sexual abuse that occurred while confined at other facilities

Standard §115.264 Staff first responder duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, pages 19-22, section L-2 and facility policy 0803-1, page 7, section E-1, outlines the procedure for first responders to allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member. Per policy, upon learning of an allegation of sexual abuse, the first security staff member to respond to the report is to separate the alleged victim and abuser, immediately notify the on-duty or on-call supervisor, preserve and

protect any crime scene, not let the alleged victim or abuser take any actions that could destroy physical evidence and not reveal any information related to the incident to anyone other than staff involved with investigating the alleged incident. If the first responder is not a security staff member, the responder is to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff.

Random interviews with security and non-security staff revealed that they knew the policy and practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported that they knew that the alleged victim and abuser must be separated and knew how to preserve the crime scene and the physical evidence.

Standard §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)

GEO policy 5.1.2-A, pages 5 & 6, section III-A-4 and review of the Southeast Texas Transitional Center's *PREA Coordinated Response Plan* were used to verify that there is a plan in place to coordinate actions to be taken in response to an incident of sexual abuse. The plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A *PREA After-Action Checklist for Incidents of Sexual Abuse and Harassment* is completed to ensure that all steps of the plan and proper notifications are made. This checklist is filed with the completed investigative packet. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse.

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

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

GEO policy 5.1.2-E, page 4, section III-A-2 was used to verify compliance to this standard. In all cases where the alleged abuser is an employee, contractor or a volunteer, there will be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. In all cases the abuser would be subject to disciplinary sanctions for violating GEO policies on sexual abuse and sexual harassment.

The Southeast Transitional Center does not have a collective bargaining unit. GEO would not enter into any collective bargaining agreement at any of its facilities that would limit the facility's ability to remove an alleged sexual abuser from contact with residents pending the outcome of an investigation.

Standard §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)

GEO has as policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff as outlined in policy 5.1.1-A, page 24, section 2 and in facility policy 0803-1, pages 11 & 12, section J. The agency has multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place.

The Facility Director and the Assistant Facility Director-Programs/PREA Compliance Manager are responsible for weekly monitoring for retaliation for at least 90 days and longer if there is a continuing need. Monitoring is documented on the *Protection from Retaliation Log*. Completed logs are filed in the corresponding investigative file.

In the past 12 months, there were three residents who were monitored for retaliation with no incidents of retaliation reported. When interviewed, the Facility Director and the Assistant Facility Director-Operations/PREA Compliance Manager knew their responsibilities for monitoring for retaliation per policy and requirements of the standard.

Standard §115.271 Criminal and administrative agency investigation

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)

An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the Beaumont Transitional Treatment Center, including third party and anonymous reports. The agency's policy on administrative and criminal investigations is outlined in GEO policy 5.1.2-E, pages 4-6, section III-B. The supervisor receiving the report immediately notifies the Facility Director. For an allegation of sexual abuse, the Facility Director will make notification within two hours to the TDCJ-OIG, TDCJ Emergency Action Center (TDCJ-EAC) and to the TDCJ Contract Monitor, along with the PREA Coordinator, the Director, Fidelity & Assurance and the Senior Area Manager, Texas. If the allegation involves staff, notification is made to GEO OPR.

Five trained facility investigators are responsible for administrative investigations. The administrative investigation will include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation shall be documented in a written report and include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.

When the quality of evidence appears to support criminal prosecution, the allegation is referred to the Houston Police Department who conducts investigations and prosecution if warranted pursuant to the requirements of this standard. A *Serious Incident Report* is completed for all allegations of sexual abuse. All allegations are tracked on the *Monthly PREA Incident Tracking Log*. Misconduct by employees is addressed in TDCJ PD-29, *Sexual Misconduct with Offenders* and misconduct by contractors is addressed in Modification M-027, page 14 & 15, section c.3.2, B-3 & 4.

The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence.

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. A resident who alleges sexual abuse is not required to submit to a polygraph examination. GEO retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years.

There were no substantiated allegations of conduct that appeared to be criminal that were referred for prosecution in this audit time frame. When interviewed, the trained facility investigators knew their responsibilities in the conduct of administrative investigations and referral for criminal investigations.

Standard §115.272 Evidentiary standard for administrative investigation
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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)

Based on GEO policy 5.1.2-E, page 6, section B-2-d and facility policy 0803-1, page 12, section K-5, the agency/facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the facility investigators were asked what standard of evidence was used in determining if an allegation is substantiated, they confirmed the agency's policy.

Standard §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)

GEO policy 5.1.2-E, pages 10 & 11, section III-K and facility policy 0803-1, pages 12 & 13, section L were used to verify compliance to this standard. The policies indicate that following an investigation of sexual abuse of a resident, the resident shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The Facility Director or the Assistant Facility Director are responsible to present to the resident the *Notification of Outcome of Allegation* form which the resident signs. This form is retained in the investigative file of the corresponding PREA incident.

If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the resident. The policy further states that following a resident's allegation that an employee has committed sexual abuse against the resident, the facility is required to inform the resident of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. Following a resident's allegation that he was sexually abused by another resident, the agency shall inform the resident of the outcome of the investigation. The facility's obligation to notify the resident shall terminate if the resident is released from custody.

Based on interview with the Assistant Facility Director-Programs/PREA Compliance Manager and documentation provided, this process is in place. In the past 12 months, there were no residents notified of the outcome of an investigation because the resident victims were released prior to the investigative findings on three cases that were closed and three cases remain open pending the outcome of the investigations.

Standard §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)

Employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy GEO policy 5.1.2-E, page 11, section L and facility policy 0803-1, page 14, section O-1. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations, shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal. In the *GEO Employee Handbook*, given to all staff, pages 16 & 17 explain the zero-tolerance policy for employees and the sanctions that would be imposed for violating this policy.

In the past 12 months, there were no disciplinary sanctions imposed on staff. There were two PREA allegations involving staff. One was ruled to be unsubstantiated and one is pending the outcome of the investigation.

Standard §115.277 Corrective action for contractors and volunteers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on review of GEO policy 5.1.2-E, page 12, section 3, any volunteer or contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies and licensing boards, unless the activity was clearly not criminal. In the case of any other violation of GEO's sexual abuse or sexual harassment policy by a contractor or volunteer, the facility will notify TDCJ who will take remedial measures and shall consider whether to prohibit further contact with residents at the Southeast Texas Transitional Center. The facility does not utilize the services of contractors and has one volunteer. In the past 12 months, there were no violations of GEO's sexual abuse or sexual harassment policy by this volunteer.

Standard §115.278 Disciplinary sanctions for residents

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

According to facility policy 0803-1, page 14 & 15, section O-2, Houston District Parole Office is the supervising authority over all residents of the Southeast Texas Transitional Center. If a resident is found guilty of engaging in sexual abuse involving another resident, it will be reported to the appropriate Houston District Parole Supervisor who will determine whether to subject the offender to formal disciplinary sanctions. Residents are made aware of prohibited acts and the sanctions that will be imposed in the *Resident Handbook* on page 15, 16 and 17.

Based on GEO policy 5.1.2-A, page 12, section 2, the disciplinary process may consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The parole division will determine if the offender will be required to participate in counseling or other interventions designed to address the reasons or motivations for the abuse. Disciplining an offender for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact. The agency prohibits all sexual activity between residents. Facilities may not deem that sexual activity between residents is sexual abuse unless it is determined that the activity was coerced.

If the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivation for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

In the past 12 months, there was one allegation of resident-on-resident sexual abuse that was determined to be unsubstantiated and there are two allegations of resident-on-resident sexual abuse that are pending the outcome of the investigation.

Standard §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)

Victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services as stated in GEO policy 5.1.2-A, page 23, section M-1 and facility policy 0803-1, page 11, section J-1, 2 & 6. Medical services, including SANE exams, are provided by referral to the Harris County Health System – Ben Taub Hospital and mental health services provided by referral to the Harris County Health System – Ben Taub Hospital.

Resident victims are offered information about access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services are provided without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

In the past 12 months, there have been no sexual abuse cases requiring emergency medical or mental health services.

Standard §115.283 ongoing medical and mental health care for sexual abuse victims
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility will offer ongoing medical and mental health care to all the residents of the Southeast Texas Transitional Center who have been victimized by sexual abuse. According to GEO policy 5.1.2-A, pages 23 & 24, section M-1 and facility policy 0803-1, page 11, section J-1, 2 & 6, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release consistent with the community level of care. Victims will be offered tests for sexually transmitted infections. All services will be provided without financial cost to the resident and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Referrals are made to the Harris County Health System – Ben Taub Hospital or to the Lyndon B. Johnson Hospital for ongoing medical services.

The facility attempts to conduct a mental health evaluation of all known abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate. Mental health services are provided by referral to the Harris County Health System – Ben Taub Hospital or to the Montrose Counseling Center.

In the past 12 months, there were no residents who required ongoing medical or mental health treatment due to being victimized by sexual abuse.

Standard §115.286 Sexual abuse incident reviews
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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)

According to GEO policy 5.1.2-A, page 25, section 3 and facility policy 0803-1, pages 13 & 14, section M, the facility is required to conduct a sexual abuse incident review within 30 days of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated.

The incident review team consists of the Facility Director, the Assistant Facility Director-Programs/PREA Compliance Manager and the Assistant Facility Director-Operations/Security. The team meets with the PREA Coordinator in attendance via telephone or in person. The team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area may have contributed to the abuse, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate.

Incident reviews are documented on a *PREA After Action Review Report* and forwarded to the PREA Coordinator no later than 10 working days after the review. The facility will implement the recommendations for improvement, or document its reasons for not doing so. The Assistant Facility Director-Operations/PREA Compliance Manager maintains copies of all completed *PREA After Action Review Reports* and a copy will be retained in the corresponding investigative file.

In the past 12 months, there were three sexual abuse incident reviews conducted. When interviewed, the members of the incident review team knew their responsibilities as they relate to the review of sexual abuse incidents.

Standard §115.287 Data collection
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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)

Information on data collection is found on page 25, section N-1 of GEO policy 5.1.2-A. GEO collects uniform data for every allegation of sexual abuse at all facilities under their control. The data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS).

The Facility Assistant Director-Programs/PREA Compliance Manager will ensure that the data is compiled and forwards the information to the PREA Coordinator on a monthly basis on the *Monthly PREA Incident Tracking Log*. At least annually, the PREA Coordinator aggregates this data. Upon request, or no later than June 30th, the agency provides aggregated data information for the previous calendar year to DOJ.

Element (e) of this standard is not applicable to this facility. The agency does not contract for the confinement of its residents.

Standard §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)

Based on GEO policy 5.1.2-A, page 25 & 26, section N-2, and on interview with the Assistant Facility Director-Programs/PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator prepares an annual report that provides the problem areas and corrective actions for each facility and as the agency as a whole. The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. The most recent report was completed in May 2015.

The PREA Coordinator forwards the annual report to the Vice President of Operations for signature and approval. The report is then made public on the GEO website (www.geogroup.com). Before making aggregated sexual abuse data public, all personal identifiers are redacted.

Standard §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)

According to GEO policy 5.1.2-A, page 26, section N-3, the agency ensures that the data collected is securely retained for at least 10 years or longer if required by state statute. GEO makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at www.geogroup.com. Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

AUDITOR CERTIFICATION:

I certify that:

The contents of this report are accurate to the best of my knowledge

No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

X I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Barbara Jo Denison

May 9, 2016

Auditor Signature

Date