

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: June 26, 2017

Auditor Information			
Auditor name: Barbara Jo Denison			
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Telephone number: 956-566-2578			
Date of facility visit: May 31 – June 2, 2017			
Facility Information			
Facility name: Central Texas Detention Facility			
Facility physical address: 218 South Laredo St., San Antonio, TX 78207			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: Click here to enter text.			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Randy Tate, Assistant Director of Operations/Interim/ Warden			
Number of staff assigned to the facility in the last 12 months: 329			
Designed facility capacity: 684			
Current population of facility: 483			
Facility security levels/inmate custody levels: Minimum - Medium - Maximum			
Age range of the population: 19-69			
Name of PREA Compliance Manager: Rose Sanchez		Title: Executive Assistant, Compliance	
Email address: rosanchez@geogroup.com		Telephone number: 219-227-5600, ext. 104	
Agency Information			
Name of agency: The GEO Group Inc.			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: One Park Place, Suite 700, 621 Northwest 53 rd Street, Boca Raton, Florida 33487			
Mailing address: <i>(if different from above)</i> N/A			
Telephone number: 561-999-5827			
Agency Chief Executive Officer			
Name: George Zoley		Title: Chairman of the Board, CEO and Founder	
Email address: gzoley@geogroup.com		Telephone number: 561-893-0101	
Agency-Wide PREA Coordinator			
Name: Phebia L. Moreland		Title: Director, Contract Compliance, PREA	
Email address: pmoreland@geogroup.com		Telephone number: 561-999-5827	

AUDIT FINDINGS

NARRATIVE

The PREA on-site audit of the Central Texas Detention Facility was conducted on May 31 – June 2, 2017, by this Department of Justice Certified PREA Auditor, Barbara Jo Denison. Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards. For each standard, interviews, observations, and review of documentation provided verified that practices are consistent with agency and facility policies and practices. Questions during this review period were answered by Rose Sanchez, Executive Assistant Compliance who is designated as the facility's PREA Compliance Manager.

On the first day of the audit, an entrance meeting was held with the following people in attendance: Randy Tate, Regional Assistant Director of Operations/Interim Warden, Samuel Seale, Assistant Warden of Operations, Kaysee Maltbie, Interim Major, Rose Sanchez, Executive Assistant Compliance/PREA Compliance Manager, Rose Gonzalez, HSA and Rob Walling, Manager, Contract Compliance PREA. Following the meeting Randy Tate, Regional Assistant Director of Operations/Interim Warden, Samuel Seale, Assistant Warden of Operations, Kaysee Maltbie, Captain/Interim Major, Rose Sanchez, Executive Assistant Compliance/PREA Compliance Manager and Rob Walling, Manager, Contract Compliance PREA accompanied me on a tour of the facility. All areas of the facility accessible to detainees were toured. During the tour, the location of cameras and mirrors, the physical layout of the facility including shower/toilet areas, adequacy of staff supervision and placement of PREA information was observed. PREA information in both English and Spanish are available in all housing units and in various locations throughout the facility. During the tour, 14 detainees and 9 staff were informally interviewed and questioned about their knowledge of PREA.

The telephone reporting numbers were called on a detainee pay phone. Detainees can call the Department of Homeland Security's Office of Inspector General (OIG) by speed dialing *755. Calls to this number are not recorded or monitored. Allegations of sexual abuse or sexual harassment are referred to OIG's criminal investigators. Detainees are provided with an internal reporting number by dialing 911# to report PREA allegations. Calls to that number are received on the Assistant Warden of Security and the Gang Intelligence Officer's phones. The PREA Compliance Manager and the Acting Major receive a GTL notice on their phones, but are not able to listen to the calls.

The Rape Crisis Center is accessed by dialing *744. The automated information provided on the phone said that the call was monitored and recorded. The person answering the phone said that the calls were not recorded or monitored on their end. It was recommended that the facility's GTL representative check that line. After checking the line, he found that the number was not set up to be confidential and made a change to that number.

During the tour, there were two areas in the facility where blind spots were noted. One blind spot was in the kitchen behind the dishwasher. It was recommended that a mirror be installed on the wall to the right of the dishwasher to provide a visual of that area. The other blind spot was in the laundry behind the washers. A recommendation was to put a domed mirror on the wall close to the first washer. On the second day of the audit, both mirrors were installed and when those areas were revisited showed that the

installation of the mirrors captured these areas.

The Central Texas Detention Facility is attempting to enter into a Mutual Assistance Agreement with the Bexar County Sheriff's Office to conduct criminal investigations of allegations of sexual abuse. Prior to the on-site visit, the PREA Coordinator of the Bexar County Sheriff's Office was contacted to discuss the process of referrals of allegations of sexual abuse. The PREA Coordinator explained that the facility would contact the Criminal Investigation Division of the Sheriff's Department. An investigator would be assigned to the case and would go to the facility. If the sexual abuse was alleged to have occurred within 96 hours, the victim would be transported to the Methodist Specialty & Transplant Hospital for a forensic exam. If the investigation reveals that a prosecutable crime was committed, all evidence would be turned over to the District Attorney's office.

The facility entered into a Memorandum of Understanding (MOU) with the Methodist Specialty & Transplant Hospital, Forensic Nursing Service, effective 3/13/17 to provide SANE exams to detainee victims of sexual abuse. Prior to the on-site visit, the SANE Program Coordinator was contacted to confirm and review the MOU. When the hospital is notified by the facility that a detainee victim of sexual abuse will be arriving at the hospital, the Rape Crisis Center of San Antonio is contacted by the Forensic Nurse Examiner to provide a victim advocate to be present during the forensic exam. In conjunction with the SANE exam, a full physical exam and a detailed genital exam are performed to assess the victim for trauma. Recommendations are made to the facility medical clinic for the victim to receive sexually transmitted infections prophylaxis and emergency contraception medication. Evidence collected is turned over to the responsible law enforcement agency.

The facility has an MOU with the Rape Crisis Center of San Antonio. Contact was made with the Deputy Director of Programs, who is currently the Interim Director of the agency, to confirm and review the MOU which became effective 1/1/17. The Rape Crisis Center provides a reporting hot line, victim advocacy services and information and referrals upon a victim's release from custody. Calls to the hot line number are not recorded or monitored. The only time the Rape Crisis Center would give any information to the facility would be if a victim reported that he wanted to hurt himself or someone else.

Victim advocacy services are provided during forensic exams at the Methodist Specialty and Transplant Hospital. The hospital would contact the Rape Crisis Center and a victim advocate would meet the detainee victim at the hospital. The victim would be made aware that upon request of the victim, an advocate will come to the facility to be present during investigative questioning. Victims are also informed that they can call the Rape Crisis Center at any time if they need to talk to someone and upon the victim's release from custody, they can come to the Rape Crisis Center to receive support services.

The population on the first day of the audit totaled 483 (19 females and 464 males). A random selection of 37 detainees, one from every housing unit, were formally interviewed. This number included six detainees identified from initial screening to be at risk for victimization, three detainees identified from initial screening at risk for victimization and abusiveness and one screened to be at risk for abusiveness. One detainee self-disclosed at initial screening of being lesbian and self-disclosed being gay. At the time of the audit visit, there were no detainees who were blind, had low vision, deaf, hard of hearing or with cognitive deficits. One detainee was identified with low reading skills. There were no detainees who self-disclosed being bi-sexual, transgender or intersex housed at the facility at the time of the audit

visit. Seven detainees interviewed were limited English proficient and spoke Spanish. The PREA Compliance Manager provided translation during interviews for Spanish-speaking detainees.

There were 40 staff members formally interviewed that included 17 specialized staff and 23 security staff. The number of specialized staff included two contractors, one volunteer and the USMS Acting Supervising Deputy. Security staff included two supervisors and line staff from each of the three security shifts. All interviewed were knowledgeable of their responsibilities of detecting, preventing, responding and reporting allegations of sexual abuse and sexual harassment. They confirmed receiving PREA refresher training annually and shared that PREA is discussed during shift briefings and staff meetings.

The personnel files of 17 employees, 4 volunteers and 4 contractors were reviewed to determine compliance with required background checks. Documentation was found to be complete with background checks performed prior to employment as well as annually. The same files were reviewed to determine compliance to training mandates. Records reviewed showed annual PREA training completed and documentation of this training is being maintained by the facility.

In the 12 months preceding the audit, the facility received 12 PREA allegations, which were investigated, in addition to four allegations reported in 2015 that were investigated and closed in this 12-month period. The following is a breakdown of all allegations:

NUMBER RECEIVED	DESCRIPTION OF COMPLAINT	INVESTIGATIVE RESULTS
2	Staff-on-Inmate Sexual Abuse	2 – Unsubstantiated
4	Inmate-on-Inmate Sexual Abuse	3 – Unsubstantiated 1 – Ongoing - (Bexar County)
1	Inmate-on-Inmate Sexual Harassment	1 - Unsubstantiated
5	Staff-on-Inmate Sexual Harassment	2 – Unsubstantiated 2 – Unfounded 1 - Ongoing
3	Staff Voyeurism	2 – Unfounded 1 - Ongoing
1	Willing Sexual Activity	1 - Unfounded

Investigative files were reviewed with the PREA Compliance Manager, with Rob Walling, Senior Manager, Contract Compliance PREA present. Six of the investigations were open at the time of the review. Three were near completion and since the review, have been closed. One allegation of inmate-on-inmate sexual abuse is under investigation by the Bexar County Sheriff’s Office.

At the conclusion of the on-site audit, an exit meeting was held to discuss the audit findings with the

following people in attendance: Randy Tate, Regional Assistant Director of Operations/Interim Warden; Samuel Seale, Deputy Warden; Rose Sanchez, PREA Compliance Manager; Tammy Soto, Assistant Warden of Finance & Administration; Kaysee Maltbie, Interim Major; Rose Gonzalez, Health Services Administrator; Vanessa Simmons, Training Administrator, Audrey Winkler, Senior Case Manager; Leticia Medina, Case Manager; Raquel Gamez, Executive Secretary; John Gallegos, Transport Lieutenant; Diana Rivera, Law Library; Tamikha Beal, Intelligence Officer; and, Rob Walling, Senior Manager, Contract Compliance PREA.

During the exit meeting, the facility was informed of the process that would follow the on-site visit. The team was thanked for their cooperation prior to the audit and during the on-site visit and informed of GEO's obligation to post the final report on its website. They were complimented on the PREA program they have developed and on their willingness to achieve PREA compliance as a team. It was evident that all staff take the PREA program very seriously and understand the importance of the program for the safety of the detainees and for themselves.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Central Texas Detention Facility (CTDF) is an eight-story concrete and steel building constructed in downtown San Antonio, Texas in early 1962 and served as the Bexar County Jail until it was vacated in early 1987. In January 1989, the GEO Group, Inc. and Bexar County together renovated the 28-year old building. GEO began operations of Central Texas Detention Facility in January 1989 and to this day is responsible for providing secure care, custody, control and transportation to United States Marshal Service (USMS) male and female detainees.

Central Texas Detention Facility is a 155,809 square foot building with no perimeter fence. A secure sally port is open to pedestrian traffic and secured immediately prior to detainee transfers. Entry to the facility is through the sally port area and a secure elevator.

Central Texas Detention Facility has 39 housing units. The first floor of the building houses intake, classification and the medical department. The intake area has a secure sally port and three holding cells. The *PREA: What You Need to Know* video plays continuously in each of these holding cells. The medical department has three male and six female medical housing cells. The second floor has the capacity to house 62 general population females and 11 single restricted housing cells for males. Also on the second floor is administration, food service, laundry, and attorney visit area.

The third floor has 136-bed general population housing, 11 single restricted housing cells and non-contact visitation. The training department, chapel, law library, supply and a 124-bed general population-housing unit are on the fourth floor of the building. The fifth floor houses 54 general population detainees and 33 single restricted housing cells. The commissary is on the fifth floor. The sixth floor has the capacity to house 147 general population detainees and the seventh floor houses 64 general population detainees and has 33 single restricted housing cells. Each of the general population units has a dayroom. The eighth floor has an outdoor and indoor recreation area and the maintenance department is located on this floor. Since the last audit, individual cages were installed for RHU recreation.

The Central Texas Detention Facility has five elevators. Two of the elevators are used for detainee transports and contain a secure cage and a camera in each. One elevator can hold six general population or two RHU detainees. The other elevator has a single cage for individual transports.

Notices on the doors of the housing units remind staff to make the opposite gender announcements. Opposite gender announcements are documented on the *Housing Post Orders*. All housing units have two pay phones with PREA information available by the telephones and painted on the wall opposite of the housing area. Day rooms are located within the housing areas where there is a television, tables and a microwave oven.

Restrooms in the general population dorms have partitions in front of the toilet area and shower curtains for privacy while showering. The RHU housing areas have common showers with shower curtains. Toilets and washbasins are within the cells. Due to the age and design of the building, the open toilet does not afford detainees housed in RHU privacy while toileting. It was recommended that female corrections officers not be posted in RHU or perform counts in RHU

if it can be avoided. When upper management, security supervisors or non-security staff must visit these areas, all steps be taken to make detainees aware of their presence and allow detainees privacy while toileting.

The facility conducts seven counts in a 24-hour period. Security staff make rounds at a minimum of once per hour in general population housing and not to exceed 30 minutes in the Restricted Housing Units. PREA unannounced rounds are conducted by upper-level management staff and shift supervisors at a minimum of once per shift weekly and documented on the *PREA Unannounced Rounds Questionnaire* and in the housing Log Books. The facility has 83 cameras to enhance staff supervision.

The facility has 176.30 allocated staff, with a current vacancy of 16.30 positions. Six contractors provide contracted services to the Central Texas Detention Facility. Sixteen volunteers provide religious services to detainees.

Central Texas Detention Facility's Mission Statement:

“Our mission at the CTDF is to provide the very best leadership in the delivery of cost-effective privatized detention/correctional facility, as well as to deliver innovative services and programs that offer exceptional value to our government clients and employees.”

GEO's Mission Statement:

“GEO's mission is to develop innovative public-private partnerships with government agencies around the globe that deliver 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

The following is a summary of the audit findings:

Number of standards exceeded: 7

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A is a written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency’s approach to preventing, detecting and responding to such conduct. The policy includes definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors (pages 3-5, section II-B). Central Texas Detention Facility’s policy 1400.04 is the facility policy that outlines the facility’s approach to the prevention of sexual abuse of detainees. The policy also includes definitions of prohibited behaviors on pages 3-5, section II-B. GEO’s policy 5.1.2-A and the Central Texas Detention Facility’s policy 1400.04 both are comprehensive and provide a thorough description of the agency’s approach to reduce and prevent sexual abuse and sexual harassment of detainees, exceeding in the requirement of this standard.

GEO policy 5.1.2-A, pages 6 & 7, section III-B, 1-3, and facility policy 1400.04, pages 6 & 7, section IV-B outline the responsibilities of the PREA Coordinator and the PREA Compliance Manager. The agency employs an upper-level agency-wide PREA Coordinator and a facility PREA Compliance Manager as required by this standard. In interview with the PREA Coordinator and the PREA Compliance Manager, they both stated they have sufficient time and authority to manage their PREA-related responsibilities.

Standard 115.12 Contracting with other entities for the confinement of inmates

- 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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO is a private provider and does not contract with other agencies for the confinement of detainees; therefore, this standard is not applicable.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on GEO policy 5.1.2-A, page 7, section C-1, the agency has developed, documented and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect detainees 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 ensure adequate staffing levels in the development of the facility’s staffing plan. To ensure adequate supervisory staffing, there is a Captain and two Lieutenants assigned on each shift.

A *PREA Annual Facility Assessment* is completed by the PREA Compliance Manager, along with other administrative team members, and forwarded to the PREA Coordinator and the Corporate Divisional Vice President for review and signature. The *PREA Annual Facility Assessments* since the initial PREA audit (2014) were provided for review. Each assessment noted that the only time the staffing plan is deviated from is when the facility population levels determine a reduction in posts due to housing wings being closed. Staff vacancies are filled with the use of overtime. The staffing plan including any deviations from that plan and the *PREA Annual Facility Assessments* are to be completed and submitted to the PREA Compliance Manager and the PREA Coordinator no later than January 31 each year. In interview with the Regional Assistant Director of Operations/Interim Warden, he stated that in the past 12 months, there have been no deviations to the staffing plan. He checks for compliance with the staffing plan by reviewing daily shift reports. During inspections by USMS, shift rosters are reviewed.

GEO policy 5.1.2-A, page 7, section C-1-f & g, and facility policy 1400.04, page 7, section C-1-e & f, state that facility management staff and shift supervisors will conduct and document unannounced rounds to deter employee sexual abuse and sexual harassment. These rounds are to be completed at a minimum of once per shift weekly and documented on the *PREA Unannounced Rounds Questionnaire* and noted in the housing Log Books. While making rounds, they are required to observe for cross-gender viewing, gender announcements, staff-detainee communication and ensuring that PREA signs are posted in housing areas and holding rooms. The facility prohibits staff from alerting other staff of the conduct of such rounds.

Documentation provided for review prior to the on-site audit and during the facility tour and in interview with staff and detainees, the practice of rounds by facility management staff and Shift Supervisors confirmed numerous rounds being conducted on all three shifts.

Standard 115.14 Youthful inmates

- 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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

The Central Texas Detention Facility does not house youthful detainees; therefore, this standard is not applicable.

Standard 115.15 Limits to cross-gender viewing and searches

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on review of GEO policy 5.1.2-A, pages 16 & 17, section I and facility policy 1400.04, pages 14 & 15, section H, cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances. Facility policy prohibits cross-gender pat-down searches of female detainees, except in exigent circumstances.

The facility does not restrict female detainees access to regularly available programming or other outside opportunities in order to comply with this provision. The facility will document and justify all cross-gender strip searches and cross-gender visual body cavity searches of detainees. All searches are documented on a *Strip Search Log*.

Staff is not allowed to physically examine a transgender or intersex detainee solely to determine their genital status. These searches are to be performed by a medical practitioner. In the past 12 months, there were no exigent circumstances requiring cross-gender strip searches or cross-gender visual body cavity searches be performed. In addition to general training provided to all employees, security staff receives training on how to conduct cross-gender pat-down searches and searches of transgender and intersex detainees. GEO's training curriculum, *Guidance in Cross-Gender and Transgender Pat Searches* was provided for review. Staff sign an acknowledgement form upon completion of this training and training is recorded electronically on the individual's training record. Receipt of this training was verified through review of staff training records and confirmed by staff interviews of security staff who verified receiving this training.

The agency has policies and procedures in place that enable detainees to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breast, buttocks or genitalia. Staff of the opposite gender announces their presence when reporting to duty or when entering a housing unit or any areas where detainees are likely to be showering, performing bodily functions or changing clothes. Opposite gender announcements are made when opposite gender staff enter housing units or any areas where detainees are likely to be showering, performing bodily functions or changing clothes. These announcements are documented on the *Housing Post Orders*. Staff is reminded to make opposite gender announcements by signs on the entry of housing areas.

The practice of opposite gender staff announcing their presence when they entered the housing units was observed while touring the facility and detainees interviewed confirmed this practice. Detainees shared that they feel they have privacy when they shower, toilet and change clothing when staff of the opposite gender are in their housing unit.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency takes appropriate steps to ensure that detainees with disabilities and detainees that are limited English proficient, as well as those who are deaf, hard of hearing, blind, have low vision, limited reading skills or cognitive disabilities, 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's policy 5.1.2-A, pages 11 & 12, section E and facility policy 1400.04 page 10, section D-1 address the agency/facility responsibilities to provide PREA education to detainees ensuring their understanding of the education they receive.

Detainees receive a *Detainee Handbook* and a *Sexual Assault Awareness Program* pamphlet available in both English and Spanish. All PREA posters are displayed in both languages. Staff members who are proficient in both the English and Spanish language are available to provide translation for Spanish-speaking detainees. A contract with Language Line Solutions provides translation of any other languages. The *PREA: What You Need to Know* video is shown in both English and Spanish. The facility has a TTY available for deaf detainees. Pay telephones have a volume control button for detainees that hard of hearing.

The agency prohibits the use of detainee interpreters, detainee readers, or other types of detainee assistants except in limited circumstances. According to documentation provided and interviews with security staff, in the past 12 months, there have been no instances where detainees were used for this purpose.

Standard 115.17 Hiring and promotion decisions

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A, pages 7 & 8, section C-2, facility policy 1400.04, pages 7 & 8, section 2, interview with the Human Resources Generalist and random review of employee files were used to verify compliance to this standard.

GEO and the Central Texas Detention Facility do not hire or promote anyone who may have contact with detainees and does not enlist the services of any contractor or volunteer who may have contact with detainees who has

engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility or other institution who has been convicted of engaging or attempting to engage in sexual activity in confinement settings or in the community. GEO also considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with detainees. All applicants receive a background check by Aurico and an NCIC/TCIC background check processed through the Val Verde Correctional Facility. Criminal background checks are performed by Aurico effective 1/30/17. Prior to that date, a contract with Accurate Background, Inc. performed criminal background checks.

The agency requires that all applicants and employees who may have contact with detainees have a criminal background check and every five years thereafter. Staff of the Central Texas Detention Facility have annual background checks by Aurico and NCIC/TCIC background checks, which includes motor vehicle checks. Volunteers and contractors annually have NCIC/TCIC background checks only. In 2016, background checks were not completed. All background checks were brought up to date in 2017.

If an applicant answers on their application that they have previously worked at a confinement facility, a Custom Employment Report is ordered from Aurico for PREA verification. A mock audit in April of this year revealed that some applicants answered PREA related questions on their applications with an “N/A” response instead of “No”. The facility created a *Supplemental Human Resources PREA Questionnaire*, which asked the same questions that were on the application to rectify this problem.

For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions-PREA Related Positions* and a criminal background check by Aurico and NCIC/TCIC is completed as well as the processing with corporate of a *PREA Internal Questionnaire Internal Promotion/Transfers (HR104)*. At the time of annual evaluations, employees complete a *PREA Disclosure and Authorization Form-Annual Performance Evaluation*.

Agency 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.

GEO 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 such employee has applied for work.

Employee, volunteer and contractor personnel files were randomly reviewed and found to be well organized and complete with background checks completed on all new employees and those considered for promotions and annually. The facility does not only perform criminal background checks every five years, but annually exceeding in the requirements of this standard.

Standard 115.18 Upgrades to facilities and technologies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A, page 8, section C-3 and facility policy 1300.05, page 9, section C-3, state that the facility takes into consideration the effect that any new design, acquisition, expansion or modifications of the physical plant or monitoring technology might have on the facility's ability to protect individuals in a GEO facility or program from sexual abuse.

CTDF has not acquired any new facility or had any substantial expansion or modification of the existing facility since the last PREA audit.

When installing or updating video monitoring systems, electronic surveillance systems or other monitoring technology, the agency considers how such technology may enhance the agency's ability to protect inmates from sexual abuse. In 2016 new cameras were added and some existing cameras were replaced.

Standard 115.21 Evidence protocol and forensic medical examinations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to GEO policy 5.1.2-E, pages 6 & 7, section D the facility follows a uniform evidence protocol for the collection and preservation of evidence for administrative and criminal investigations of sexual abuse. Subsection 115.21 (b) is not applicable to this facility as the facility does not house youth.

Forensic exams are not performed at the facility. Through an MOU with the Methodist Specialty and Transplant Hospital, San Antonio, TX , victims of sexual abuse are referred for SANE exams at no cost to the detainee. In the past 12 months, there were two detainees referred for SANE exams following allegations of sexual abuse.

The facility has an MOU with Rape Crisis Center. The terms of the MOU provides detainees with victim advocacy services and emotional support services and the agency will coordinate all other services related to the sexual abuse needed by the detainee victim, at no cost to them. Detainees are informed of the services available to them in the *Detainee Handbook* and on posted information.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-E, page 5, section III, A-2 and facility policy 1400.04, page 5, section IV-A-2, outline the agency's policy and procedure for investigating and documenting incidents of sexual abuse. The Central Texas Detention Facility ensures that all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The corporate investigations policy can be found on the GEO website (<https://www.geogroup.com/PREA>).

In the past 12 months, the facility received and investigated 12 allegations of sexual abuse/sexual harassment and four investigations of allegations received in 2015 that investigations were concluded in this 12-month period. Three allegations of sexual abuse received were referred to the Bexar County Sheriff's Office for criminal investigation. A *Monthly PREA Incident Tracking Log* is used to track allegations received.

The facility has nine trained facility investigators who are responsible for conducting administrative investigations. The Bexar County Sheriff's Office is responsible for criminal investigations of sexual abuse per a Mutual Assistance Agreement. In the past 12 months, three allegations were referred for criminal investigation.

Standard 115.31 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO employees receive training on the agency's zero-tolerance policy for sexual abuse and sexual harassment at pre-service and annually as part of in-service training. GEO policy 5.1.2-A, pages 11 & 12, section E-1 and facility policy 1400.04, pages 11 & 12, section E-1, address the agency's training requirements. All employees, contractors and volunteers receive annual PREA refresher training.

The training curriculum was reviewed and found to contain all of the requirements of 115.31 (a)-1 of this standard. In the past 12 months, 157 employees have received PREA training and since the last PREA audit, 334 employees have received this training. Upon completion of this training, employees sign a *PREA Basic Training Acknowledgement* form and a *Sign In Roster*. Completion of PREA training is maintained electronically. Included in the curriculum is training on cross gender searches and searches of transgender and intersex.

In review of the employee training records, it was confirmed that staff are receiving the mandated training and acknowledging receiving and understanding the training by their signature on the *PREA Basic Training Acknowledgement* form as well as documentation of this training in the employee's electronic training record. Between trainings, the employees are provided with information about current policies regarding sexual abuse and sexual harassment during shift briefings and staff meetings. Twice a month the Training Administrator goes on each floor and questions staff about their PREA knowledge.

All staff interviewed acknowledged receiving PREA training and were knowledgeable of the zero tolerance policy and of their responsibilities related to the prevention, detection, response and reporting of sexual abuse and sexual harassment. They acknowledged receiving training on cross-gender pat searches that included searches of

transgender and intersex detainees and were able to respond appropriately to questions asked of them. The facility is doing an excellent job of training all staff as evident in response to interview questions and in the review of random employee training records. The Training Administrator goes the extra mile by taking time to visit each floor twice a month to ensure there is continuous reminders about PREA information.

Standard 115.32 Volunteer and contractor training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All volunteers and contractors who have contact with detainees are trained and have annual refreshers on their responsibilities regarding sexual abuse/harassment prevention, detection and response as outlined in GEO policy 5.1.2-A, page 14, section G-1 for volunteers and page 15, section H-1 for contractors and in facility policy 1400.04 page 12, section F for volunteers and page 13, section G for contractors.

Central Texas Detention Facility has 14 volunteers and 6 contractors. Volunteers and contractors sign a *PREA Basic Training Acknowledgement* form upon completion of annual PREA training.

In interview with two contractors and one volunteer, they confirmed receiving the training and were knowledgeable of the agency/facility’s zero-tolerance policy and their PREA-related responsibilities. Review of random volunteer and contractor training records confirmed volunteers and contractors are receiving this training and documentation is being maintained by the facility. Like staff, volunteers and contractors are receiving training by the Training Administrator who exceeds in relaying PREA information to staff, volunteers and contractors.

Standard 115.33 Inmate education

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A, page 12, section E-2 and facility policy 1400.04, pages 10 & 11, section D-2, outline the agency/facility’s requirements of detainee education. Incoming detainees receive information explaining GEO’s and the facility’s zero-tolerance policies regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. In the past 12 months, 4688 detainees received PREA information at intake and received comprehensive PREA education.

During the intake process, the classification staff provides all detainees with a *Detainee Handbook* and a *Sexual Assault Prevention* handout. Pages 32 & 33 of the *Detainee Handbook* contains information on the facility's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, and their right to be free from sexual abuse, sexual harassment and retaliation for reporting such incidents. At intake detainees sign a *GEO Property/Acknowledgement* Form acknowledging receiving the handbook and the *Sexual Assault Prevention* handout and viewing the *PREA: What You Need to Know* video, which plays continuously in the holding cells in the intake area and is shown again as part of the comprehensive PREA education presented to them. Case Managers occasionally go to the housing units to conduct additional PREA education. One day a week the *PREA: What You Need to Know* video is played on the televisions in the housing units.

Detainees sign a PREA training acknowledgement form and a *Comprehensive PREA Education* form, which they are given a copy of for reference. They complete and sign a *PREA Evaluation Sheet* acknowledging receipt of PREA materials and their understanding of the PREA information presented.

Detainees interviewed reported receiving PREA information during intake and being given additional PREA information by their Case Managers. They were knowledgeable of PREA information and the options available to them to report allegations of sexual abuse, sexual harassment and retaliation for reporting allegations. The facility was found to exceed in this standard. Detainees are not only provided PREA information at the time of intake and during comprehensive PREA education by their Case Manager, but this training is continues when Case Managers go to the housing units to discuss PREA-related information to the entire housing unit.

Standard 115.34 Specialized training: Investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on GEO policy 5.1.2-A, page 14, section G-13 and facility policy 1400.04 page 12, section E-3, investigators receive specialized training in addition to the general education provided to all employees. In review of the training curriculum, this 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 has 85 trained investigators agency wide. The Central Texas Detention Facility has nine trained facility investigators who completed a four-hour webinar, *Specialized Training Investigating Sexual Abuse in Correctional Settings* facilitated by the agency's PREA Coordinator and received a certificate of completion that is maintained by the facility and documented electronically.

When interviewed, facility investigators acknowledged receiving specialized investigations training and were knowledgeable of their duties in conducting investigations, sexual abuse evidence collection and the evidence required to substantiate a case for administrative action or prosecution referral.

Standard 115.35 Specialized training: Medical and mental health care

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A, pages 13 & 14, section F-2 and facility policy 1400.04, page 12 section E-2, states that each facility will train all full-time and part-time medical and mental health staff to detect signs of sexual abuse and sexual harassment, preserving physical evidence and responding effectively and professionally to victims of sexual abuse and sexual harassment.

All medical and mental health staff have received *Medical and Mental Health PREA Training* addition to general PREA training provided to all staff. Documentation of this training is maintained by the facility and documented electronically.

Medical staff do not perform SANE exams. SANE exams are performed by referral to the Methodist Specialty and Transplant Hospital.

Medical and mental health staff interviewed verified receiving this training and knew their responsibilities in responding to victims of sexual abuse, proper reporting and how to preserve the physical evidence. Random review of medical and mental health staff records confirmed that this training was provided.

Standard 115.41 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on GEO policy 5.1.2-A, pages 8 & 9, section D-1 and facility policy 1400.04, pages 8 & 9, section C-1, all detainees are assessed during intake within 12 hours for risk of being sexually abused by other detainees or sexually abusive toward other detainees. Case Managers conduct these screenings and if after hours these screenings are completed by intake staff. 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. Detainees 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.

Within a set time, not to exceed 30 days of the detainee's arrival to the facility, detainees are reassessed by their Case Manager or the Classification Supervisor using the *PREA Vulnerability Reassessment Questionnaire* (HWH 38) for their risk for victimization and abusiveness. The Classification Supervisor tracks the 30-day reassessment dates. A detainee's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information.

A *PREA Vulnerability Reassessment Questionnaire* is completed on all transgender and intersex detainees every six months to ensure their placement is appropriate and determine any threats to safety experienced by the individual.

PREA Risk Assessment forms and *PREA Vulnerability Reassessment Questionnaire* forms are maintained in detainee files that are kept locked in the Records Room. To maintain confidentiality to this information, only the Major and above, the PREA Compliance Manager, Case Managers and Records Clerks have access to these forms. In review of 25 random detainee files, initial and 30-day reassessments are timely and complete.

Standard 115.42 Use of screening information

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency/facility uses information from the risk screening to make housing, bed, work, education and program assignments to keep detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. GEO policy 5.1.2-A, pages 10 & 11, section D-3 and facility policy 1400.04, pages 9 & 10, section C-3, explains the use of the PREA screening information.

Guidelines on housing and program assignments and for the management of transgender and intersex detainees are outlined in GEO policy 5.1.2-A, page 11, section 3-d. Transgender and intersex detainees are reassessed at least twice per year to review any threats to safety experienced by the detainee as required by this standard and takes into consideration their own views regarding their own safety. Transgender and intersex detainees are given the opportunity to shower alone.

GEO does not place lesbian, gay, bisexual, transgender or intersex detainees in dedicated units or wings solely based on such identification. These detainees are tracked on the *Potential Victim/Predator/LGBTI* log. A Transgender Care Committee (TCC) meets to make appropriate housing determinations for transgender and intersex residents within 72 hours of their arrival to the facility. Transgender and intersex detainees may be housed in medical until appropriate housing determination is made by the TCC. The PREA Coordinator may also be consulted. The Interim Warden or designee, the Interim Major the PREA Compliance Manager, the HSA and the detainee's assigned Case Manager make up the TCC. Notes from the TCC meeting are documented on the *Transgender Care Committee Summary* (attachment D) and retained in the resident's institutional file with a copy forwarded to the PREA Coordinator. Housing and programming assignments for transgender and intersex residents

shall be reassessed every 6 months using the *PREA Vulnerability Reassessment* form. In the last 12 months, there were no transgender or intersex detainees housed at the facility.

Detainees identified from screenings to be potential victims or potential predators are tracked on a *Potential Victim/Predator/LGBTI* log. Referrals from screenings are forwarded to the HSA, the Psychologist and the Senior Case Manager. In review of detainee files, referrals from initial screenings for mental health evaluations are being made and detainees at risk for victimization or abusiveness are being housed appropriately.

Standard 115.43 Protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to GEO policy 5.1.1-A, page 17, section J-1 and facility policy 1400.04, pages, involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the detainee. If an assessment cannot be made immediately, the detainee may be placed in involuntary segregated housing for no more than 24 hours.

GEO policy 5.1.2-A further states that if involuntary segregated housing is used for the safety of the detainee as a means of separation, it can be used for no more than 30 days and a review will be completed every 30 days to determine whether there is a continuing need for separation from the general population.

The *Sexual Assault/Abuse Available Alternatives Assessment* form is used to document the assessment if involuntary segregation is used. All completed forms are reviewed and signed by the Warden or the Assistant Warden upon completion. If segregated housing is used, the detainee will have all access to programs and services he/she is eligible for, and the facility shall document and justify any restrictions imposed.

On interview with the Regional Assistant Director of Operations/Interim Warden, he confirmed that in the past 12 months, there were no detainees held in involuntary segregated housing. He further stated that if there were a need to house a detainee in involuntary segregation, a medical cell would be used for this purpose and only with the guidance of the Psychologist.

Standard 115.51 Inmate reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A, pages 18 & 19, section L-1 and facility policy 1400.04, page 16, section K-1, outline reporting methods available to detainees to report allegations of sexual abuse and sexual harassment. The agency/facility provides multiple ways for detainees to privately report sexual abuse and sexual harassment and retaliation by other detainees or staff for reporting. Detainees are instructed that they can verbally report to the PREA Compliance Manager or any staff member, report in writing, by telephone, submit a grievance or sick call or by a third party report.

The facility provides detainees with one way for detainees to report abuse or harassment to a public or private entity or office by giving them the addresses and phone numbers of the Office of the Inspector General by dialing *755 on a detainee pay phone. This information is provided to detainees in a DHS OIG poster. Detainees are also informed on page 23 of the *Detainee Handbook* and in a *Sexual Assault Prevention* handout they receive at intake that they can call the Rape Crisis Center at 210-293-9902 or speed dial *744. Calls to both of these numbers are not monitored or recorded and the detainee may remain anonymous. Detainees are provided a facility PREA hotline by speed dialing 911#. This call is monitored, but the detainee may remain anonymous. All telephone reporting numbers are free of charge for detainees.

The agency's policy mandates that staff accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Information concerning the identity of detainee victim's report of sexual abuse or sexual harassment are limited to those who need to know only. Detainees interviewed were aware of the methods available to them to report allegations of sexual abuse and sexual harassment.

Staff can privately report sexual abuse and sexual harassment of detainees in writing or by calling the Employee Hotline or telephoning, emailing or in writing to the GEO PREA Coordinator. Information on staff reporting is available on the GEO website (http://www.geogroup.com/reporting_sexual_abuse_prea), in the Employee Handbook, and in the PREA training curriculum. Staff interviewed was knowledgeable of methods of privately reporting available to them.

The facility provides multiple options for detainees to report sexual abuse, sexual harassment and retaliation by other detainees or staff for reporting allegations exceeding in the requirements of this standard.

Standard 115.52 Exhaustion of administrative remedies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In review of GEO policy 5.1.1-A, page 19, section L-2 and facility policy 1400.04, pages 16 & 17, section 2-a, there is a procedure in place for detainees to submit grievances regarding sexual abuse and the agency has procedures in place for dealing with these grievances. There is no time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse.

Detainees are informed of the grievance procedures in the *Detainee Handbook*. Detainees 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 detainee's behalf, the alleged victim must agree to have the grievance filed on his behalf. Emergency grievances may be filed if a detainee feels he is at substantial risk of imminent sexual abuse.

The agency does not require a detainee to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. A final decision will be issued on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing date. The facility may claim an extension of time to respond, up to 70 days, and shall notify the detainee of the extension in writing.

A detainee may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. Page 19, section L-2-b of policy 5.1.2-A and page 17, section K-2-b addresses emergency grievance procedures. The Warden or his designee will take immediate corrective action to protect the alleged victim upon receiving an emergency grievance of this nature. An initial response will be issued to the detainee filing an emergency grievance within 48 hours and final decision will be provided within five calendar days. The agency may discipline a detainee for filing a grievance related to alleged sexual abuse if the agency determines that the detainee filed the grievance with malicious intent.

The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In the past 12 months, Central Texas Detention Facility received one grievance alleging sexual abuse that was investigated in accordance with the PREA standards. There were no emergency grievances received.

Standard 115.53 Inmate access to outside confidential support services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As stated in GEO policy 5.1.2-A, pages 23 & 24, section 8 and facility policy 1400.04, pages 21 & 22, section 8, detainees are provided with access to outside victim advocates for emotional support. The facility has an MOU with the Rape Crisis Center, San Antonio, TX. The terms of the MOU provide victims of sexual abuse with victim advocacy and emotional support services as well as a 24-hour reporting hotline. Detainees are instructed that they may call the Rape Crisis Center by accessing voice prompt #911 on a detainee pay phone.

Detainees are made aware of the outside confidential support services available to them through posters displayed throughout the facility and information provided in the *Detainee Handbook*. Also posted in each housing unit is contact information for detainees detained solely for civil immigration purposes for consular officials and officials at the Department of Homeland Security.

Detainees 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.

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

Standard 115.54 Third-party reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on GEO policy 5.1.2-A, page 20, section 3 and facility policy 1400.04, page 17, section 3, the agency has a method to receive third party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing any time they have knowledge or suspect a detainee has been sexually abused, sexually harassed, or requires protection. Information on third party reporting is available on the GEO website at [http: www.geogroup.com/PREA \(Social Responsibility-PREA Certification Section\)](http://www.geogroup.com/PREA (Social Responsibility-PREA Certification Section)) and on the *Sexual Assault and Awareness Program* posters.

Detainees interviewed were aware of this reporting method. In the past 12 months, the facility has not received any reports of allegations of sexual abuse or sexual harassment from a third party.

Standard 115.61 Staff and agency reporting duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on GEO policy 5.1.2-A, page 20, section 4, and facility policy 1400.04, pages 17 & 18, section 4, and in review of the employee training curriculum, all staff are to report immediately any knowledge or information regarding an incident of sexual abuse or sexual harassment or any detainee subject to risk of imminent sexual abuse and retaliation or suspected retaliation against detainees or staff. Staff must take all allegations of sexual abuse and sexually harassment seriously. All allegations, including third party and anonymous reports, are reported to supervisors.

GEO policy 5.1.2-A, page 14, section G-2, and facility policy 1400.04, page 13, section 2, outline the responsibilities of volunteers to report and GEO policy 5.1.2-A, page 15, section H-2 and facility policy 1400.04, pages 13 & 14, section G-2, the responsibilities of contractors to report.

Interviews with staff, contractors and volunteers revealed that they are aware of their reporting responsibilities and

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know not to reveal any information about sexual abuse incidents to anyone other than to the extent necessary.

Central Texas Detention Facility houses adult male and female detainees, none of whom according to their classified level of care are considered vulnerable adults under the Texas State Vulnerable Persons Statute.

Standard 115.62 Agency protection duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

When an agency learns that a detainee is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the detainee. GEO policy 5.1.2-A, pages 20 & 21, section M-1 and facility policy 1400.04, page 18, section L-1, address the procedures related to the agency and facility's efforts to protect detainees who may be at risk for sexual abuse.

In interview with the Warden, in the past 12 months it was necessary to take immediate action in regards to a detainee being in substantial risk of sexual abuse. He further stated that the detainee at risk for sexual abuse would immediately be removed from the area, interviewed and he would involve mental health if necessary. Staff interviewed was aware of their responsibilities if they felt a detainee was at risk for sexual abuse. They reported that they would isolate the detainee and report to their supervisor immediately.

Standard 115.63 Reporting to other confinement facilities

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A, page 24, section 5 and facility policy 1400.04, page 21, section 5 were used to verify that there is a procedure in place if an allegation is received that a detainee was sexually abused while confined at another facility. Upon receiving an allegation that a detainee was sexually abused while confined at another facility, the Warden or the Assistant Warden will notify the head of the facility where the sexual abuse was alleged to have occurred and document that notification was provided. This notification should be made as soon as possible, but no later than 72 hours of receiving the allegation and should include all actions taken regarding the incident. Copies of this documentation is then forwarded to the PREA Compliance Manager and the PREA Coordinator.

If a report is received from another facility regarding alleged sexual abuse occurring at Central Texas Detention Facility, the allegation will be reported and investigated in accordance with PREA standards.

In interview with the Regional Assistant Director of Operations/Interim Warden and documentation provided for review, in the past 12 months the facility received one allegation that an inmate was abused while confined at another facility and one allegation of sexual abuse received from another facility that were alleged to have occurred while the detainee was assigned to the Central Texas Detention Facility. Proper notification and follow-up was made in both instances.

Standard 115.64 Staff first responder duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A, page 21, section M-2 and facility policy 1400.04 page 18, section L-2, were used to verify compliance to this standard. Upon learning that a detainee was sexually abused, the first security staff member to respond to the report is required to separate the alleged victim and the abuser, immediately notify the Duty Warden or the on-call supervisor, preserve and protect the crime scene, not let the victim and 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 staff responder is not a security staff member, the responder is required to request the alleged victim not take any actions that could destroy the evidence and notify security staff immediately. All staff carry with them a First Responder Card, which reminds them of the actions to be taken in response to an allegation of sexual abuse.

Security and non-security staff interviewed were knowledgeable of the policy and the 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 how to preserve the crime scene and the physical evidence.

In the past 12 months, there were five allegations of sexual abuse reported. Two of those allegations required implementing first responder duties by security staff and non-security staff responded to two allegations.

Standard 115.65 Coordinated response

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A, page 6, section A-4 and facility policy 1400.04, page 6, section 4, verify that there is a plan in place to coordinate actions to be taken in response to an incident of sexual abuse. The facility’s Coordinated Response plan was provided for review, it clearly defines the roles and responsibilities of each person involved, and the procedures to be followed in detail as well as notifications required to be made. The PREA Compliance Manager is required to participate and the PREA Coordinator may be consulted as part of the coordinated response.

Part of the response plan is the requirement of completing a *PREA Incident Checklist for Incidents of Sexual Abuse and Harassment* to ensure that all steps of the plan are carried out and proper notifications are made. The Warden, the Assistant Warden, the Acting Major and the PREA Compliance Manager are responsible to ensure compliance to the plan.

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 or sexual harassment.

Standard 115.66 Preservation of ability to protect inmates 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on GEO policy 5.1.2-A, pages 5 & 6, section III-A-3, and facility policy 1400.04, pages 5 & 6, section IV-A-3, GEO and the Central Texas Detention Facility shall not enter into or renew any collective bargaining agreement or other agreement that limits a facility’s ability to remove alleged employee sexual abusers from contact with detainees of GEO facilities or program pending the outcome an investigation. There shall be no contact between the alleged abuser and the alleged victim. Any no contact order shall be documented.

Central Texas Detention Facility and the GEO have a Collective Bargaining Agreement effective 1/6/17 – 1/5/20 with the International Association of Machinists and Aerospace Workers (IAM). Page 24, Article 14, Just Cause, section 14.3 of that agreement outlines violations that constitute Just Cause for immediate dismissal. Another Collective Bargaining Agreement with the International Union Security, Police and Fire Professionals of America (SPFPA) and its Amalgamated Local 310 (SPFPA) effective 12/5/16 – 12/4/19, Article 14, Just Cause, section 14.3 can be found on page 26.

In interview with the Vice President, Risk Management on 1/27/17, he stated that there are no collective bargaining agreements in any of the agency’s facilities that would prohibit removal of an alleged staff sexual abuser from contact with inmates pending an investigation. Documentation provided showed once incident where an employee was removed from contact with an alleged victim pending the outcome of an investigation.

Standard 115.67 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A, pages 25 & 26, section N-2 and facility policy 1400.04, pages 5 & 6, section A-3, were used to verify compliance to this standard. Detainees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation from other detainees and staff. Housing changes or transfers for detainee victims or abusers, removal of alleged staff or detainee abusers from contact with victims and emotional support services for detainees who fear retaliation will be protection measures used as per agency and facility policies.

The PREA Compliance Manager and Gang Intelligence Officer conduct weekly monitoring for retaliation with the alleged victim for at least 90 days, or longer if warranted. The PREA Compliance Manager is responsible for monitoring detainees for retaliation and the Gang Intelligence Officer is responsible for employee monitoring for retaliation. Monitoring will terminate if the allegation is determined to be unfounded. Monitoring for retaliation is documented on the *Protection from Retaliation Log- Prisons and Jails* form, to include corrective actions taken to address the issue. Completed monitoring logs are retained in the corresponding investigative file.

In the past 12 months, there was one incidents of retaliation that occurred. In interview with the PREA Compliance Manager and the Gang Intelligence Officer, they were both knowledgeable of the procedure for monitoring for retaliation. Review of investigative files, verified this process is being followed.

Standard 115.68 Post-allegation protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency and facility prohibits detainees who have alleged sexual abuse to be placed in involuntary segregated housing. If segregated housing were used, the same provisions as outlined in GEO policy 5.1.2-A, page 24, section 6 and facility policy 1400.04, page 21, section 6 would apply. Any use of segregated housing to protect a detainee who alleged to have suffered sexual abuse will be subject to the requirements of standard 115.43.

On interview with the Regional Assistant Director of Operations/Interim Warden and staff assigned to restrictive

housing units and documentation provided for review, involuntary segregated housing has not been used for this purpose in the past 12 months.

Standard 115.71 Criminal and administrative agency investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

An investigation is completed for all allegations of sexual abuse and sexual harassment at the Central Texas Detention Facility, including third party and anonymous reports. The agency’s policy governing administrative and criminal investigation of sexual abuse is outlined in GEO policy 5.1.2-E, pages 5 & 6, section III-B-1 & 2 and in facility policy 1400.04, page pages 25 & 26, section O.

All allegations of sexual abuse and sexual harassment, including third party and anonymous reports are investigated by one of the facility investigators. All allegations are tracked on the *PREA Allegations Log*. If an allegation appears to be criminal a referral is made to the Bexar County Sheriff’s Office to conduct criminal investigations and refer for prosecution.

The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with the Bexar County Sheriff’s Office. All administrative and criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence.

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 detainee or staff. A detainee who alleges sexual abuse is not required to submit to a polygraph examination. The agency/facility 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.

Investigative files were reviewed and found that all allegations of sexual abuse and sexual harassment are being investigated by the facility and substantiated allegations that appear to be criminal are referred for criminal investigation. Since the last audit, one allegation of sexual abuse was referred to the Bexar County Sheriff’s Office.

Standard 115.72 Evidentiary standard for administrative investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to GEO policy 5.1.2-E, page 6, section 2-d and facility policy 1400.04, page 26, section O-2, the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

When facility investigators were interviewed and asked what standard of evidence was used in determining if an allegation is substantiated, they confirmed the agency/facility policy.

Standard 115.73 Reporting to inmates

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on GEO policy 5.1.2-E, pages 10 & 11, section K and facility policy 1400.04, pages 23 & 24, section 4, the facility ensures that proper notification be given to detainees as to the outcome of the investigation of sexual abuse and sexual harassment allegations if the outcome of the investigation proved to be substantiated, unsubstantiated or unfounded. The Facility Investigator provides a *Notification of Outcome of Investigation* to detainees. At the conclusion of every investigation of sexual abuse, the *Notification of Outcome of Investigation* form is forwarded to the PREA Coordinator for review. The detainee receives the original and a copy of the form is retained as part of the investigative file.

Following the completion of an investigation that an employee has committed sexual abuse against a detainee, the facility is required to inform the detainee of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. Following a detainee's allegation that he was sexually abused by another detainee, the agency shall inform the detainee of the outcome of the investigation. The facility's obligation to notify the detainee will terminate if the detainee is released from custody. If the facility did not conduct the investigation, relevant information from the investigating agency will be requested in order to inform the detainee.

In interview with the facility investigators, this process is in place and notifications are being made as required by policy. In the past 12 months, there were no notifications made to detainees as to the outcome of an investigation as in all cases, the detainees were released prior to the investigation being completed. In review of investigative files, even if a detainee is released prior to the completion of the investigation, a *Notification of Outcome of Investigation* is completed and filed in the investigative file with a notation that the detainee was released and the notice was not presented to him or her.

Standard 115.76 Disciplinary sanctions for staff

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on review GEO policy 5.1.2-E, pages 11 & 12, section L-1 and facility policy 1400.04, page 24, section L-1, staff shall be subject to disciplinary action up to and including termination for violating the agency/facility sexual abuse policies. Staff is made aware of the zero-tolerance policy and the penalties for violating that policy in the *2014 Employee Handbook*, page 15, and sign an *Employee Handbook Acknowledgement* when they receive the handbook. All terminations and resignations for sexual misconduct are reported to the Bexar County Sheriff’s Office and licensing agencies, unless the activity was clearly not criminal.

In the past 12 months, there was one staff who violated agency sexual abuse and sexual harassment policies was terminated and prosecuted on a charge of sexual abuse of a ward.

Standard 115.77 Corrective action for contractors and volunteers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A, page 15, section G-3 addresses corrective action for volunteers and pages 15 & 16, section H-3 addresses corrective action for contractors. Facility policy 1400.04, page 23 section N-3 addresses corrective action for contractors and volunteers. Both policies state that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with detainees and shall be reported to law enforcement agencies and licensing boards, unless the activity was clearly not criminal.

In interview with the Regional Assistant Director of Operations/Interim Warden and documentation provided for review, in the past 12 months, no contractors or volunteers were reported to law enforcement for engaging in sexual abuse of detainees.

Standard 115.78 Disciplinary sanctions for inmates

- 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As per GEO policy 5.1.2-E, page 12, section 2 and facility policy 1400.04, pages 24 & 25, section N-2, detainees found guilty of engaging in sexual abuse involving other detainees shall be subject to formal disciplinary sanctions. Disciplining a detainee for engaging in sexual activity with an employee is prohibited unless the employee did not consent to the contact.

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. Sanctions will be commensurate with the nature and circumstances of the abuse, the detainee’s disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories.

Detainees are informed of the disciplinary process in the *Detainee Handbook*, including the prohibited acts and the sanctions that will be imposed for violations to the agency/facility’s policy on sexual misconduct.

In the past 12 months, there were two detainees who received disciplinary sanctions related to sexual misconduct.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Upon intake, mental health staff will see any detainee who is assessed to be at risk for sexual victimization or abusiveness or who has previously experienced prior sexual victimization or previously perpetrated sexual abuse. GEO policy 5.1.2-A, pages 9 & 10, section D-2 and facility policy 1400.04, page 9 section C-2, outline the requirements of referrals to mental health for further evaluation.

During the initial intake assessment, any detainee who has experienced prior sexual victimization, whether in an institution setting or in the community or any detainee who has perpetrated sexual abuse in an institution setting or the community will be referred to mental health and will see a mental health practitioner within 14 days of the initial intake screening. This information is also reported to the PREA Compliance Manager.

Medical and mental health staff obtains informed consent from detainees before reporting information about prior sexual victimization that did not occur in an institutional setting.

Any information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform about treatment plans, security and

management decisions or otherwise required by federal, state or local law.

The Psychologist upon interview stated that detainees referred from initial screening for mental health evaluations are seen in less than a week of their arrival to the facility.

Standard 115.82 Access to emergency medical and mental health services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A, pages 24 & 25, section 7 and facility policy 1400.04, page 21, section 77-a&b, were used to verify compliance to this standard. Policies mandate that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention as directed by medical and mental health practitioners. The evaluation and treatment should include follow-up services, treatment plans and, if necessary, referrals for continued care following a transfer or release.

SANE exams will be performed at Methodist Specialty and Transport Hospital. A victim advocate will be available to be present for the SANE exam. Victims will be offered information about sexually transmitted infections prophylaxis where medically appropriate. All services are provided without cost to the victim regardless if the victim names the abuser or cooperates with any investigation arising out of the incident. All refusals of medical services are documented.

Interviews with the Health Services Administrator and the Psychologist confirmed this practice and that the requirements of this standard are adhered to. The Psychologist reported that there were two detainees referred for evaluation following an allegation of sexual abuse.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GEO policy 5.1.2-A, page 25, section N-1 and facility policy 1400.04 page 22, section N-1, mandate that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention. The evaluation and treatment offered includes follow-up services, treatment plans, and referrals for continued care following a transfer or release if necessary.

Victims will be offered information about sexually transmitted infections prophylaxis where medically appropriate. Female victims are provided pregnancy tests and all lawful pregnancy-related medical services. SANE exams will be performed by referral to Methodist Specialty and Transplant Hospital. All services are provided without cost to the victim regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility shall attempt to conduct a mental health evaluation on all known detainee abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Psychologist. All refusals of services will be documented.

In interview with the Health Services Administrator and the Psychologist, they confirmed compliance with the requirements of this standard. In the past 12 months, there have been no detainees who required ongoing medical or mental health treatment due to being victimized by sexual abuse.

Standard 115.86 Sexual abuse incident reviews

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on GEO policy 5.1.2-A, pages 26 & 27, section N-3 and facility policy 1400.04, pages 30 & 31, section 3, the facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated. Reviews are completed within 30 days of the conclusion of the investigation.

The Incident Review Team consists of the Regional Assistant Director of Operations/Interim Warden, the Assistant Warden, the PREA Compliance Manager, the HSA, the Interim Major and the Investigator assigned to the investigation, with the PREA Coordinator sometimes attending via telephone or in person. The Incident Review 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, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate. A *PREA After-Action Review Report* is used to document the incident review and upon completion is forwarded to the PREA Coordinator no later than 10 working days after the review. The PREA Compliance Manager maintains copies of all completed *PREA After-Action Review Reports* and a copy is maintained in the corresponding investigative file.

The Incident Review Team makes recommendations based on their review of the incident and the facility shall implement the recommendations for improvement, if any, or shall document its reasons for not doing so.

In interview with members of the Incident Review Team, they knew their responsibilities as a member of the Incident Review Team. In review of investigative files, sexual abuse incident reviews are being completed as per policy.

Standard 115.87 Data collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Information on data collection is found on page 27, section O-1 of GEO policy 5.1.2-A and on page 36, section P-1 of facility policy 1400.04. 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 PREA Compliance Manager ensures that the data is compiled and forwarded 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 30, 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 detainees.

Standard 115.88 Data review for corrective action

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on GEO policy 5.1.2-A, pages 27 & 28, section P-2 and facility policy 1400.04, page 26, section P-2, and on interview with the 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 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 Annual PREA Report provides an excellent overview of the agency’s efforts in the prevention of sexual abuse and sexual harassment in its facilities, exceeding in this standard.

The PREA Coordinator forwards the annual report to the Vice President of Operations for signature and approval and a copy of the report is forwarded to ICE. 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 115.89 Data storage, publication, and destruction

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

According to GEO policy 5.1.2-A, page 28, section O-3 and facility policy 1400.04, pages 26 & 27, section P-3, the agency ensures that the data collected is securely retained for at least 10 years according to the Texas State Records Retention Schedule. All case records associated with claims of sexual abuse are filed in the PREA Compliance Manager’s office.

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 ([social responsibility section](#)). 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
- 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

June 26, 2017

Auditor Signature

Date