

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report June 8, 2018

Auditor Information

Name: Wynnie R. Testamark	Email: wynnie@bellsouth.net
Company Name: WTS Consulting Services, Inc.	
Mailing Address: P.O. Box 693081	City, State, Zip: Miami, FL 33169
Telephone: 786-258-4951	Date of Facility Visit: February 27 – 28, 2018

Agency Information

Name of Agency: The GEO Group Inc.		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: One Park Place, Suite 700		City, State, Zip: Boca Raton, FL 33487	
Mailing Address: 621 Northwest 53rd Street		City, State, Zip: Boca Raton, FL 33487	
Telephone: 561-893-0101		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

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

Agency Website with PREA Information: https://www.geogroup.com/PREA_Certification_Information

Agency Chief Executive Officer

Name: George C. Zoley	Title: Chairman of the Board, CEO and Founder
Email: gzoley@geogroup.com	Telephone: 561-893-0101

Agency-Wide PREA Coordinator

Name: Phebia L. Moreland	Title: Director, Contract Compliance, PREA Coordinator
Email: pmoreland@geogroup.com	Telephone: 561-999-5827
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator 109

Facility Information

Name of Facility: GEO Mid Valley House					
Physical Address: 2520 S. Expressway 281 Edinburg, Texas 78541					
Mailing Address (if different than above): Click or tap here to enter text.					
Telephone Number: (956)383-0663 (Facility Director Ext. 202)					
The Facility Is:		<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit	
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal		
Facility Type:	<input checked="" type="checkbox"/> Community treatment center		<input checked="" type="checkbox"/> Halfway house		<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility		<input type="checkbox"/> Alcohol or drug rehabilitation center		
	<input type="checkbox"/> Other community correctional facility				

Facility Mission: The Mission Statement of the Mid Valley House: "Mid Valley House is committed to assist all residents transition back into the community. We will provide quality residential treatment and educational services to those entrusted to our care while working in partnership with contracting agencies, community leaders and residents' families. We believe each resident must be given the greatest opportunity to change his or her life".

Facility Website with PREA Information: www.geogroup.com (Social Responsibility Section)
Have there been any internal or external audits of and/or accreditations by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Director

Name: Ivan Iglesias	Title: Facility Director
Email: iiglesias@geogroup.com	Telephone: (956)383-0663 (Ext. 202)

Facility PREA Compliance Manager

Name: Claudia Herrera		Title: Assistant Director/PREA Compliance Manager	
Email: crherrera@geogroup.com		Telephone: (956)-383-0663	
Facility Health Service Administrator			
Name: N/A		Title: N/A	
Email: N/A		Telephone: N/A	
Facility Characteristics			
Designated Facility Capacity: 128		Current Population of Facility: 85	
Number of residents admitted to facility during the past 12 months			416
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			1
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			365
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			416
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 19 - 79	<input type="checkbox"/> Juveniles Click or tap here to enter text.	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:			6 months
Facility Security Level:			Minimum
Resident Custody Levels:			Minimum
Number of staff currently employed by the facility who may have contact with residents:			29
Number of staff hired by the facility during the past 12 months who may have contact with residents:			3
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		4 (3 male and 1 female open dorm style)	

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

Mid Valley House has cameras strategically placed throughout the facility, which includes interior and exterior cameras; ultimately enhancing security and surveillance at the facility.

Medical

Type of Medical Facility:	Edinburgh Regional Hospital (primary)
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Forensic sexual assault medical exams are conducted at:	Doctor Hospital at Renaissance SAFE Haven Forensic Exam Center
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Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	4
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Number of investigators the agency currently employs to investigate allegations of sexual abuse:	111 (3 @ facility)
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Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The PREA audit of The GEO Group, Mid Valley House, located at 2520 S. Expressway 281, Edinburgh, Texas, was conducted on April 24 – 26, 2018, by Wynnie R. Testamark, Department Of Justice, Certified PREA Auditor.

Approximately four weeks prior to the audit, agency wide and facility specific supplemental documentation was mailed to this auditor via U S Express Mail, which was received, on March 23, 2018. The documentation arrived in digital format (on a flash drive). The documentation consisted of agency policies, Directives and facility specific procedures responding to policy, samples of supporting documentation to each standard and the completed Pre-Audit Questionnaire.

Prior to the audit, the facility was provided with a memorandum noting the scheduled date of the facility audit and tour, contact information to be posted throughout the facility for residents and staff to view. The facility onsite audit and tour was scheduled for, and conducted on, April 24 - 26, 2018.

The PREA Resource Audit Instrument used for Community Confinement Facilities was provided by the National PREA Resource Center. There are seven sections: A) Pre-Audit Questionnaire; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation.

The Auditor met with agency staff on Monday, April 23, 2018 and discussed the PREA audit process and what to be expected during the on-site portion of the audit.

On April 24, 2018, Jaime Jackson, Program Performance Manager; transported the auditor to Mid Valley House. There, the auditor met with Facility Director Ivan Iglesias, and his executive team for an entrance briefing. Shortly thereafter, we began with a tour of the facility.

A tour was conducted of Mid Valley House. All housing units and all areas that residents are allowed access to were toured. Additional areas toured were, intake, reception screening, central control, recreation, kitchen, library, program areas, and classrooms. At that time, I was able to interact with both staff and residents. I also had the opportunity to observe the

operations of the facility, and the interaction between staff and residents.

The tour began at 9:30 a.m. and concluded at 10:45 a.m. Accompanying on the tour was Ivan Iglesias, Facility Director; Claudia Herrera, Assistant Director / PREA Compliance Manager; Jose Figueroa, Social Services Coordinator; Chief of Security; and Program Performance Manager, Jamie Jackson.

The population of the facility on the first day of the audit was 66 (58 males / 8 females) residents in house and 18 on home detention.

Following the tour, the auditor began formal random interviews of residents and staff inclusive of specialized staff and residents present at the facility during the time of the audit. Interviews were conducted in areas of relative privacy. Everyone interviewed participated willingly and appeared to have a good understanding of the PREA standards and the agency's response and requirements regarding the standards, zero tolerance policy and reporting procedures.

All residents expressed a thorough understanding of their right to be free from sexual abuse, harassment, and retaliation. They also knew the appropriate channels in which to report allegations and they were aware of the medical and counseling services available to them.

The auditor reviewed the documentation provided by the facility prior to the facility visit. During the tour, the auditor randomly reviewed additional documentation throughout the facility in order to verify that the samples provided was consistent with facility practice. This included viewing postings, pamphlets, employee files, and training documentation for staff (17), volunteers and residents files (11).

The auditor was very impressed with Mid Valley House. Everywhere throughout the facility, to include staff offices, the Auditor observed signage posted in English, and Spanish, explaining residents' rights to be free from sexual abuse and how to report allegations of sexual abuse and harassment.

The agency's PREA Coordinator in collaboration with facility PREA Compliance Manager, and facility staff, ensuring the information is disseminated (in multiple languages) throughout the facility for everyone to have access.

Throughout the audit, the auditor interviewed a total of 18 staff members, and 13 residents; (10 males & 3 females).

Of the thirteen (13) residents interviewed, (0) identified themselves as gay/lesbian, (1) Transgender resident, (0) Residents with cognitive disorders, (0) resident who report sexual abuse or harassment, (1) High risk of victimization resident and (0) residents who reported previous abuse or harassment during the intake screening, (0) Disabled residents; (0) Hard of hearing residents, and (1) Limited English Proficient residents.

Mid Valley House residential population is comprised of English and Spanish speaking residents. All residents interviewed, spoke and understood English and did not need the

assistance of an interpreter. However; Mid Valley House has interpreter services if and when the need arises; pursuant to Limited English Proficiency (LEP).

Mid Valley House does not house youthful residents.

There was no inmate who reported sexual abuse; who disclosed sexual victimization during risk screening; nor housed in segregation for risk of sexual victimization at Mid Valley House. As previously stated, all residents interviewed demonstrated knowledge of the agency's zero tolerance policy for sexual abuse, harassment and retaliation, and were able to identify how to report allegations of sexual abuse, harassment & retaliation.

Mid Valley House employs (29) staff at the time of the audit. The auditor formally interviewed (18) random staff; comprised of all shifts. Mid Valley House does not employ Mental Health staff at the facility; however, residents do have access to Mental Health services at Texas Tropical Behavioral & RAINN Crisis Center. Residents needing medical emergency treatment are taken to Edinburgh Regional Hospital, in the community.

There were: Four (4) Staff who perform screening for risk of victimization and abusiveness; (2) Staff member on the incident review team; (1) staff member (Assistant Director), in charge with monitoring retaliation; (4) staff first responders, both security and non-security staff interviewed; (2) Intake staff member; (4) Case Managers; and (1) contractor staff (Food Service Coordinator).

In conclusion, a total of (18) staff from all shifts, and (13) residents' formal interviews was conducted. All interviews were conducted utilizing the approved PREA questionnaires from the National PREA Resource Center.

Currently, Mid Valley House utilizes digital video recorders and DVR systems. The retention of the videos is 30 days. A Staff Monitor monitors all cameras in the Control Room.

Mid Valley House has not acquired any new facilities or made any expansions or modifications to the existing facility in the past 12 months. Currently, the facility has a number of cameras strategically placed throughout the facility, which includes interior and exterior cameras. However, since the last audit and Annual PREA Assessment dated June 2017, there has been the installation of one (1) security camera to enhance security and surveillance.

Every area of the facility was observed as the standard requires and the auditor observed residents being supervised throughout the audit.

After the on-site audit was completed, the auditor conducted an exit briefing with Facility Director Ivan Iglesias, his administrative staff, and Jamie Jackson; GEO Corporate Program Performance Manager, and provided a preliminary status of the audit findings. There were no standards found to require corrective action.

During the report writing period the auditor reviewed additional policies, procedures and supplementary documentation that was received during the audit.

Facility Characteristics

The Mid Valley House (MVH) is a residential, community release program that contracts with the Federal Bureau of Prisons and the United States Probation Office to assist offenders as they reenter the community. Mid Valley House provides temporary housing, monitoring and transitional services for 132 minimum-security adult males and females.

The facility is located at 2520 N. Expressway 281, Edinburg, Texas. The GEO Group, Inc. assumed operations of the facility in 2010. Assignments to the facility are made through contracts with the Federal Bureau of Prisons and the U.S. Probation and Pre-Trial Offices for adult males and females who are serving the last six months of their sentences. Residents may also be direct court commitments that have been designated to serve their entire confinement at the facility or referred for placement due to conditional requirements of supervision.

Contractual requirements require one female and one male staff to be on duty at all times.

The facility is contained in one building and includes male and female exercise rooms, day rooms, a dining room, a classroom, a computer lab, separate laundry rooms for male and female residents and administrative offices. A recreation area in front of the building has a canopy for females and one for males, both equipped with picnic tables and a basketball hoop. The area is well lit at night and residents are allowed to access the area until 9 p.m. curfew.

Specifically, the facility consists of four residential dorms; three male and one female. The dorms are open with 20 bunk beds in Dorm 1, 38 bunks beds in Dorm 2, 36 bunk beds in Dorm 3 and 38 bunk beds in Dorm 4. The male and female residents are not allowed to socialize together and are prohibited from engaging in any emotional or physical relationships. The facility has a total of 33 cameras strategically placed throughout the interior and exterior of the facility.

Programs offered include life skills training in anger management, stress management, parenting, suicide prevention, sexual abuse intervention, personal hygiene, budgeting, banking and housing assistance. All residents are required to secure full-time gainful employment within 21 days of arrival to the facility. Employment assistance and training is provided which includes resume writing, job search strategies, application assistance and interview techniques.

Programs and services offered help prepare residents to return to their local communities. Home detention is offered to eligible residents for the last 10% of their sentence. Home

detention requires weekly visits to the facility and weekly home/job site visits from a Job Developer or Case Manager.

The Mid Valley House also operates a home confinement component. Residents are eligible for home confinement after reaching their pre-release preparation date and having successfully completed all previous levels of the pre-release program. At the time of the audit, 18 residents were participating in the home confinement component.

Residents are transported to the local hospital (Edinburgh Regional Hospital), for emergency medical healthcare. No forensic medical exams are conducted at Mid Valley House. Forensic examinations by SANE/SAFE staff are provided at the outside local hospital; Doctor Hospital at Renaissance, or SAFE Haven Forensic Exam Center.

Mid Valley House does not house mental health residents and they do not employ mental health practitioners at this facility. If it is determined that a mental health practitioner is needed, the resident will be transported to Texas Tropical Behavioral Center or RAINN Crisis Center, for treatment. These services are at no cost to the residents.

The Mission Statement of Mid Valley House is as follows: “Mid Valley House is committed to assist all residents transition back into the community. We will provide quality residential treatment and educational services to those entrusted to our care while working in partnership with contracting agencies, community leaders and residents’ families. We believe each resident must be given the greatest opportunity to change his or her life”.

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

Summary of Audit Findings

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 5

Standard 115.213: Supervision and monitoring

Standard 115.231: Employee training

Standard 115.232: Volunteer and contractor training

Standard 115.233: Inmate education

Standard 115.241: Screening for risk of victimization and abusiveness

Number of Standards Met: 36

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

None

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Corporate policy #5.1.2: Sexually Abusive Behavior Prevention and Intervention Program 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 who violate these prohibited behaviors.

The agency employs or designates an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The PREA Coordinator, through interview has indicated that she has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

In addition, GEO Corporate policy #5.1.2-A, & Mid Valley House Directive #2014-1 states the responsibilities of the PREA Coordinator and the PREA Compliance Manager. At facility level, the Assistant Director (PREA Compliance Manager) is responsible for the staff training and implementation of the facility’s oversight of the PREA Standards.

An agency organizational chart and a facility organizational chart depict the positions and the span of control for both agency PREA Coordinator and facility PREA Compliance Manager.

Based on GEO Corporate policy #5.1.2: Sexually Abusive Behavior Prevention and Intervention Program, & Mid Valley House Directive #2014-1: PREA Staffing and Facility Requirement, PREA Agency Organizational Chart, Mid Valley House Organizational Chart, and interviews with PREA Coordinator, Facility Director, and Assistant Director /PREA Compliance Manager, Mid Valley House meets the standard.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

GEO Corporate policy #5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA for Adult Prison and Jail and Adult Community Confinement Facilities) states GEO shall adhere to all contracts with other entities for the confinement of individuals that require its obligation to adapt and comply with the PREA standards.

It also states contractors in its facilities that have direct contact with individuals in GEO facilities or programs shall be obligated to comply with PREA standards.

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

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Based on GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior Prevention and Intervention, and Mid Valley House Directive #2014-4: PREA Staffing and Facility Requirements, 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 residents against sexual abuse.

A PREA Annual Facility Assessment is completed by Facility Director, Assistant Facility Director/PREA Compliance Manager, Chief of Security, and forwarded to the PREA Reentry Services Divisional PREA Coordinator, agency's PREA Coordinator and the Vice President, Residential Reentry Centers for review and approval.

The last PREA Annual Facility Assessment of Mid Valley House was completed on 06/15/17.

Currently, there're no vacancies at Mid Valley House. There were no deviations to the established staffing plan and no recommendations were made for any changes to the current staffing levels.

As an added layer of increased security, supervision and monitoring, the facility has in place a count verification procedure to monitor surveillance tapes on a weekly basis to ensure staff is conducting formal resident counts. These verifications are documented on a Resident Count Verification Checklist form.

To ensure accountability, management staff conducts and document unannounced PREA rounds within their respective areas to identify and deter employee sexual abuse and sexual harassment. Eventually, confirmation that surveillance tapes have been reviewed and results documented by management on the Residential Count Verification Checklist has to be reported directly to the Sr. Area Manager and the Vice President, Residential Reentry Centers on a weekly basis.

This practice was confirmed through staff, resident interviews and documentation provided.

Based on GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior Prevention and Intervention, and Mid Valley House Directive #2014-4: PREA Staffing and Facility Requirement, Approved Staffing Plan (June 2013), Facility PREA Annual Assessment, Unannounced Rounds Log, Floor Plans, Camera Location Form, and interviews with Chief of Security, staff, and residents, Mid Valley House exceeds the standard.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior Prevention and Intervention, and Mid Valley House Directive #2014-4, address resident pat searches, strip searches, body cavity searches and the limits to cross-gender viewing and searches. All staff receives training in pre-service and in annual in- service training on how to conduct searches, including searches of transgender and intersex residents.

Cross gender pat down searches, strip searches or visual body cavity searches is prohibited. A staff member of the same gender conduct pat searches and these searches are documented on a pat search log. Female residents interviewed reported that at no time have they been denied access to programs because a female staff member was not available to pat search them.

Residents are allowed to shower, perform bodily functions and change clothing without staff viewing their breasts, buttocks or genitalia. Staff of the opposite gender announces themselves when they enter the housing dorms. This practice was also observed during onsite.

Residents interviewed confirmed that this practice is being followed and denoted that they have privacy to toilet, shower and clothing change when staff of the opposite sex is in their housing unit.

Based on GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior Prevention and Intervention, Mid Valley House Directive #2014-4, PREA Staff Training Curriculum, PREA Staff Training Acknowledgement Forms, and interviews with Social Service Coordinator, Chief of Security, staff and residents.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Mid Valley House has in place the appropriate steps necessary to ensure residents with disabilities, and limited English proficiency have equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and harassment.

GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior Prevention and Intervention and facility policy# 2014-2 states that the facility shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations. Any use in those instances, staff must justify and document in the investigative report.

In addition, The PREA Education Manual for Residents, PREA Resident Reporting Options Poster, GEO PREA brochure: Sexual Assault Awareness, PREA Resident Video are all available in both English and Spanish and is also available in large print in both languages for residents with visual impairments. A Language Line Service for the translation of any other languages, and A TTY phone for hearing impaired residents is available also.

At the time of the audit there were no residents with hearing, visual or cognitive impairments, nor any limited English proficient residents. Mid Valley House does not utilize residents as interpreters, readers or other types of resident assistants.

In the past 12 months, there have no instances where resident interpreters were utilized.

Based on GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior Prevention and Intervention, Mid Valley House Directive #2014-2, PREA Education Manual for Residents (English, Spanish, & Large Print), Photo and observation of TDD phone (Hearing Impaired), PREA Resident Reporting Options Poster, Sexual Assault Awareness Facility Brochures, Language Line Accessing Interpreters, and Statement of Facts, Mid Valley House meets the standard.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Review of GEO Corporate policy #5.1.2-A, Sexually Abusive Behavior Prevention and Intervention, Mid Valley House Directive #2014-1, prohibits from hiring or promoting anyone who may have contact with residents who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a confinement setting or the community.

Criminal background checks are conducted for all potential employees as well as BOP clearance for all staff both through NCIC and the Aurico System. Applicants who answer on their application that they have worked in a confinement setting previously, receive additional PREA verification/clearance.

The Mid Valley House does not have contractors or volunteers. When considering staff for promotions or for transfers, employees complete a PREA Disclosure and Authorization Form Promotions – PREA Related Positions and another background check is completed. Additionally, at the time of annual performance evaluations, employees complete a PREA Disclosure and Authorization Form, Annual Performance Evaluation form. BOP completes background checks for all employees prior to awarding contract to agency; are completed every five years.

Random employee files (15) were reviewed with the Office Support Specialist. Drivers' license checks are completed on all employees annually.

Based on agency policies #5.1.2-A, Sexually Abusive Behavior Prevention and Intervention, Mid Valley House Directive #2014-1, New Hire Application, Pre-Background Check, Annual Performance Evaluation Disclosure, PREA Questionnaire Internal Promotional/Transfer,

Facility Director's Memo (2/3/17) and, interviews conducted, Mid Valley House meets the standard.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Corporate policy #5.1.2-A, Sexually Abusive Behavior Prevention and Intervention and Mid Valley House Directive #2014-1, requires that the facility takes into consideration the effect that any new design, acquisition, expansion or modifications of the physical plan or monitoring technology might have on the facility's ability to protect residents from sexual abuse.

Currently, Mid Valley House utilizes fixed wing digital video recorders and DVR systems. The retention of the videos is approximately 30 days. A Security Monitor monitors all cameras in the Control Room.

Mid Valley House has not acquired any new facilities or made any expansions or modifications to the existing facility in the past 12 months. Presently, Mid Valley House has a number of cameras strategically placed throughout the facility, which includes interior and exterior cameras. In March 2018, Mid Valley House added one (1) additional camera. Ultimately enhancing security, surveillance at the facility, and allowing supervisory staff to obtain evidence in the event of an allegation.

Based on GEO Corporate policy #5.1.2-A, Sexually Abusive Behavior Prevention and Intervention and Mid Valley House Directive #2014-1, Facility PREA Annual Assessment (June 2017), Facility Director’s Memo (12/14/17), staff interviews and, auditor observations, Mid Valley House meets the standard.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentially or medically appropriate? Yes No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination

issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on GEO Corporate policy #5.1.2-E, Investigating Allegations of Sexually Abusive Behavior & Evidence Collection and facility policy #2014-6, the facility follows a uniform evidence protocol for the collection and preservation of evidence for administrative and criminal investigations of sexual abuse.

In the event of an incident, Edinburgh Police Department will conduct all criminal investigations at the facility. All evidence will be collected and preserved according to evidence protocols established by the Department of Justice.

Mid Valley House does not house mental health residents and they do not employ mental health practitioners at this facility. If it is determined that a mental health practitioner is needed, the resident will be transported to Texas Tropical Behavioral Center or RAINN Crisis Center, for treatment. These services are at no cost to the residents.

Emergency health care as well as forensic examinations by SANE/SAFE staff is provided with no cost to the resident. An advocate is provided to the resident upon request to provide emotional support. Victims of sexual abuse are referred to the Safe Haven Forensic Exam Center @ Doctors Hospital and Mission Regional Medical Center SAFE Place Forensic Department.

In the past 12 months, there have been no residents that required SANE exams.

The Mid Valley House has established MOU's with Safe Haven Forensic Exam Center @ Doctors Hospital @ Renaissance, Mujeres Unidas / Women Together (10/18/17), and Mission Regional Medical Center SAFE Place Forensic Department (10/10/16), to provide victim advocacy services.

Based on the GEO Corporate policy #5.1.2-E: Investigating Allegations of Sexually Abusive Behavior & Evidence Collection, Mid Valley House Directive #2014-6, MOU's with Safe Haven Forensic Exam Center @ Doctors Hospital @ Renaissance, Mujeres Unidas / Women Together (10/18/17), Mission Regional Medical Center SAFE Place Forensic Department

(10/10/16), Edinburgh Police Department and Facility Director's Memo (12/13/2017), Mid Valley House meets the standard.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a.)]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency's policy #5.1.2-E Investigating Allegations of Sexually Abusive Behavior & Evidence Collection, and Mid Valley House Directive #2014-6, stipulates that all allegations of staff sexual abuse are referred to the agency's Office of Professional Responsibility(OPR) and the Bureau of Prison (BOP).

All allegations of sexual abuse and sexual harassment by staff and residents are referred to the PREA Coordinator, Reentry Services PREA Divisional Coordinator and to BOP Residential Reentry Manager. The Edinburgh Police Department is responsible for conducting criminal investigations for Mid Valley House.

The GEO Group, Mid Valley House Annual Report 2016 is made available to the public through the agency website: <http://www.geogroup.com> (Social Responsibility Section), which was reviewed by this auditor.

In the past 12 months, according to documentation reviewed, there have been one (1) allegation of sexual abuse and sexual harassment; one (1) allegation resulting in an administrative investigation; and zero (0) allegation were referred for criminal investigation.

Based on agency policy #5.1.2-E Investigating Allegations of Sexually Abusive Behavior & Evidence Collection, Mid Valley House Directive #2014-6, GEO Corporate Memo, BOP Email Memo, and GEO Corporate website: <http://www.geogroup.com> (Social Responsibility Section), Mid Valley House meets the standard.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, addresses the agency's training requirements, and mandates all employees, volunteers, and contractors receive training on the agency's zero tolerance policy for sexual abuse and sexual harassment at pre-service and annually at in-service training.

Staff interviewed at Mid Valley House was very knowledgeable about the agency zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities concerning prevention, detection, reporting, and response concerning sexual abuse and sexual harassment; The residents' rights to be free from sexual abuse and sexual harassment; Resident and employee's rights to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and harassment in confinement; The common reaction of victims to sexual abuse and sexual harassment; How to detect signs of sexual abuse and sexual harassment; How to avoid inappropriate relationships with residents; How to communicate effectively and professionally with residents (LGBTI); and how to comply with relevant laws related to mandatory reporting.

The agency January 26, 2018 PREA training curriculum was reviewed and found to be very comprehensive and meets all the elements of 115.231(a) of this standard.

The Assistant Director/PREA Compliance Manager provides the staff PREA training at Mid Valley House. Employees, who may have contact with residents, receive refresher training on PREA requirements every two years.

In the past 12 months, twenty-nine (29) employees at Mid Valley House, who may have

contact with residents, were trained and or have had refresher training on the PREA requirements.

Random interviews with staff verified receiving this training and knew their responsibilities for preventing, detecting and responding to allegations of sexual abuse. Employees sign a PREA Basic Training Acknowledgement form stating that they have received and understood the training they received.

Based GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, PREA signed Acknowledgment form, GEO Corporate PREA Training (January 26, 2018), PREA Training Curriculum (September 2016), Pre & In Service Training acknowledgement forms (2016 & 2017), and random interviews with staff, Mid Valley House exceeds the standard

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, addresses the agency’s training requirements, and mandates all employees, volunteers, and contractors receive training on the agency’s zero tolerance policy for sexual abuse and sexual harassment at pre-service and annually at in-service training.

All contractors and volunteers who have contact with residents at Mid Valley House receive PREA Orientation training prior to assuming their responsibilities. Orientation includes the GEO Corporate policy and procedures regarding sexual abuse and sexual harassment prevention, detection, reporting, and response including zero tolerance. Upon completion of orientation, the volunteers sign the Acknowledgment Form. Signed forms are maintained at the facility.

This auditor reviewed the agency PREA Volunteer/Contractor Training Curriculum 2013 and Volunteers acknowledgement forms for 2017 and 2016.

During this audit period, there were no contractors working at Mid Valley House.

There were four (4) volunteers, who have had contact with residents during this audit cycle, who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

Based on GEO Corporate policy #5.1.2-A Sexually Abusive Behavior & Intervention Program, , PREA Volunteer/Contractor Training Curriculum 2013, Training Acknowledgement forms 2017 and 2016, and Facility Director’s Memo (1/3/2017), Mid Valley House exceeds the standard.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No

- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency policies #5.1.2-A: Sexually Abusive Behavior & Intervention Program, Mid Valley House Directive #2014-2: Intake & Orientation mandates the facility provide PREA education to all residents beginning at inception into Mid Valley House. Within 24 hours of arrival, incoming residents are provided with educational information explaining the agency zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of sexual abuse and sexual harassment. Residents also receive a PREA Education Manual for Residents and a GEO PREA Sexual Assault Awareness Program pamphlet, and GEO Reporting Options brochure by their assigned Case Manager.

In addition, all residents view a PREA video, which is shown during intake orientation by their Case Manager. Residents sign a Resident Video Acknowledgement form confirming receipt of the PREA Video and PREA Resident Education Manual. All information is provided in both English and Spanish. Resident education is documented for each resident and maintained in the resident files.

During the onsite audit, this auditor reviewed eleven (11) resident files and found them to be consistent with GEO Corporate policy and practice.

Random residents interviewed acknowledged receiving the PREA training information and were knowledgeable of the agency's zero-tolerance policy, on how to report incidents of sexual abuse and sexual harassment. Also, all were aware of the contact information located throughout the facility and were provided PREA specific Literature/Video presentation during initial processing and upon arrival at Mid Valley House.

Based on the agency's policies #5.1.2-A: Sexually Abusive Behavior & Intervention Program, Mid Valley House #2014-2, PREA Resident Education Manual, PREA Resident Acknowledgment Receipt, Resident PREA Video, PREA Brochure, Posters, and GEO Corporate Reporting Options form, 11 resident files, and random resident interviews, Mid Valley House exceeds the standard.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, the facility's investigators receive specialized training in addition to the general education provided to all staff. This training meets the expectations of the standard and provides the recipient with the needed skills to conduct investigations in a confinement setting.

Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency's PREA Coordinator provides a four-hour specialized training for investigators. At Mid Valley House, the Facility Assistant Director, Social Service Coordinator, and Case Manager Supervisor are trained investigators, who completed training on October 2014, February 2015 and October 2015.

The facility maintains documentation that the investigators have received required specialized training in conducting sexual abuse investigations.

Based on GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, Facility Director's Memo (12/5/2017), Investigation Lesson Plan, Completion Certificates, and General PREA Training Records, Mid Valley House meets the standard.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, outlines how the agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities is to be trained in: How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Mid Valley House does not employ Mental Health or Medical staff at the facility; however, residents do have access to Mental Health services at Texas Tropical Behavioral & RAINN Crisis Center. Residents needing medical emergency treatment are taken to Edinburg Regional Hospital, in the community.

Therefore; this standard is not applicable.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, and Mid Valley House Directive #2014-3: Screening and Admission, the agency requires that residents be screened upon admission for risk of sexual abuse victimization or sexual abusiveness toward other residents.

PREA Risk Assessment form is used to screen residents upon admission and was found to contain all requirements of this standard. Policy also states, residents may not be disciplined for refusing to answer any questions or for not disclosing complete information. In addition to

the screening form, a detailed review of any available records, which can assist in determining risk assessment, is required.

Within 30 days of arrival, a PREA Vulnerability Reassessment Questionnaire is completed to reassess the risk of victimization or abusiveness of all residents. Reassessments are completed, and referral requests are completed when incident of sexual abuse or receipt of additional information is received. The assigned Case Managers/Intake Coordinators are responsible for conducting the initial and 30-day reassessment screenings of residents.

Random interviews with residents confirmed that screening upon intake and reassessments within 30 days of arrival are being completed. While interviewing two Case Managers, they articulated their responsibilities of the screening process.

Within the past 12 months, there were 416 residents at Mid Valley House (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. Mid Valley House exceeds mandate of the standard. Residents are screened within 24 hours of their entry into the facility.

Within the past 12 months, there was 365 residents at Mid Valley House (whose length of stay in the facility was for 30 days or more) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake. Residents in the program longer than 180 days, receives additional reassessment every 6 months.

During the onsite audit, this auditor reviewed eleven (11) resident files and found them to be consistent with GEO Corporate policy and practice.

Based on GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, Mid Valley House Directive #2014-3: Screening/Admission, PREA Risk Assessment Form, PREA Vulnerability Reassessment Questionnaire, residents files, interviews with residents, and case managers, Mid Valley House exceeds the standard.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

- Does Not Meet Standard** (*Requires Corrective Action*)

Guidelines on housing and program assignments and for the management of transgender and intersex residents are outlined in GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, and Mid Valley House Directive #2014-3. The agency does not place LGBTI residents in housing units solely based on their sexual orientation.

The Mid Valley House utilizes information from the risk assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

Transgender or intersex (TI) resident's housing is considered on a case-by-case basis, placement considers the inmate's health and safety, and whether the placement would present management or security problems; placement is reassessed as needed; TI resident's own view with respect to his or her own safety is given consideration; TI residents are given the opportunity to shower separately from other residents.

Mid Valley House does not house gay, bisexual, transgender or intersex residents in dedicated

housing units.

At the time of the audit, there was one (1) transgender resident housed at Mid Valley House. Auditor interviewed the resident.

Based on policies #5.1.2-A: Sexually Abusive Behavior & Intervention Program, Mid Valley House Directive #2014-3, PREA Risk Assessment Form, PREA Vulnerability Reassessment Questionnaire, Residential Referrals for Emotional Support, and Facility Director's Memo (12/14/17), interviews with residents, and Case Managers, Mid Valley House meets the standard.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Mid Valley House has procedures allowing for multiple internal and external ways for residents to report sexual abuse, sexual harassment, and retaliation. PREA reporting methods are shared with residents at intake, during orientation, in the PREA brochure, and on posters throughout the facility. GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, Mid Valley House Directives #2016-6, and #2014-2 Intake & Orientation requires employees to report and document verbal reports immediately, and/or prior to the end of shift.

Specifically, residents are made aware that they can inform a staff member immediately, contact the Facility Director/PREA Compliance Manager, put their allegation in writing, or call one of many crisis hotline numbers/resources. Those numbers access the Corporate PREA Coordinator, The RAINN National Hotline, (800-656-4673), The Crisis Center PREA Hotline (2/9/17), and Texas Association Against Sexual Assault (TAASA). Calling any of these numbers allows the residents to remain anonymous upon request.

In addition to the above, residents can also call the BOP Residential Reentry Management, to

report an allegation of abuse. Information on Resident Reporting Options is posted throughout the facility at numerous locations in both English and Spanish. The PREA Educational Manual for Residents, received upon arrival, provides the residents with ways of reporting available to them. Residents are provided with addresses for reporting in writing and are informed that they can verbally report to any staff member.

All above-mentioned information is relayed to residents through various ways such as: PREA Residential Reporting Options (located in each resident dorm, lobby & offices), and PREA Resident Education Manual.

Staff has access to private reporting by calling the Employee Hotline at (866-568-5425) or the Corporate PREA Director at (561-999- 5827). The GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, Mid Valley House Directives #2016-6, and #2014-2 Intake & Orientation, and Employee Reporting Options posting mandates that staff accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Resident and staff interviewed were well versed in the methods of reporting available to them.

Resident interviews confirmed they knew the various ways in which they can report allegations and; random staff interviews confirmed, staff was aware of the multiple ways in which residents and staff can report.

Information for resident and staff reporting is also available on the GEO's website and posted throughout the facility in various locations and resident dorms.

The RAINN National Hotline Network was called during the audit utilizing the residents' pay phone and found it to be accessible to residents.

Based on agency's policies #5.1.2-A: Sexually Abusive Behavior & Intervention Program, Mid Valley House Directives #2016-6, and #2014-2 Intake & Orientation, and Employee Reporting Options, Employee Manual, PREA Residential Reporting Options, PREA Resident Education Manual, PREA Resident Manual Acknowledgment forms, Edinburgh Police Department MOU, observations and interviews with staff and residents, Mid Valley House meets this standard.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies

relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)

Yes No NA

- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
 Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, and Mid Valley House Directive #2014-5 outlines procedures for residents to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Said information to file grievances is provided in the PREA Education Manual for Residents.

According to policy, there is no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. Third parties on behalf of a resident may also request administrative remedies relating to allegations of Sexual Abuse. Also, emergency grievances may be filed if the resident feels he/she is at substantial risk of imminent sexual abuse directly to the Facility Director or designee.

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

Based on Mid Valley House PREA policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, #2014-5: Grievance Process, Facility Director's Memo (10/2017), PREA Education Manual for Residents, Mid Valley House Grievance Logs, and interviews with, Facility Director, Assistant Director, Social Service Director, Chief of Security and documentation provided, Mid Valley House meets standard.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Corporate policy #5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA), Mid Valley House Directive #2014-6, ensure residents are provided with access to outside victim advocates for emotional support without financial cost. Residents are given mailing addresses, telephone numbers, and the facility informs residents prior to giving them access of the extent to which such communications will be monitored.

Guidelines on how to access these agencies are provided to residents at intake by assigned Case Managers, and PREA Residents Education Manual, PREA Posters displayed in each resident's dorm, and throughout the facility.

Mid Valley House has provided access to outside victim advocates for emotional support

services through local MOU with Myjeres Unidas / Women Together (10/28/17), and The Crisis Center PREA Hotline (2/9/17), Texas Association Against Sexual Assault (TAASA), and RAINN National Hotline Network related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible. Contacting any of the numbers allows the residents to remain anonymous upon request.

Residents interviewed were knowledgeable about the outside confidential support services available to them.

During this audit cycle, no victim's referral for offsite emergency medical or mental health services related to PREA.

Based on GEO Corporate policy #5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA), Mid Valley House Directive #2014-6, Access to Emergency Medical & Mental Health Services, PREA Residents Education Manual, PREA Posters, MOU's with Myjeres Unidas / Women Together (10/28/17), and The Crisis Center PREA Hotline (2/9/17), Texas Association Against Sexual Assault (TAASA), and RAINN National Hotline Network, Mid Valley House meets the standard.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, (Third Party Reporting) and Mid Valley House Directive #2014-2, provides multiple methods to receive third-party reports of sexual abuse or sexual harassment.

Reviewed GEO Corporate website: www.geogroup.com (Social Responsibility), to ensure compliance with 115.54(a) and verified that it contains information required stipulated in standard.

Additionally, the information on the web site encourages third parties to report allegations to the Facility Administrator's Office, and GEO Corporate PREA Coordinator. Outside parties can report verbally or in writing to facility management also.

Third Party reporting information is also included in the PREA Resident Education Manual, which is provided to each resident at intake. PREA Posters were observed throughout the facility and posted in each resident's dorm. All information posted is provided in both English and Spanish.

Based on GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, Mid Valley House Directive #2014-2, GEO Corporate website, PREA Posters observed, random staff and resident interviews, Mid Valley House meets this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to GEO Corporate policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to GEO Corporate policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to GEO Corporate policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in GEO Corporate policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, and Mid Valley House Directive #2014-6, provide clear requirements to all staff regarding their obligation to report immediately any suspected or reported incidents involving sexual abuse and/or sexual harassment, regardless of whether the alleged incident took place at the resident current facility or not.

In addition, the policies also require all reports and information related to allegations remain confidential to the extent necessary for treatment, investigation and for other management decisions. Also, staff is required to immediately report all allegations of sexual abuse and/or harassment as well as the requirement to document the report in writing as soon as possible.

Interviews with security and support staff all confirmed compliance and, were able to articulate the reporting process.

Based on GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, Mid Valley House Directive #2014-6, Texas Survey of Vulnerable Persons Statutes, Facility Director's Memo (11/3/2016 & 10/28/17), and random staff interviews, Mid Valley House meets the standard.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, addresses this standard and specifically states all staff shall take immediate action to protect residents at risk of imminent sexual abuse.

Random interviews with staff confirmed when a resident is subject to substantial risk, the resident will be relocated and assessed in order for staff to take the appropriate action. All staff members were aware of the requirement to immediately remove the resident from the area of the imminent threat.

In the past 12 months, Mid Valley House had no incident where facility determined that a resident was a subject to a substantial risk of imminent sexual abuse.

Based GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, Mid Valley House Directive #2014-6, Facility Director's 's Memo (11/2016 & 10/2017), and interviews conducted with Facility Director, Assistant Director, Chief of Security, and staff; Mid Valley House meets the standard.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, addresses upon receiving an allegation that a resident was the victim of sexual violence or staff sexual misconduct while confined at another facility, The Facility Director or Social Services Coordinator where the allegation was received shall notify the Facility Administrator of the institution or appropriate office of the agency where the alleged incident occurred within 72 hours after receiving the allegation.

In the past 12 months, Mid Valley House did not received any residents into the facility that has claimed or alleged he/she was sexually abused while confined at another facility.

In the past 12 months, Mid Valley House had no allegations of sexual abuse the facility received from other facilities.

Based on GEO Corporate policy#5.1.2-A: Sexually Abusive Behavior & Intervention Program, Mid Valley House Directive#2014-6, Facility Director’s Memo (11/2016 & 10/2017), and interviews with Facility Director, Assistant Director, Chief of Security, and random staff, Mid Valley House meets the standard.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, Mid Valley House Directive #2014-6, provides information explaining the duties of staff that are first responders to allegations of sexual abuse or acts of sexual abuse. The policies require all staff to follow the protocol as dictated by this standard, including the separation of the alleged victim from the alleged abuser, preservation of evidence and the crime scene and to not allow the victim or abuser to take any action that would destroy physical evidence if the alleged incident took place within a time frame that would still allow for collection of that evidence.

In addition, Mid Valley House provides facility staff with a pocket reference to show compliance. The pocket reference is given to all staff as a quick reference guide for staff response to allegations of sexual violence against residents. The reference covers all steps to take during incidents of sexual abuse and if followed assures compliance.

In the past 12 months, Mid Valley House had no allegations of sexual abuse.

All staff interviewed during the tour, and during random interviews knew how to respond to and appropriately handle allegations of sexual assault as a first responder.

Based on GEO Corporate policy #5.1.2-A: Sexually Abusive Behavior & Intervention Program, Mid Valley House Directive #2014-6, Facility Director's Memo (10/2017), and random staff interviews, Mid Valley House meets the standard.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Mid Valley House has developed a Facility Response Plan to utilize in conjunction with GEO Corporate policy#5.1.2-A: Sexually Abusive Behavior & Intervention Program, and Mid Valley House PREA Process Coordinated Response.

The Response Plan details the required duties of every staff member involved in the handling of sexual abuse cases, from First Responders, Supervisory staff, Investigative staff Administrative staff, the list of Medical and Mental Health providers, and emergency response contact information.

Based on the above policy, The Mid Valley House Response Plan (3/15/18), and interviews with staff, Mid Valley House meets the standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Facility Director's Memo (10/2017) states; Mid Valley House does not have a collective bargaining unit. Additionally, the facility did not have any incidents where staff had to be separated from the resident during the past 12 months.

Based on GEO Corporate policy #5.1.2-A and Mid Valley House Directive #2014-6 and interviews with Facility Director, Assistant Director, and Chief of Security, Mid Valley House meets the standard.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency's policies specifically states retaliatory measures against employees and residents who report incidents of sexual violence, staff sexual misconduct or sexual harassment as well as retaliatory measures against those who cooperate with investigations shall not be tolerated and shall result in disciplinary action and/or criminal prosecution.

GEO Corporate policy#5.1.2-A: Sexually Abusive Behavior & Intervention Program, and Mid Valley House Directive# 2014-6 also requires staff to monitor, for a minimum of 90 days following a report, the treatment of residents and/or employees for treatment, which might suggest retaliation.

According to the policy, the Facility Human Resource Staff or Facility Investigator (Director or Assistant Director) shall monitor and; PREA Compliance Manager shall meet weekly with the victim to ensure victim is not exploited.

Mid Valley House did not have any incident of retaliation in the past 12 months.

Based on the above, Protection Retaliation Log (May 2017), and interviews conducted with Facility Director, Assistant Director, and Chief of Security, Mid Valley House is meets the standard.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Corporate policy #5.1.2-E: Investigating Allegations of Sexually Abusive Behavior (PREA), addresses investigations of sexual abuse and sexual harassment. The policy dictates that Mid Valley House conduct investigations into allegations of sexual abuse and harassment immediately upon becoming aware of the allegation, regardless of how the report is received.

The policy also states, that the agency shall impose no standard higher than preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

In addition, Mid Valley House retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment.

During the past 12 months, Mid Valley House did not have any substantiated allegations of conduct that appeared to be criminal that were referred for prosecution.

Based on GEO Corporate policy #5.1.2-E: Investigating Allegations of Sexually Abusive Behavior (PREA), reviewed PREA Incident Yearly Tracking Logs, and BOP written mandate (2/4/2015), interviews with Facility Director, Assistant Director / PREA Compliance Manager, Chief of Security, Mid Valley House meets standard.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Corporate policy #5.1.2-E: Investigating Allegations of Sexually Abusive Behavior (PREA), addresses investigations of sexual abuse and sexual harassment; clearly state the agency shall impose no standard higher than preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Based on GEO Corporate policy #5.1.2-E: Investigating Allegations of Sexually Abusive Behavior (PREA), 2017 PREA Investigation Report, Facility Director's Memo 2016 and interviews with Facility Director, Assistant Director / PREA Compliance Manager, and Chief of Security, Mid Valley House meets the standard.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency

in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Corporate policy #5.1.2-E: Investigating Allegations of Sexually Abusive Behavior (PREA), addresses this specific standard by requiring written notification is provided to the victim to indicate the outcome of the investigation. The notification shall include information on the perpetrator and the status of that person as far as employment, placement and future prosecutions.

Policy also require, the Facility Director to inform the resident who was the alleged victim of sexual abuse in writing and forward written results promptly to the corporate PREA Coordinator for review.

Mid Valley House reported one (1) allegation against staff that would have required the notifications in section (c). The facility reported one (1) instance where the notification requirements in section (d) needed to be met.

Based upon review of GEO Corporate policy #5.1.2-E: Investigating Allegations of Sexually Abusive Behavior (PREA), Mid Valley House Directive #2014-6, Notification of Outcome Allegation 5/16/17), and interviews conducted, Mid Valley House meets standard.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Agency guidelines #5.1.2-A: Investigating Allegations of Sexually Abusive Behavior (PREA) define termination as the presumptive sanction and that disciplinary history, circumstances of the act and sanctions of similar offenses will be considered.

Staff who would have been terminated if not for their resignation will be reported to law enforcement agencies, unless the activity was not criminal, and to any applicable licensing bodies; as mentioned in policy #5.1.2-E: Investigating Allegations of Sexually Abusive Behavior and Evidence Collection.

In the past 12 months, Mid Valley House did not have a staff member who was terminated and or resigned due to the violation of sexual abuse or harassment policy.

Based on agency policy #5.1.2-E: Investigating Allegations of Sexually Abusive Behavior and Evidence Collection, review of Employee Handbook, Facility Director's Memo (12/5/17 & 11/8/16), and interviews with staff, Mid Valley House meets the standard.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Reviewed procedures prohibit contractors or volunteers who engaged in sexual abuse to have contact with residents and require they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Mid Valley House reported, zero (0) instances of sexual abuse/harassment in the past twelve months involving contractors or volunteers being accused of PREA violations with residents.

Based on GEO Corporate policy#5.1.2-E: Investigating Allegations of Sexually Abusive Behavior, (PREA), and Facility Director's Memo (10/20/17), and Interview with Assistant Director/PREA Compliance Manager, and Chief of Security, Mid Valley House meets the standard.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Corporate policy #5.1.2-E: Investigating Allegations of Sexually Abusive Behavior (PREA), and Mid Valley House Directive #2014-6, outlines disciplinary sanctions that may be imposed on residents who engage in sexual abuse and sexual harassment.

Residents are subject to discipline internally for resident on resident sexual abuse. Residents are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff.

Sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. Furthermore, it shall be determined whether the resident's mental disabilities or mental illness contributed to the individuals' behavior.

The agency does not allow for consensual sexual relations.

In the past 12 months, there have been no administrative findings of resident on resident sexual abuse that have occurred at Mid Valley House.

In the past 12 months, there have been no criminal findings of guilt for resident on resident sexual abuse that occurred at Mid Valley House.

Based on GEO Corporate policy#5.1.2-E: Investigating Allegations of Sexually Abusive Behavior (PREA); Mid Valley House Directive #2014-6, Resident Program Handbook: Prohibited Acts, and interview with Assistant Director/PREA Compliance Manager, Chief of Security, Mid Valley House meets the standard.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

GEO Corporate policy #5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA), Mid Valley House Directive #2014-6, require that residents who are victims of sexual abuse be afforded access to forensic medical examinations at an outside facility without financial cost where evidentiary or medically appropriate. Also, resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

Residents are transported to the local hospital (Edinburgh Regional Hospital), for emergency medical healthcare. No forensic medical exams are conducted at Mid Valley House. Forensic examinations by SANE/SAFE staff are provided at the outside local hospital; Doctor Hospital at Renaissance, or SAFE Haven Forensic Exam Center. These services are at no cost to the residents.

During this audit cycle, Mid Valley House has had no victim's referral for offsite emergency medical or mental health services related to PREA.

Based on GEO Corporate policy #5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA), Mid Valley House Directive #2014-6, and Facility Director Memo (10/20/17): Access to Emergency Medical & Mental Health Services, Mid Valley House meets the standard.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

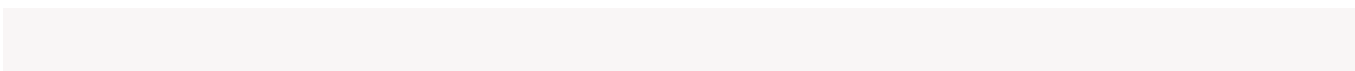
GEO Corporate policy #5.1.2-A: Sexual Abusive Behavior Prevention & Intervention Program (PREA), require residents receive timely unimpeded access to emergency medical treatment, and crisis intervention services without delay.

Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results from sexual abuse, victims receive timely and comprehensive information about to all lawful pregnancy-related medical services. All victims are offered tests for sexually transmitted infections. Local providers provide these services off site.

Mid Valley House does not house mental health residents and they do not employ mental health practitioners at this facility. If it is determined that a mental health practitioner is needed, the resident will be transported to Texas Tropical Behavioral Center or RAINN Crisis Center, for treatment. These services are at no cost to the residents.

Interviews conducted with random staff and residents confirmed residents' access to outside confidential support services.

Based on GEO Corporate policy #5.1.2-A: Sexual Abusive Behavior Prevention & Intervention Program (PREA), and Facility Director Memo (10/20/2017), Mid Valley House meet the standard.



DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The GEO Corporate policy# 5.1.2-A: Sexual Abusive Behavior Prevention & Intervention Program (PREA) and Mid Valley House Directive # 2014-6, is required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined to be substantiated or unsubstantiated. In addition, policy requires that a sexual abuse incident review must be conducted within 30 days of the conclusion of the investigation, unless the allegation is deemed to be unfounded.

The incident review team at Mid Valley House includes the Facility Director, Assistant Director/PREA Compliance Manager and the Chief of Security. PREA After Action Review Report is completed and forwarded to the agency PREA Coordinator. The PREA Compliance Manager maintains copies of all completed PREA After Action Review Reports and review forms in the corresponding investigative file.

According to documentation provided (PAQ), in the past 12 months, there were no criminal and/or administrative investigations of alleged sexual abuse incidents that required an incident review.

Based on agency policies #5.1.2-A: Sexual Abusive Behavior Prevention & Intervention Program (PREA), Mid Valley House Directive# 2014-6, PREA Investigation Report, and PREA After Action Report (08312017), Mid Valley House meets the standard.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Mid Valley House collects data related to sexual abuse and this data is aggregated at least annually according to GEO Corporate policy #5.1.2-A: Sexual Abusive Behavior Prevention & Intervention Program (PREA). It is the responsibility PREA Compliance Manager to compile data collected on sexual activity, sexual harassment and sexual abuse incidents and forward this information to the PREA Coordinator on a monthly basis using the Monthly PREA Incident Tracking Log.

The agency provides data collected to the Department of Justice from the previous calendar year upon request. This auditor reviewed the 2017 DOJ Data Report submitted.

The latest Annual Report on Sexual Victimization 2016 report covering the period is available on the agency website at: www.geogroup.com (Social Responsibility Section), was reviewed by this auditor.

Based on GEO Corporate policy# 5.1.2-A: Sexual Abusive Behavior Prevention & Intervention Program (PREA), Mid Valley House PREA Monthly Incident Tracking Log, GEO Group PREA Annual Data Report 2016, and DOJ Data Report 2017, Mid Valley House meets the standard.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

According to GEO Corporate policy #5.1.2-A: Sexual Abusive Behavior Prevention & Intervention Program (PREA), and Mid Valley House Directive #2014-6, requires review of all data collected in order to assess and improve the effectiveness of its sexual abuse prevention and intervention program.

The PREA Coordinator prepares an annual report, which includes findings and corrective actions taken for each GEO facility. The annual report includes a comparison of the current year's data and corrective action with those from prior years.

The most current report (2016) is available on GEO's website: ([www.geogroup.com /Social Responsibility Section](http://www.geogroup.com/SocialResponsibilitySection)), was viewed by this auditor.

Based on agency's policies mentioned above, GEO PREA 2016 Annual Data Report, and GEO Group ([www.geogroup.com /Social Responsibility Section](http://www.geogroup.com/SocialResponsibilitySection)) website, Mid Valley House meets the standard.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Per GEO Corporate policy #5.1.2-A: Sexual Abusive Behavior Prevention & Intervention Program (PREA), Mid Valley House Directive # 2014-6, all data collected is securely retained for 10 years or longer if required by state statute.

Before making aggregated sexual abuse data publicly available on the agency (GEO Group: [www.geogroup.com /Social Responsibility Section](http://www.geogroup.com/Social%20Responsibility%20Section)) website, all personal identifies are removed.

Based on GEO Corporate policy #5.1.2-A: Sexual Abusive Behavior Prevention & Intervention Program (PREA), Mid Valley House Directive # 2014-6 and review of GEO Group 2016 Annual Report, and ([www.geogroup.com / Social Responsibility Section](http://www.geogroup.com/Social%20Responsibility%20Section)) website, Mid Valley House meets the standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The Auditor reviewed The GEO Group web page: https://www.geogroup.com/PREA_Certification_Information containing the 21 audit reports (12 US Corrections, 6 Reentry, and 3 were certified early 2017 for PREA audits completed from January 2016 through February, 2017.

To date, The GEO Group has successfully certified 63 facilities (36 adults & jails, 3 Lock Up facilities, 18 Reentry Adult Community Confinement facilities and 6 Youth facilities.

During the audit, Mid Valley House administration and staff provided the Auditor access to all areas of Mid Valley House. Any relevant documents or information requested was provided; and a private area and access to randomly selected resident and staff for interviews was provided.

Additionally, posted signs advising how residents could send confidential information or correspondence to the Auditor like legal counsel was observed throughout the facility and resident housing units.

Based on information above mentioned, Mid Valley House meets the standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Auditor reviewed The GEO Group web page:
https://www.geogroup.com/PREA_Certification_Information containing the 21 audit reports (12 US Corrections, 6 Reentry, and 3 were certified early 2017 for PREA audits completed from January 2016 through February, 2017.

To date, The GEO Group has successfully certified 63 facilities (36 adults & jails, 3 Lock Up facilities, 18 Reentry Adult Community Confinement facilities and 6 Youth facilities.

Based on information above mentioned, Mid Valley House meets the standard.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Wynnie R. Testamark

June 8th, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6->

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.