

**PREA AUDIT REPORT    INTERIM    FINAL  
ADULT PRISONS & JAILS**

**Date of report:** July 10, 2017

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> June 20-22, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> East Hidalgo Detention Center			
<b>Facility physical address:</b> 1300 East Highway 107, LaVilla, TX 78562			
<b>Facility mailing address:</b> <i>(if different from above)</i> P.O. Box 239, LaVilla, TX 78542			
<b>Facility telephone number:</b> 956-262-4142			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" 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		
<b>Facility type:</b>	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Jason E. Jones, Warden			
<b>Number of staff assigned to the facility in the last 12 months:</b> 319			
<b>Designed facility capacity:</b> 1292			
<b>Current population of facility:</b> 995			
<b>Facility security levels/inmate custody levels:</b> Medium			
<b>Age range of the population:</b> 19-60			
<b>Name of PREA Compliance Manager:</b> Patricia Gaytan		<b>Title:</b> Compliance Administrator	
<b>Email address:</b> pgaytan@geogroup.com		<b>Telephone number:</b> 956-262-4142	
<b>Agency Information</b>			
<b>Name of agency:</b> The GEO Group Inc.			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Click here to enter text.			
<b>Physical address:</b> One Park Place, Suite 700, 621 Northwest 53 <sup>rd</sup> Street, Boca Raton, Florida 33487			
<b>Mailing address:</b> <i>(if different from above)</i> N/A			
<b>Telephone number:</b> 561-999-5827			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> George Zoley		<b>Title:</b> Chairman of the Board, CEO and Founder	
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Phebia L. Moreland		<b>Title:</b> Director, Contract Compliance, PREA	
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## **AUDIT FINDINGS**

### **NARRATIVE**

The PREA on-site audit of the East Hidalgo Detention Center was conducted on June 20-22, 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 Patricia Gaytan, Compliance Administrator 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: Jason Jones, Warden; Manual Pena, Chief of Security; Patricia Gaytan, Compliance Administrator/PREA Compliance Manager; Marcus Sanchez, Intake Lieutenant; Anthony Ramos, Fire & Safety Manager; Lawrence Watson, Training Administrator; Jaynee Soto, HSA; Elodia Aguilar, RN Supervisor; Bobby Contreras, Human Resources Manager; Stephanie Tovar, Classification Supervisor, and Phebia Moreland, Director, Contract Compliance, PREA Coordinator. Following the entrance meeting, Jason Jones, Warden, Manual Pena, Chief of Security, Patricia Gaytan, PREA Compliance Manager and Phebia Moreland, Director, Contract Compliance, PREA Coordinator accompanied me on a tour of the facility. All areas of the facility that are accessible to detainees were visited.

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 is posted in all housing units by detainee telephones and in other locations throughout the facility. There were no areas noted during the tour that appeared to pose a problem for staff supervision of detainees. Restrooms have barriers that afford detainees privacy while toileting and showers have curtains eliminating opportunities for cross gender viewing while showering or changing clothes. During the tour, 18 detainees and 8 staff were informally interviewed and questioned about their knowledge of the agency/facility's zero-tolerance policy.

The United States Marshals Service Office of the Inspector General (OIG) was called on a detainee pay phone. Detainees are instructed to dial "7" to reach this number. Also dialed was "6" to reach the Mujeres Unidas, an agency that provides as reporting hotline and victim advocacy and emotional support services to victims of sexual abuse. Both numbers were found to be accessible. Other reporting options for detainee reporting are ICE OIG by dialing "4" and Department of Homeland Security OIG by dialing "5". Detainees are not required to enter their pin number to make these calls and the calls are not monitored or recorded.

The East Hidalgo Detention Center has a Memorandum of Understanding (MOU) with Mujeres Unidas entered into on 5/15/17. The Executive Director of Mujeres Unidas was contacted prior to the audit visit to confirm and review the terms of the MOU. Mujeres Unidas provides a

confidential, 24-hour reporting hotline. Detainees may receive other services by calling the hotline number. Those services include victim advocacy services, legal advocacy services and referrals for treatment upon release.

Forensic exams are not performed at the facility. A service agreement between CCS/GEO Group/East Hidalgo Detention Center provides SANE exams through the South Texas Health System at no cost to the victim. The Director of Emergency and Critical Services of the McAllen Medical Center, McAllen, TX was contacted prior to the on-site visit. She stated that victims in need of SANE exams would be transported to the McAllen Medical Center. The SANE nurse would contact a victim advocate from Mujeres Unidas to be present during the SANE exam if the detainee agrees to the victim advocate's presence in the room during the examination.

The population on the first day of the audit totaled 995 USMS detainees, 980 males and 115 females. A random selection of 50 detainees were interviewed. This number included eight detainees identified from initial screening to be at risk for victimization, two detainees identified from initial screening to be at risk for victimization and abusiveness, two detainees who self-disclosed being bisexual, one who self-disclosed being lesbian, one who self-disclosed being transgender and one who had alleged sexual abuse. One detainee was hard of hearing, one could not read, and one had cognitive deficits. At the time of the audit visit, there were no detainees who were blind, had low vision or were deaf. A large portion of the detainee population is Spanish speaking only. Twenty-two detainees interviewed were Spanish speaking and bilingual staff provided translation during the interviews of these detainees. All other detainees were proficient in the English language.

During detainee interviews, eleven detainees reported that they had not seen the PREA video. Detainee record review of records of these eleven detainees showed that all, with the exception of one detainee, had documentation in their record showing that they had signed the *Detainee Acknowledgement* form acknowledging viewing the *PREA: What You Need to Know* video within the first week of arrival to the facility. One detainee arrived at the facility in 2013, before the video was being shown. That detainee was called out on the last day of the audit and was shown the video and signed documentation acknowledging viewing the video.

There were 13 specialized staff interviews conducted, which included three contractors and one volunteer. Sixteen security staff were interviewed; two shift supervisors, one intake officer and five line staff from each of the two 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 frequently during shift briefings and staff meetings.

The personnel files of 22 employees, 4 contractors and 4 volunteers were reviewed with the Human Resource Manager to determine compliance with required background checks. Documentation was found to be complete with background checks performed prior to employment and annually thereafter.

The same 22 employees, 4 contractors and four volunteer training files were reviewed with the

Training Administrator to determine compliance to PREA training mandates. Records reviewed showed pre-service PREA training and annual in-service PREA training is being completed and documentation of this training is being maintained by the facility. Documentation of specialized medical and mental health training and specialized training for investigators is also being maintained by the facility.

Twenty-five detainee records were randomly selected to be reviewed to evaluate compliance to initial and 30-day reassessment screenings. While checking detainee files of the 11 detainees that reported not viewing the PREA video, initial and 30-day reassessment screenings were also checked for compliance for a total of 36 detainee files reviewed. All records reviewed showed initial screenings completed upon arrival to the facility and 30-day reassessments completed within 30 days of arrival. The same 36 detainee files were reviewed for documentation that detainees received PREA information upon arrival to the facility and timely comprehensive PREA education.

In the 12 months preceding the audit, the facility received five PREA allegations. The following is a breakdown of those allegations:

<b><u>Number Received</u></b>	<b><u>Description of Complaint</u></b>	<b><u>Investigative Results</u></b>
3	Inmate-on-Inmate Sexual Abuse	1 – Unsubstantiated 1 – Ongoing (Admin) 1 – Unfounded
1	Staff-on-Inmate Sexual Abuse	1 – Unfounded
1	Inmate-on-Inmate Sexual Harassment	1 – Ongoing (USMS)

Investigative files were reviewed with the PREA Compliance Manager. Investigations were found to be investigated in accordance with the PREA standards.

At the conclusion of the on-site audit, an exit meeting was held to discuss the audit findings with Jason Jones, Warden, Manual Pena, Chief of Security, Patricia Gaytan, PREA Compliance Manager, Melissa Elliott, Executive Secretary and Phebia Moreland, Director, Contract Compliance, PREA Coordinator in attendance. The team was thanked for their cooperation prior to and during the on-site visit. They were complimented on the PREA program they have developed and their willingness to achieve PREA compliance with all 43 of the PREA standards; exceeding in several of them. During the exit meeting, the facility was informed of the process that would follow the on-site visit and the responsibility of the agency to post the final report on their website. The Warden and his executive team have implemented their PREA program in a relatively short time. They have made PREA compliance a priority for the safety of their staff and for the detainees at the East Hidalgo Detention Center.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The East Hidalgo Detention Center (EHDC) is located at 1300 East Highway 107, LaVilla, Texas. The facility was acquired from LCS Corrections in 2015 by the GEO Group, Inc. EHDC contracts with the United States Marshals Service (USMS), the Department of Homeland Security and Immigration Customs Enforcement (ICE) to provide detention to detainees in the country illegally as well as pending trial or sentencing. The design capacity of the facility is 1292 with a population on the first day of the audit of 995 male and female detainees, all under USMS, Southern District of Texas custody.

There is a large parking lot in the front of the building and once entering the building security procedures are followed with ID's verified when entering and exiting the building. All staff and visitors must walk through a body scanner and their personal items are scanned. To the left of the entry area there is a large waiting area for visitors in front of a visitation area. PREA information in both English and Spanish is posted in this waiting area.

A Central Control station is staffed with two officers 24 hours a day. Central Control officers monitor surveillance cameras and operate all doors and gates within the facility and perimeter. The perimeter of the facility is patrolled 24 hours a day by armed officers. The movement of detainees is controlled by staff and monitored by Central Control.

The facility sits on 37 acres and includes 15 buildings. EHDC is a one-story building encompassing 204,397 square feet. The facility has eleven dormitory-style housing units. Housing 6, 7, 9 and 10 holds up to 48 detainees with six eight-detainee pods. Housing 8 has the capacity to house 24 detainees on each side (A & B) in an open dormitory style. Housing 11 has fourteen 8-detainee pods with 28 single cells on the outer part of the hallway. Housing 12 has thirteen 8-detainee pods with one pod with the capacity to house 16 detainees and 28 single cells on the outer part of the hallway. Housing 15 is the largest housing unit and has the capacity to house 356 detainees, with 10 pods having the capacity to house 30 detainees and two pods 28 detainees. Housing 6 and 9 are female housing units. Housing units have large windows in the front of the housing area. Dayrooms within the housing areas have tables for eating and writing, televisions and microwave ovens.

There is a small control booth in each housing unit. Signs on the entry of each housing area remind staff to make the opposite gender announcement. These announcements are documented in the housing log book and on a *Gender Announcement* form. Announcements are made over the PA and staff announces themselves when they enter the hallways of the housing units. Detainees have access to a button in the housing unit to communicate with security staff in the control booth.

Restrooms in the open dorm housing pods have partial wall barriers in front of toilets and shower curtains on all showers. Single cells have toilets, sinks and showers within each cell. Showers have shower curtains. All restrooms and shower areas were found to afford detainees privacy while toileting, showering and changing clothes.

Open dorm housing units have telephones within the dorms, one phone in smaller pods and two in the larger pods. Large PREA posters are posted by the telephones as well as laminated

information required to be posted by ICE. The posters contain reporting information with one side of the poster in English and one in Spanish. Portable phones are available in single cell housing units. PREA signage is also posted in several other areas of the facility.

EHDC has seven outdoor recreation yards, two large yards and five small recreation yards located between housing units 5-10. Between housing 3 and 4 there are individual recreation cages for RHU detainees. Security staff provides direct supervision of detainees while on the recreation yards.

The facility conducts seven formal counts in a 24-hour period. Security rounds are conducted at a minimum of every 20 minutes in single cell housing areas and at a minimum of every 30 minutes in general population housing areas. Unannounced PREA rounds are conducted daily on both shifts. Captains, Lieutenants and Sergeants alternate conducting unannounced PREA rounds daily and the Chief of Security completes unannounced PREA rounds twice a month. EHDC has 225 cameras with DVRs retaining information for up to 45 days.

The facility currently has 207 employees, with a current vacancy of 48 positions. Medical and commissary services are contracted services. Twenty-two CCS contracted health care staff provide medical, dental and mental health services to the detainee population. Three contracted Brother's Commissary staff provides commissary services. Seven religious volunteers provide religious services.

East Hidalgo Detention Center's Mission Statement:

"It is the mission of the GEO Group, Inc. East Hidalgo Detention Center (EHDC) to strive to provide a controlled correctional environment in a professional manner so as to protect the safety of the general public, the surrounding community, the staff and the offender population. Safety is an integral part of every operation at EHDC and all employees and offenders are responsible for adhering to proper safety procedures at all times. Each offender is provided basic services relating to adequate food, clothing, health care and shelter.

EHDC strives to provide an environment that enables positive behavioral change through religious opportunities to allow offenders to become successful citizens upon release and to enhance the ability of the offenders to live lawfully in the community. All of this accomplished through an assortment of assessment, diagnostic, work, self-help, discipline, medical, mental health and social programs."

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: 8

Number of standards met: 33

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). East Hidalgo Detention Center's policy 1300.05 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 4-5, section IV-B. GEO's policy 5.1.2-A and the East Hidalgo Detention Center's policy 1300.05 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 1300.05, pages 7 & 8, 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 on an earlier date 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)

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Based on GEO policy 5.1.2-A, page 7, section C-1 and facility policy 1300.05 pages 8 & 9, section C-2, 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. The staffing was developed projecting a population of 1300 detainees. The average daily population for the past 12 months was 945.

A *PREA Annual Facility Assessments* were completed by PREA Compliance Manager, along with other administrative team members in 2015 and 2016, and forwarded to the PREA Coordinator and the Corporate Divisional Vice President for review and signature. These assessments noted no deviations from the staffing plan and no recommendations for any changes to the established staffing levels. In interview with the Warden, he stated that in the past 12 months, there have been no deviations to the staffing plan. A staffing analysis is completed by facility leadership annually to review and discuss the established staffing plan. The Warden monitors compliance to the staffing plan on a daily basis by reviewing staff rosters. The USMS look at staffing monthly during facility inspections.

GEO policy 5.1.2-A, page 7, section C-1-f & g, and facility policy 1300.05, page 8, section C-2-e & f, state that executive staff and department heads will conduct and document weekly unannounced rounds to deter employee sexual abuse and sexual harassment. These rounds are to be completed on both shifts and documented on the *PREA Unannounced Rounds Questionnaire*. While making rounds, the Chief of Security, Captains, Sergeants and Lieutenants making these rounds 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 both security 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 East Hidalgo Detention Center 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 1300.05, pages 20 -21, section I, 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. Strip 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, which is included in the pre-service and annual PREA refresher training.

Staff signs a *PREA Basic Training Acknowledgement* form upon completion of this training and completion of this training is recorded electronically on the individuals training record in the *Learning Management System (LMS)*. 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 made when opposite gender staff report to duty in a housing unit are documented on an *Opposite Gender Announcements* log. These announcements are made over the PA system and as opposite gender staff enters the hallways of the housing units, they make the announcement as well. Signs on entry doors to housing units remind staff to make opposite gender announcements. The facility's procedures require that female staff is posted in the female housing units and male staff is posted in the male housing units.

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. The facility was found to exceed in the requirements of this standard. They have taken extra measures to

eliminate the opportunity for cross gender viewing.

**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 1300.05, page 14, section D-1, address the agency/facility responsibilities to provide PREA education to detainees with disabilities or who are limited English proficient ensuring their understanding of the education they receive. At the time of the on-site visit, there were no detainees who were blind, had low vision or deaf.

Detainees receive an *Inmate Handbook* available in both English and Spanish and in large print for detainees with low vision. All PREA posters are displayed in both languages. Staff members who are proficient in both the English and Spanish language are identified on an *Interpreter List* and are available to provide interpretation for Spanish-speaking detainees. A contract with Language Line Services, Inc. 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.

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.

Twenty-two Spanish-speaking detainees interviewed, reported that they received written PREA information in Spanish and viewed the *PREA: What You Need to Know* video in Spanish. One detainee with cognitive deficits was able to answer interview questions appropriately indicating comprehension of the PREA information presented to him. One detainee who was hard of hearing also answered the interview questions appropriately and stated that the video was loud so he was able to understand it.

**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)

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**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 1300.05, page 9, section C-3, interview with the Human Resources Manager and random review of employee files were used to verify compliance to this standard.

GEO and the East Hidalgo Detention Center 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 and contractors receive a background check by Aurico and an NCIC/TCIC background check through by the USMS performed by the Nueces County Sheriff's Office. Criminal background checks are performed by Aurico effective 1/30/17. Prior to that date, criminal background checks were performed through a contract with Accurate Background, Inc. Volunteers have criminal background check through Aurico initially and annually they have NCIC/TCIC background checks by the USMS performed by the Nueces County Sheriff's Office.

If an applicant answers on their application that they have worked previously in a confinement facility, a *Custom Employment Report* is ordered along with the Aurico background check for PREA verification.

The agency requires that all applicants and employees who may have contact with detainees have a criminal background check and every five years thereafter. The East Hidalgo Detention Center performs criminal background checks annually on all staff, contractors and volunteers. Applicants receive a criminal background check through Aurico, but annually employees have a criminal background check by the USMS. Volunteers and contractors have initial criminal background checks and annual background checks through Aurico. For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions-PREA Related Positions* and a NCIC/TCID criminal background check is completed. 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. In the past 12 months, the facility has not received any request from institutional employers requesting information on substantiated allegations of sexual abuse or sexual harassment involving a former employee.

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 as well as annually. The facility performs criminal background check on all applicants, volunteers and contractors annually, which exceeds 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)

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GEO policy 5.1.2-A, page 8, section C-3 and facility policy 1300.05, page 9, section C-4, 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.

The East Hidalgo Detention Center has not acquired any new facility or had any substantial expansion or modification of the existing facility since August 20, 2012.

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. When interviewed, the Warden reported that in 2016, a new DVR was purchased, camera replacements were made as needed and cameras were added to the large recreation yards. The new budget includes the allocation of 30 new cameras and the rewiring of some of the existing cameras.

#### **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 6-11, sections III-D and facility policy 1300.05, page 30, section J-9, 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. Victims of sexual abuse are referred for SANE exams by written agreement with the South Texas Health System at no cost to the detainee. In the past 12 months, there have been no detainees that required SANE exams.

The facility entered into a Memorandum of Understanding (MOU) with Mujeres Unidas on 5/15/17. Mujeres Unidas provide victim advocacy and counseling services as well as a 24-hour reporting hotline. Upon the detainee victim’s request, a victim advocate would provide emotional support throughout the forensic exam as well as offer support services, resources and referrals to the victim.

#### **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 4, section III, A-1 and facility policy 1300.05, page 6, section IV-A-2 outline the agency’s policy and procedure for investigating and documenting incidents of sexual abuse. The East Hidalgo Detention Center 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 USMS are notified of all PREA allegations. Criminal investigations are performed by the USMS. If the USMS declines prosecution on federal charges then by written agreement, the LaVilla Police Department may impose state charges.

The facility has five trained facility investigators who are responsible for conducting administrative investigations. In the 12 months preceding the audit, the facility received four allegations of sexual abuse and one allegation of sexual harassment. Four of those allegations were investigated by the USMS in accordance with the PREA standards.

The agency’s policy regarding referral of allegations of sexual abuse and sexual harassment is available on the GEO website <https://www.geogroup.com/PREA> (Documents and Resource Section).

#### **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 12 & 13, section F and facility policy 1300.05, pages 15 & 16, section E-1, address the agency’s training requirements. All employees, contractors and volunteers receive the 2017 DOJ Pre-Service PREA training and annually complete an on-line in-service PREA 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, 319 employees have received PREA training. Upon completion of this training, employees, contractors and volunteers sign a *PREA Basic Training Acknowledgement* form and records of completion are maintained electronically in LMS.

In review of random 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 in LMS. Between trainings, the employees are provided with information about current policy updates and receive additional PREA information during shift briefings, staff meetings and quarterly training with their supervisor. In addition to these training opportunities, the PREA Compliance Manager makes daily rounds in all housing units and departments quizzing 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, as well the numerous training opportunities provided throughout the year, not just annually.

### **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 facility policy 1300.05 page 17, section F-1 for volunteers and pages 18 & 19, section G-1 for contractors.

Volunteers and contractors receive the same annual PREA refresher training as staff do and sign a *PREA Basic Training Acknowledgement* form. Completion of this training is maintained electronically in LMS.

In the past 12 months, 7 volunteers and 25 contractors were trained in the agency's policies and procedures regarding sexual abuse and sexual harassment.

In interview with three 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. The facility exceeds in the requirement of this standard. Volunteers and contractors not only receive pre-service and annual in-service PREA training, but receive additional training opportunities as employees do throughout the year.

### **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 1300.05, pages 14 & 15, section B, outline the agency/facility’s requirements of detainee PREA education. Incoming detainees receive information explaining GEO’s and East Hidalgo Detention Center’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, 10,457 detainees admitted to the facility received PREA information upon intake and during the orientation process.

During the intake process, detainees are given an *Inmate Handbook*, available in English, Spanish and in large print. Pages 20 & 21 of the *Inmate Handbook* provide the detainee with information about the GEO’s zero-tolerance policy. Detainees sign a *USMS-Property Withheld Receipt* acknowledging receipt of the *Inmate Handbook*. Detainees also receive an *ICE Sexual Assault Awareness Information* handout. During the orientation process, detainees view the *PREA: What You Need to Know* video and sign a *PREA Training Detainee Acknowledgement* form acknowledging viewing the video, receiving verbal orientation and receipt of the PREA handout at intake. Information provided is in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired or otherwise disabled as well as to detainees who have limited reading skills. Posters, in both English and Spanish, are displayed in every housing unit and in various common areas, providing continuous PREA information for detainees.

During detainee interviews, detainees acknowledged receiving written PREA information and viewing the PREA video. They were knowledgeable in the methods of reporting available to them to report allegations of sexual abuse and sexual harassment. In review of 36 detainee records, the facility is doing an excellent job of ensuring that all incoming detainees receive written PREA education at intake and comprehensive PREA education and documentation of this education is being maintained by the facility. The facility was found to exceed in the requirements of this standard.

#### **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 F-3 and facility policy 1300.05, page 17, section E-3, investigators receive specialized training in addition to the general education provided to all employees. 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 East Hidalgo Detention Center has five trained facility investigators who completed a four-hour webinar; *PREA Specialized Training Investigation Training* facilitated by the agency's PREA Coordinator and received a certificate of completion. This certificate is maintained by the facility and completion of this training is documented electronically in LMS.

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 2 and facility policy 1300.05 pages 16 & 17, section 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 receives specialized training in addition to general PREA training provided to all staff. All healthcare staff have received GEO's *Medical & Mental Health Specialized PREA* web-based training and received a certificate of completion. In addition, the HSA and the MHP received additional training by the agency's PREA Coordinator on how to complete PREA Risk Assessments and the 14-day mental health follow-up and progress note.

Medical staff does not perform SANE exams. SANE exams are performed by referral to the South Texas Health System and performed at the McAllen Medical Center.

The HSA and the Psychologist when 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. In review of documentation provided for review all 22 CCS health care staff has received this training.

**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 1300.05, pages 9-10, section D-1, all detainees are assessed during intake for risk of being sexually abused by other detainees or sexually abusive toward other detainees 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 the Case Manager or the Classification Supervisor using the *PREA Vulnerability Reassessment Questionnaire* (HWH 38) for their risk for victimization and abusiveness. 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.

*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 Case Manager, the Classification Supervisor, the PREA Compliance Manager, the Warden and the Records Clerks have access to these forms. In review of 36 detainee files, initial and 30-day reassessments are timely and completed as required.

#### **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 1300.05, pages 12-14, section 3, explains the use of the PREA screening information.

A large board mounted to the wall in the Classification office has tags to identify detainees that are assigned in each housing units. Potential victims and potential predators have color coded tags to identify them to ensure that victims and predators are not housed together. Yellow tags indicate potential victims and red tags identify those that are potential predators or dual designations as both a potential victim and predator.

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. The Warden stated during interview that transgender and intersex detainees would be allowed to shower in a medical cell or be taken to a closed housing unit.

GEO does not place lesbian, gay, bisexual, transgender or intersex residents in dedicated units or wings solely based on such identification. 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 Warden, the Chief of Security, the HSA and the PREA Compliance 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.

The agency does not place lesbian, gay, bisexual, transgender or intersex detainees in housing units solely based on their sexual orientation and these detainees are tracked on a PREA log. Two detainees who self-disclosed being bisexual, one who self-disclosed being lesbian and one transgender detainee interviewed reported that they were not housed based on their sexual orientation and shared that they feel safe at this facility.

Detainees identified from screenings to be potential victims, potential predators and detainees who self-disclosed being lesbian, gay, bisexual, transgender and intersex are tracked on a PREA log. In review of 36 detainee files, referrals from screenings for mental health evaluations are being made and detainees at risk for victimization or abusiveness are housed appropriately. The board in the Classification office ensures that those identified from screening to be at risk of victimization and those at risk of abusiveness are not housed together. The facility is doing an excellent job of ensuring the sexual safety of its detainees.

**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 5.1.2-A, pages 17 & 18, section K-1 and facility policy 1300.05, page 11, section 5, 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. 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.

In the past 12 months, there has been one detainee at risk of sexual victimization who is currently housed in involuntarily in a medical housing cell. The detainee was admitted to the facility on 2/2/17 and came with a USMS alert that the detainee was not to be housed with male or female detainees. The placement of this detainee is

reviewed every 30 days and documented on the *Thirty-Day Restricted Housing Review*. All completed forms are reviewed and signed by the Warden and by the Psychologist upon completion.

On interview with the Warden, he confirmed that there is one detainee held in involuntary segregated housing and documentation provided show *Thirty-Day Restricted Housing Reviews* are being held as required and being offered all programs and services.

#### **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, page 18, section L and facility policy 1300.05, pages 20 & 21, section L-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 Warden, 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 several ways 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, GEO's PREA Coordinator and Mujeres Unidas. Reporting information is posted in all housing units and day rooms in both English and Spanish, in the *Inmate Handbook* and reviewed in the PREA education provided to all detainees at orientation. A *Sexual Assault Awareness Program* poster, and a USMS Agreement Number 79-12-0015 and a USMS *Violence* poster, posted in both English and Spanish, instruct detainees on how to report allegations of sexual abuse or sexual harassment.

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 is 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/PREA \(Social Responsibility Section\)](http://www.geogroup.com/PREA (Social Responsibility Section))) in the Employee Handbook, and in the PREA training curriculum. Staff interviewed were knowledgeable of methods of privately reporting available to them.

#### **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, facility policy 1300.05, pages 22-24, section 2, 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 process on pages 22 & 23 of the *Inmate 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. 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, the facility has not received any grievances alleging sexual abuse.

#### **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 24 & 25, section K and facility policy 1300.05, pages 29 & 30, section 8, detainees are provided with access to outside victim advocates for emotional support. The East Hidalgo Detention

Center has an MOU with Mujeres Unidas to provide confidential support services to detainee victims of sexual abuse, as well as provide detainees with a 24-hour reporting hotline.

Detainees are made aware of the outside confidential support services available to them through posters displayed throughout the facility and in all housing units and information provided in the *Inmate Handbook*.

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.

#### **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 1300.05, page 23, 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 <https://www.geogroup.com/PREA> (Social Responsibility-PREA Certification Section) and on employee posters located on staff bulletin boards.

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 N-4, and facility policy 1300.05, pages 23 & 24, 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 1300.05, page 18, section G-2, outline the responsibilities of volunteers to report and GEO policy 5.1.2-A, page 15, section H-2 and facility policy 1300.05, page 19, section H-2, the responsibilities of contractors to report.

Interviews with staff, contractors and a volunteer revealed that they are aware of their reporting responsibilities and know not to reveal any information about sexual abuse incidents to anyone other than to the extent necessary.

East Hidalgo Detention Center 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 1300.05, pages 24 & 25, section 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, there were no times in the past 12 months that 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 be removed from the area and the USMS would be immediately notified. 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 1300.05, pages 28 & 29, 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 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. In interview with the Warden in the past 12 months, there were three allegations received of abuse that occurred when a detainee was confined at another facility. The facility provided documentation of notifications made to two of the facilities. The Warden reported during interview that several attempts were made to provide notification to the third facility, but he was unable to reach anyone after leaving several messages.

If a report is received from another facility regarding alleged sexual abuse occurring at the East Hidalgo Detention Center, the allegation will be reported and investigated in accordance with PREA standards. In the past 12 months, the facility received one report from another facility of an allegation of sexual abuse or sexual harassment that occurred while a detainee was housed at the East Hidalgo Detention Center. In interview with the Warden and documentation provided for review, notification was provided to the Warden of the other facility and the allegation was investigated.

#### **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, sections 2 and facility policy 1300.05, page 25, section 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. During PREA training, staff, volunteers and contractors are informed of their response to allegations of sexual abuse.

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, it was not necessary to implement first responder duties.

#### **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 1300.05, 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.

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. It is the responsibility of the shift supervisor, the assigned facility investigator and the PREA Compliance Manager 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 1300.05, page 6, section IV-A-3, GEO and the East Hidalgo Detention Center 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.

In the past 12 months, there was one allegation of staff-on-detainee sexual harassment that was determined to be unfounded. The staff member alleged in the allegation was removed from his post and assigned to another post until the conclusion of the investigation.

The East Hidalgo Detention Center has a collective bargaining agreement effective until 8/31/18 with the National Federation of Federal Employees, Federal District 1, IAMAW, AFL-CIO. Article 35, pages 30 and 31 outline disciplinary procedures that include suspension or termination. 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.

**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 1300.05, pages 31-32, section 2 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 is responsible for monitoring for retaliation. Weekly monitoring is to begin the week following the incident for a minimum of 90 days or longer if warranted will terminate if the allegation is determined to be unfounded. Monitoring for retaliation is documented on the *Protection from Retaliation Log*. Completed logs are retained in the corresponding investigative file.

In the past 12 months, there were no incidents of retaliation that occurred. Interview with the PREA Compliance Manager and in review of investigative files verified retaliation monitoring is being completed as required.

**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, facility policy 1300.05, page 29, section 6. 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 Warden and staff assigned to restrictive housing units, they revealed that involuntary

segregated housing has not been used for this purpose in the past 12 months. If the Warden felt there was a need to segregate a detainee, medical housing would be used for this purpose.

**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 East Hidalgo Detention Center, 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 4 & 5, section III-B-1 and in facility policy 1300.05, pages 25-27, section 3. All allegations of sexual abuse and sexual harassment, including third party and anonymous reports, are investigated by one of five trained facility investigators. All allegations are reported to the USMS and tracked on the *Monthly PREA Incident Tracking Log*. Since the last audit, there were no substantiated allegations that appeared to be criminal.

The facility shall cooperate with outside investigators and remain informed of the progress of the investigation. 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 received in the past 12 months have been investigated in accordance with the PREA standards.

**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 1300.05, page 35, section M-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, page 11, section K and facility policy 1300.05, pages 33 & 34, 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 PREA Compliance Manager 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.

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 PREA Compliance Manager and the facility investigators, this process is in place and notifications are being made as required by policy. In review of investigative files, in the past 12 months, a *Notification of Outcome of Investigation* form was presented to one detainee who alleged sexual abuse. Two allegations are still ongoing and two detainees who reported allegations of sexual abuse were no longer at the facility when the investigation was completed. *Notification of Outcome of Investigation* forms were found in the investigative files of those that were no longer at the facility at the conclusion of the investigation with notations on the forms that they were not delivered due to the detainee no longer being housed at the facility.

#### **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-A, pages 11 & 12, section L-1 and facility policy 1300.05, page 34, 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 18. All terminations and resignations for sexual misconduct are reported to LaVilla Police Department and licensing agencies, unless the activity was clearly not criminal.

If a staff member violates the agency's zero-tolerance policy, he/she will be investigated and if it appears to be criminal in nature, referred for prosecution. In the past 12 months, there has been no staff that violated agency/facility sexual abuse and sexual harassment policies.

#### **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-E, pages 12 & 13, section 3, and facility policy 1300.05, pages 18, section 3 for volunteers and page 19, section 3 for contractors, 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 Warden and documentation provided for review, in the past 12 months there were no contractors or volunteers reported to law enforcement agencies or licensing bodies 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 L-2 and facility policy 1300.05, page 34 & 35, section L-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*, on pages 22, 23, 26, 28 & 30, 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 no disciplinary sanctions for detainees 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 2 and facility policy 1300.05, pages 11 & 12, section 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 institution 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.

In the past 12 months, detainees who disclosed prior victimization during screening and were offered a follow-up meeting with Psychologist. The Psychologist is at the facility on Tuesday and Wednesday each week. Upon interview, the Psychologist stated that detainees referred from initial screening for mental health evaluations are seen in less than a week.

**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, page 24, section 7 and facility policy 1300.05, page 29, section 7, 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 are not performed onsite. SANE exams by referral to the South Texas Health System and performed at the McAllen Medical Center. A victim advocate from Mujeres Unidas 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. All refusals of medical services will be documented. Interviews with the Health Services Administrator and the Psychologist confirmed this practice.

In the past 12 months, there has been no access to emergency medical and mental health services required.

**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 1300.05, pages 23 & 31, section K-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 South Texas Health System at the McAllen Medical Center. 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 the 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 M-3 and facility policy 1300.05, pages 32 & 33, section 3, the facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation within 30 days in which the allegation has been determined to be substantiated or unsubstantiated.

The Incident Review Team consists of the Warden, PREA Compliance Manager, the HAS and the Case Manager, 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 the past 12 months, incident reviews were completed as per agency policy and maintained in the corresponding investigative files. In interview with members of the Incident Review Team, they knew their responsibilities as a member of the Incident Review Team.

#### **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 pages 35 & 36, section N-1 of facility policy 1300.05. 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, page 27 & 28, section O-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. The report is then made public on the GEO website at <https://www.geogroup.com/PREA>. 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 1300.05, pages 36 & 37, section N-3, the agency ensures that the data collected is securely retained for at least 10 years according to the Texas State Records Retention Schedule.

GEO makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at <https://www.geogroup.com/PREA>. 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 \_\_\_\_\_  
Auditor Signature

July 10, 2017 \_\_\_\_\_  
Date