

PREA AUDIT REPORT Interim Final
Community Confinement Facilities

Date of Report: May 9, 2016

Auditor Information			
Auditor name:	Barbara Jo Denison		
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Date of facility visit:	May 2-3, 2016		
Date report submitted:	May 9, 2016		
Facility Information			
Facility Name:	Beaumont Transitional Treatment Center		
Facility Address:	2495 Gulf St., Beaumont, TX 77703		
Facility mailing address: <i>(if different from above)</i>	N/A		
Telephone number:			
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input checked="" type="checkbox"/> Community Treatment Center	<input type="checkbox"/> Community-Based Confinement Facility	
	<input checked="" type="checkbox"/> Halfway House	<input type="checkbox"/> Mental Health Facility	
	<input type="checkbox"/> Alcohol or Drug Rehabilitation Center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Milton D. Johnson, Facility Director			
Number of staff assigned to the facility in the last 12 months: 39			
Current population of facility: 180			
Designed facility capacity: 185			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 22-72			
Name of PREA Compliance Manager: Milton D. Johnson		Title:	Facility Director/PREA Compliance Manager
Email address: mdjohnson@geogroup.com		Telephone number:	409-832-6495
Agency Information			
Name of agency:	The GEO Group Inc.		
Governing authority or parent agency: <i>(if applicable)</i>	N/A		
Physical address:	One Park Place, Suite 700, 621 Northwest 53 rd Street, Boca Raton, FL 33487		
Mailing address: <i>(if different from above)</i>	N/A		

Telephone number: 561-999-5827		
Agency Chief Executive Officer		
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Agency-Wide PREA Coordinator		
Phebia L. Moreland	Title:	Director, Contract Compliance, PREA Coordinator
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AUDIT FINDINGS

NARRATIVE:

The PREA on-site audit of the Beaumont Transitional Treatment Center was conducted on May 2-3, 2016 by this Department of Justice Certified PREA Auditor, Barbara Jo Denison. Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards. Questions during this review period were answered by the Facility Director/PREA Compliance Manager and the agency's PREA Coordinator. For each standard, interviews, observations, and review of documentation provided verified that practices are consistent with agency and facility policies and practices.

On the first day of the audit, an entrance meeting was held with Milton Johnson, Facility Director/PREA Compliance Manager and Jonathon Dressler, Director, Fidelity & Quality Assurance in attendance. At the conclusion of the meeting, Milton Johnson, Facility Director/PREA Compliance Manager, Quincy Mack, Security Manager and Jonathon Dressler, Director, Fidelity & Quality Assurance, accompanied me on a tour of the facility. During the tour, the location of cameras and mirrors, the physical layout including shower/toilet areas and placement of PREA posters and information was observed. The shower areas allow residents to shower separately and shower stalls have plastic curtains for additional privacy. Toilets are single stalls with partial solid doors for privacy. There were no issues noted during the tour. The facility has done an exceptional job of providing a safe environment for the population they serve. PREA information was prominently displayed throughout the facility in both English and Spanish. There are signs near the entry doors of all housing units reminding staff of the opposite gender to announce their presence when they enter the housing unit.

Prior to the on-site visit, I was supplied with a list of residents sorted by housing unit, those with special designations and security and non-security staff who were scheduled during the on-site visit. During the course of the tour and on-site visit, I spoke informally to staff and residents questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting.

A total of 21 residents, three from each housing unit, were formally interviewed during the course of the audit. Of the 21 interviewed, there were five potential victims, two self-disclosed gay, one self-disclosed bisexual, one low vision, one with cognitive deficits and one Spanish-speaking only that were incorporated into the random selection of residents. The only Spanish-speaking resident was interviewed with the assistance of an interpreter from Language Line Services via speaker phone. He acknowledged receiving all written PREA information in Spanish and stated that he viewed the *PREA Enhanced Inmate Education* video. All of the residents interviewed acknowledged receiving PREA training with written information during the intake process. They were familiar with the agency/facility's zero-tolerance policy against sexual abuse and sexual harassment and were able to articulate during

interview the methods of reporting allegations of sexual abuse and sexual harassment available to them. Residents consistently indicated that they feel safe at this facility. There were no transgender or intersex residents housed at the facility during the on-site audit.

A total of 17 staff members were interviewed during the course of the audit. This number included one volunteer who was interviewed by telephone. Of the 17 staff members interviewed, nine were security staff and the remaining 8 specialized staff. Several of the specialized staff have multiple roles and were asked multiple questions as they related to the responsibilities of those roles. Staff interviewed were all knowledgeable of their responsibilities of detecting, preventing, responding and reporting of sexual abuse and sexual harassment allegations.

The Executive Director of the Rape and Crisis Center of Southeast Texas, Inc. was contacted prior to the audit to discuss the pending Memorandum of Understanding (MOU) that the agency/facility is attempting to secure. During the on-site visit, the Rape and Crisis Center was telephoned again from the Monitor Station to ensure that the number was accessible to residents. The Rape and Crisis Center of Southeast Texas currently offers to the residents of the Beaumont Transitional Treatment Center access to a crisis hotline and provides for confidential emotional support services for victims of sexual abuse as well as ongoing counseling needs. The facility continues to pursue a written agreement with the center. There are no mental health staff at the facility. Additional mental health services are provided by referral to the Spindletop MHMR.

There is no SAFE or SANE staff at the facility. Residents in need of SAFE or SANE, or any medical services, through an MOU, are referred to the Christus Hospital St. Elizabeth located in Beaumont, TX.

The Facility Director/PREA Compliance Manager, the Assistant Facility Director and the Security Manager are trained facility investigators. In the 12 months preceding the audit, the Beaumont Transitional Treatment Center received and investigated three allegations of sexual abuse or sexual harassment broken down as follows:

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

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

At the conclusion of the on-site audit, an exit meeting was held to discuss the audit findings with Milton Johnson, Facility Administrator/PREA Compliance Manager, Gail Wright, Assistant Facility Director, Quincy Mack, Security Manager and Jonathon Dressler, Director, Fidelity & Quality Assurance in attendance, with Terry Garcia, Senior Area Manager, Texas in attendance via telephone. During the exit meeting, the facility was informed of the process that would follow the on-site visit and GEO's responsibility to post the report on their website. The team was complimented on their cooperation prior to the audit and during the on-site visit and their willingness to achieve PREA compliance as a team.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Beaumont Transitional Treatment Center is located at 2495 Gulf St, Beaumont, Texas, and is a residential reentry center owned by The GEO Group, Inc. Since 1997, the facility has maintained a contract with the Texas Department of Criminal Justice (TDCJ) to house offenders released on parole or mandatory supervision. The Beaumont Transitional Treatment Center has been in existence since 1995. It was purchased in 1996 from a non-profit program, which housed and treated indigent single

mothers with substance abuse problems. At the time of purchase, there was only one metal building and one wood frame building on the grounds. Nine modular units were added in 1997. The Beaumont Transitional Treatment Center now consists of eleven buildings on a 1 1/2 acre site. These buildings include Administration, Control Center, female dorm A, male dorms B, C, D, E, F & G, Multipurpose Room/ Chow Hall and a Records/Parole Office. The Kitchen is part of the E-Dorm building, separated by shared walls. Case management, job development and intake offices are located in designated dorms. The maintenance office is located in E-dorm. The facility has a perimeter fence surrounding all of the buildings, with the exception of the Administration and Records/Parole Building which are outside of the fence. There is one parking lot and it contains 28 parking places for employees and visitors.

The design capacity of the facility is 185. On the first day of the on-site audit, the population numbered 180 with an age range of 22-72 years-of-age. In the past 12 months, there were 654 residents admitted to the facility, with average length of stay being 90 days. The composition of the resident population is 85% sex offenders. There are 39 staff assigned to the facility. The facility does not utilize the services of contractors and has one religious volunteer.

Six of the seven buildings surround a courtyard, which provides an outdoor recreation area, one side for males and the opposite side for female residents. This area has picnic tables, a basketball hoop and a volleyball net. A recreation yard for female residents behind E Dorm will be opened soon.

Security measures include 24-hour custodial supervision, closed circuit surveillance cameras (28 in total), frequent census checks, and community surveillance. Residents are provided with AA/NA groups five times a week, individualized transition programs focusing on problem identification areas for improvement, needs, goals, and objectives, employment assistance (including job search strategies, obtaining Social Security card, and interview techniques) GED preparation courses and cognitive intervention (including life skills, anger management and substance abuse). As transitional and rehabilitation goals are achieved, residents earn the privilege of decreased structure and increased responsibilities.

The Mission Statement of the Beaumont Transitional Treatment is: "The mission of the Beaumont Transitional Treatment Center is to promote resident growth and independence through responsible monitoring, resident accountability, collaborative partnerships with the community and with the customer, effective programming based on evidenced based practices, and commitment to staff training and proper management oversight, all within a structured and safe environment which benefits all partners and stakeholders".

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

SUMMARY OF AUDIT FINDINGS: (39)

The following is a summary of the audit findings:

Number of standards exceeded:	6
Number of standards met:	35
Number of standards not met:	0
Number of standards not applicable:	2

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

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

Auditor comments, including corrective actions needed if does not meet standard

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

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

Standard §115.212 Contracting with other agencies for confinement of residents

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

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

Standard §115.213 Supervision and monitoring

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

Based on GEO policy 5.1.2-A, page 7, section C-1 and facility policy 0504-1, page 3, section 1, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the population and the

prevalence of substantiated incidents of sexual abuse, and the resources the facility has available to commit to ensure adequate staffing levels in the development of the facility's staffing plan. The contract with TDCJ mandates certain ratios of staffing be adhered to on all three shifts.

The facility makes its best efforts to comply with the approved PREA Staffing Plan. In circumstances where the staffing plan is not complied with, the Facility Administrator documents and justifies all deviations from the plan. In review of documentation provided by the facility and upon interview with the Facility Administrator/PREA Compliance Manager, in the past 12 months there were no times that there were deviations to the staffing plan. The facility ensures compliance to the staffing plan by covering call-ins by utilizing overtime to fill the shift vacancies and the TDCJ Contract Monitor reviews compliance to the staffing plan on a regular basis.

The staffing plan is reviewed annually by the Facility Director/PREA Compliance Manager, the Assistant Facility Director and the Security Manager and documented on the *PREA Annual Facility Assessment* form. This form is then forwarded to the Regional Director, the Divisional Vice President and the Corporate PREA Coordinator for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocations of additional resources to maintain compliance to the plan. The 2014 *PREA Annual Facility Assessment* was completed on 9/1/14. It was noted that the established staffing plan was adequate and there were no recommendations made for changes to the staffing levels. Recommendations were made for additional surveillance cameras for increased video monitoring of certain areas. The most recent *PREA Annual Facility Assessment* was completed on 10/20/15. There were no recommendations for changes to the staffing plan and additional cameras were recommended and installed.

Per policy, facility management staff and mid-level supervisors conduct unannounced rounds within their respective areas to identify and deter employee sexual abuse and sexual harassment. Shift Supervisors document these rounds on the *Daily Shift Supervisor Unannounced Rounds Walk-Through* (OP561) form. Shift rovers on all three shifts document their rounds on the *Shift Rover Walk-Through Log* (OP503A). For increased supervision and monitoring efforts, the agency has in place a count verification procedure to monitor surveillance tapes on a weekly basis to ensure staff are conducting formal resident counts. These verifications are documented on *Resident Count Verification Checklist*.

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

Standard §115.215 Limits to cross gender viewing and searches
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on review of GEO policy 5.1.2-A, pages 15 & 16, section I, and facility policy 0903-1, pages 3 & 4 on offender strip searches, the facility prohibits cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Facility policy requires that all cross-gender strip searches and body cavity searches be documented. Staff are not to search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status.

In addition to general training provided to all employees, security staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents. The agency's *Guidance in Cross Gender and Transgender Searches* lesson plan was provided for review. Staff sign a *PREA Basic Training Acknowledgement* upon completion of this training. Receipt of this training was verified through interviews with Security Monitors and review of random staff training records. In the past 12 months, there were no transgender or intersex residents housed at the facility.

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

The facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. At no time in this audit cycle have female residents been denied access to programming because there was not female staff to pat search them.

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

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

Standard §115.216 Residents with disabilities and limited English speaking

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The agency takes appropriate steps to ensure that residents with disabilities and residents that are limited English proficient have an opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. GEO policy 5.1.2-A, page 10, section E and facility policy 1702-1, pages 1 & 2, section V, were used to verify compliance to this standard. The facility provides all written materials to residents in both English and Spanish. Residents receive a *PREA Education Manual for Residents* during the intake process which is available to them in English and Spanish and in large print in both languages for residents who have low vision. PREA posters, a GEO *Sexual Assault Awareness* pamphlet, a *PREA Enhanced Inmate Education* video and all PREA educational materials are

provided in both English and Spanish. A contract with Language Line Services provides for the translation of any languages. A TTY is available for residents who are deaf or hard of hearing. At the time of the audit, there was one Spanish speaking only resident. When interviewed with the assistance of Language Line Services, he reported receiving all PREA written information in Spanish and viewing the *PREA Enhanced Inmate Education* video. One resident with low vision reported receiving the *PREA Education Manual for Residents* in large print.

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

Standard §115.217 Hiring and promotion decisions

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

The agency requires that all applicants and employees who may have contact with residents have a criminal background check and every five years thereafter. In the past 12 months, 18 new staff received criminal background checks. In interview with the Office Support Specialist, all criminal background checks are performed through Accurate Background, Inc. and through the Texas Department of Criminal Justice (TDCJ) with access to the Texas Department of Public Safety (DPS). During the application process, names of employees or contractors are entered into the system. DPS provides an automatic notification by e-mail of any activity on the individual's criminal history. If an employee is arrested the agency receives an automatic notification at that time and this information is forwarded to the facility. This method of reporting is known as Flash Reporting and eliminates the need for criminal background checks every five years. Applicants who answer on their application that they have worked in a confinement setting previously, receive a *PREA Verification* through Accurate Background, Inc.

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

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

GEO policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information, are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct and/or misconduct to the Facility Director. Unless prohibited by law, GEO Reentry Services Human Resources Department will provide information on substantiated allegations of Sexual Abuse or Sexual Harassment involving a former employee upon receiving a request from an institutional employer for whom the individual has applied for work.

The facility exceeds in this standard. The Office Support Specialist is doing an excellent job at ensuring that all policy requirements are fulfilled as they relate to this standard. In review of employee files, which included new hires and promotions in the past 12 months and staff employed for five years or longer, the files were complete and maintained in a consistent format.

Standard §115.218 Upgrades to facilities and technology

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 8, section C-3 and facility policy 0504-1, page 4, section 3, and documentation provided was used to verify compliance to this standard. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, GEO considers the effect of the design, acquisition, expansion or modification on the ability to protect residents from sexual abuse and/or harm. The facility has not acquired any new facilities or made any substantial expansions or modifications to the existing facility since August 20, 2012, therefore this element of the standard is not applicable to this facility.

When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, GEO will consider how such technology may enhance the ability to protect residents from sexual abuse. In this audit timeframe, there have been several additions of surveillance cameras as recommended on the *PREA Annual Facility Assessment* completed in 2014 and 2015. Cameras were ordered and installed in H-Building (parole and records offices), the administration building hallway, the security office entrance, the pat-down area outside of the Central Control Station, the second and third doors in the multipurpose/dining hall, in the kitchen and three outside areas. In 2014, the facility's radio system was upgraded which greatly enhanced staff communications. The facility has a total of 26 cameras. The surveillance system stores surveillance videos for 72 hours and provides supervisors and monitoring staff with real time views of the camera footage.

Standard §115.221 Evidence protocol and forensic medical exams

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-E, pages 6-9, sections D-J outlines the agency's requirements as it applies to this standard. Beaumont Transitional Treatment Center is responsible for investigating all allegations of sexual abuse. Based on facility policy 0803-1, page 7 & 8, section 3, it is the

responsibility of the Beaumont Police Department for conducting all criminal investigations and are to ensure all forensic evidence is collected and preserved in accordance with evidence protocols established by the Department of Justice (DOJ). The investigating entities follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence and fulfill all requirements of this standard.

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

Victims of sexual abuse have access to forensic medical examinations. Forensic exams are not performed at this facility. Residents in need of SANE exams are provided by MOU with the Christus Hospital St. Elizabeth at no cost to the resident. In the past 12 months, there have been no residents who have required SANE exams.

The facility has made multiple attempts to secure an MOU with the Rape and Crisis Center of Southeast Texas to provide victim advocacy services and these efforts are ongoing. The Executive Director of the Rape and Crisis Center of Southeast Texas was telephoned prior to the on-site visit. She stated that there have been no requests for victim advocacy services from residents of the Beaumont Transitional Treatment Center. At the current time, residents in need of victim advocacy services can call the Rape and Crisis Center of Southeast Texas, Inc. at 800-793-2273 or the RAINN National Hotline Network at 800-656-4673.

Standard §115.222 Policies to ensure referrals of allegations for investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-E, page 4, section III-A-1 and facility policy 0803-1, page 5, section B-1 and page 6, section 3-e, f & h, outline the agency's policy and procedures for investigating and documenting incidents of sexual abuse. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, including resident-on-resident sexual abuse or staff sexual misconduct. TDCJ's PD-29, *Sexual Misconduct with Offenders*, outlines employee sexual misconduct.

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

The agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the GEO website (http://www.geogroup.com/reporting_sexual_abuse-prea). In the past 12 months, there were three allegations received all referred for investigation,

Standard §115.231 Employee training

X Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO employees receive training on GEO's zero-tolerance policy (5.1.2) for sexual abuse and sexual harassment at pre-service and annually at in-service. The agency's requirement of this training is found on pages 11 & 12, section F-1. Between trainings the facility has monthly staff meetings where the policy is reviewed and discussed. The pre-service and in-service training curriculums were reviewed and found to address all elements of 115.231 (a) as required by this standard. Employees sign a *PREA Basic Acknowledgement* form that they have received and understood the training they received and sign a *Staff Training Meeting* roster (TRG18).

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

Standard §115.232 Volunteer and contractors training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The Beaumont Transitional Treatment Center does not utilize the services of contractors. There is one volunteer who received this training on 9/20/15 and acknowledged by his signature on the *PREA Basic Acknowledgement* form that he received and understood the training he received. This acknowledgment form is maintained by the facility as verified by review of his training record. In a telephone interview with the volunteer, he confirmed receiving the training and understood his responsibilities under the agency's sexual abuse and sexual harassment policy.

Standard §115.233 Resident education

X Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, page 11, section E-2 and facility policy 1702-1, page 4, all residents receive information at time of intake and if transferred from another facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. Resident education is provided by the Case Manager II/Intake Coordinator within 24 hours of arrival to the facility in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired or otherwise disabled. In the past 12 months, 729 residents admitted to the facility and 5 residents transferred from another community confinement facility received PREA training

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

Residents acknowledge by their signature on an *Acknowledgement of Receipt of PREA Educational Material* (HWH01M) form that they have received and understood the PREA education presented to them and that they have viewed the *PREA Enhanced Inmate Education* video. This documentation is maintained in the residents' files as was verified in random review of random resident files. Ongoing information is provided on posters, both in English and Spanish, prominently displayed in various locations throughout the facility.

The one Spanish-speaking resident interviewed reported receiving all PREA-related information in Spanish and viewing the Spanish *PREA Enhanced Inmate Education* video. The resident with low vision stated he received the *PREA Education Manual for Residents* in large print. When interviewed, all residents acknowledged receiving PREA education and were knowledgeable of the agency's zero-tolerance policy and how to report incidents of sexual abuse and sexual harassment. The facility exceeds in all elements of this standard as was evident by the documentation provided for review and by the knowledge of residents when interviewed.

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

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

Does Not Meet Standard (requires corrective action)

Based on GEO policy 5.1.2-A, page 13, section F-3, in addition to general training provided to all employees, GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. The training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.

The agency's PREA Coordinator provides a four-hour webinar *PREA Specialized Investigation Training*. There are three trained investigators at the Beaumont Transitional Treatment Center and 85 investigators agency-wide. The three facility investigators are the Facility Director/PREA Compliance Manager, the Assistant Facility Director and the Security Manager. Upon completion of this training, investigators sign a *PREA Basic Acknowledgement* form and receive a certificate

of completion. In review of the investigators' training files, documentation of this training is being maintained by the facility.

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

Standard §115.235 Specialized training: Medical and mental health care

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

X Not Applicable

Beaumont Transitional Treatment Center currently has a vacant position for a part-time LVN. This position does not require the performance of clinical duties. The function is to provide medication management to the residents of the facility. The LVN, who filled this position until recently, received general PREA training that all staff receive, but was not required to have specialized training due to her job function. Residents are referred offsite for medical services; therefore, this standard is not applicable to this facility.

Standard §115.241 Screening for risk of victimization and abusiveness
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- X Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

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

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

In interview with the Case Manager II/Intake Coordinator responsible for initial risk screenings, one Case Manager, and one Job Developer responsible for 30-Day Reassessment screenings, and in review of random residents' records, this process is in place and being followed. The facility exceeded in this standard. All resident files reviewed contained their *PREA Risk Assessments*, showing completion within 24 hours of arrival to the facility, and contained their *PREA Vulnerability Questionnaire* completed within 30 days of arrival to the facility. The facility has a good system in place to track completion of the reassessments. The Case Manager II/Intake Coordinator sends the Case Managers and Job Developers an e-mail informing them of the arrival dates of the residents and the date of their initial screenings so they can track reassessment dates of residents on their caseload.

Standard §115.242 Use of screening information

X Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Due to the revision of the *PREA Risk Assessment* form (see standard 115.241 for details), all *PREA Risk Assessment* forms were reviewed and rescored at the implementation of the new procedure and residents were moved if rescoring of the screening indicated a change in their status. Residents identified from screening to be at risk for victimization, abusiveness or both are tracked on the facility *at risk logs*. These logs will be kept current and monitored weekly for accuracy. Male residents identified to be at risk for abusiveness are housed in G Dorm and those identified to be at risk for victimization are housed in either B or C dorms. Females screened to be at risk for victimization are housed closest to the door and the Case Manager's office and those screened to be at risk for victimization are housed in the back of A Dorm.

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

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

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

Standard §115.251 Resident reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Residents are made aware of methods of reporting available to them through the *PREA Resident Education* Manual, the GEO *Sexual Assault Awareness* brochure provided to them and continuously through posters displayed throughout the facility. Residents are made aware that they can inform a staff member immediately, contact the Facility Director/PREA Compliance Manager, put their allegation in writing to the PREA Coordinator, or by calling the RAINN National Hotline Network toll-free at 1-800-656-4673, the Rape and Crisis Center of Southeast Texas, Inc. at 1-800-793-2273 or 1-800-793-2273, TDCJ-Parole Division Ombudsman at 512-406-5795 or the TDCJ Beaumont Office Parole Supervisor at 512-406-5795. Calling these numbers allows the resident to remain anonymous upon request. Residents can also file a grievance and policy 0805-1 outlines the grievance procedure.

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

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

Standard §115.252 exhaustion of administrative remedies
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

There is no time limit when a resident can submit a grievance regarding sexual abuse. Residents have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint. If a third party files a grievance on a resident's behalf, the alleged victim must agree to have the grievance filed on his/her behalf. Emergency grievances may be filed if a resident feels he/she is at substantial risk of imminent sexual abuse. A final decision will be issued on the merits or portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. A resident can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the resident filed the grievance in bad faith.

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

Standard §115.253 Resident access to outside confidential support services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 23, section N-8 and facility policy 0803-1, page 11, section J-2,4 & 6, outlines the agency's policy on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. Residents are given mailing addresses and telephone numbers to the RAINN National Hotline Network (1-800-656-4673) and to the Rape and Crisis Center of Southeast Texas, Inc. (1-800-793-2273 or 409-832-6530). This information is provided to residents in the *PREA Education Manual for Residents* and on posters posted throughout the facility. Residents are informed of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The facility has made multiple attempts to enter into MOU's with local agencies to provide outside confidential support services without success. Currently they are pursuing an MOU with the Rape and Crisis Center of Southeast Texas, Inc. The Executive Director of the Rape and Suicide Crisis Center of Southeast Texas was contacted prior to the on-site audit to review the terms of the proposed MOU. She further stated that even though they have not entered into an MOU with the facility, they still provide crisis hotline and advocacy services to the residents of the Beaumont Transitional Treatment Center. She shared that they have not received any requests for confidential emotional support services from residents of the Beaumont Transitional Treatment Center in the past 12 months. When interviewed, residents were aware of the outside confidential support services available to them and how to access them.

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

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

Does Not Meet Standard (requires corrective action)

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

Standard §115.261 Staff and agency reporting duties
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

Element 115.261 (c) of this standard is not applicable to this facility as there are no medical or mental health personnel on staff.

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

Standard §115.262 Agency protection duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Standard §115.263 Reporting to other confinement facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

In interview with the Facility Director/PREA Compliance Manager and in documentation provided for review, in the past 12 months, there have been no reports of allegations of sexual abuse received from other facilities that were alleged to have occurred at the Beaumont Transitional Treatment Center and no reports by residents were received of sexual abuse that occurred while confined at other facilities

Standard §115.264 Staff first responder duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, pages 19-22, section L-2 and facility policy 0803-1, page 7, section E, outlines the procedure for first responders to follow for allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member. Per policy, upon learning of an allegation of sexual abuse, the first security staff member to respond to the report is to separate the alleged victim and abuser, immediately notify the on-duty or on-call supervisor, preserve and protect the crime scene, not let the alleged victim or abuser take any actions that could destroy

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

Random interviews with security and non-security staff revealed that they knew the policy and practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported that they knew that the alleged victim and abuser must be separated and knew how to preserve the crime scene and the physical evidence. In the past 12 months, there have been no PREA incidents which required implementing first responder duties.

Standard §115.265 Coordinated response

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

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

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

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

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

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

Standard §115.267 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

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

Standard §115.271 Criminal and administrative agency investigation

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

When the quality of evidence appears to support criminal prosecution, the allegation is referred to the Beaumont Police Department who conducts investigations and prosecution if warranted pursuant to the requirements of this standard. A *Serious Incident Report* is completed for all allegations of sexual abuse. All allegations are tracked on the *PREA Incident Outcome Tracking*

Log. Misconduct by employees is addressed in TDCJ PD-29, *Sexual Misconduct with Offenders* and misconduct by contractors is addressed in Modification M-027, page 14 & 15, section c.3.2, B-3 & 4.

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

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

In the past 12 months, there have been no allegations that were referred for criminal investigation. When interviewed, the facility investigators knew their responsibilities in the conduct of administrative investigations and referral for criminal investigations. Investigative files were reviewed and documentation was complete and investigated per agency policy.

Standard §115.272 Evidentiary standard for administrative investigation
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Standard §115.273 Reporting to residents

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

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

If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the resident. The policy further states that following a resident's allegation that an employee has committed sexual abuse against the

resident, the facility is required to inform the resident of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. Following a resident's allegation that he was sexually abused by another resident, the agency shall inform the resident of the outcome of the investigation. The facility's obligation to notify the resident shall terminate if the resident is released from custody.

Based on interview with the Facility Director/PREA Compliance Manager and the Assistant Facility Director and documentation provided, this process is in place. In the past 12 months, there was one notification of the result of an investigation presented to a resident and one attempt to notify was made, but the resident had been discharged.

Standard §115.276 Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

In the past 12 months, there were two allegations of sexual abuse involving employees. The allegations are currently under investigation and disciplinary actions are pending the outcome of the investigations.

Standard §115.277 Corrective action for contractors and volunteers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Standard §115.278 Disciplinary sanctions for residents

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

In the past 12 months, there was one administrative finding of a resident-on-resident sexual abuse that has occurred at the facility. Disciplinary sanctions were imposed as appropriate.

Standard §115.282 Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

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

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

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

Does Not Meet Standard (requires corrective action)

The facility will offer ongoing medical and mental health care to all the residents of the Beaumont Transitional Treatment Center who have been victimized by sexual abuse. According to GEO policy 5.1.2-A, pages 23 & 24, section M-1 and facility policy 0803-1, page 11, section J-1,2 & 6, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release consistent with the community level of care. Female resident victims will be offered pregnancy tests and all lawful pregnancy-related medical services where applicable. Victims will also be offered tests for sexually transmitted infections. All services will be provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Referrals are made to the Christus Hospital St. Elizabeth for emergency and ongoing medical services.

The facility attempts to conduct a mental health evaluation of all known abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate. Mental health services are provided by agreement with Spindletop MHMR.

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

Standard §115.286 Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

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

In the past 12 months, an incident review was conducted on all allegations reported with no recommendations for improvement noted. When interviewed, the members of the Incident Review Team knew their responsibilities as they relate to the review of sexual abuse incidents.

Standard §115.287 Data collection

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

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

Standard §115.288 Data review for corrective action

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

Standard §115.289 Data storage, publication and destruction

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

According to GEO policy 5,1,2-A, page 26, section N-3, the agency ensures that the data collected is securely retained for at least 10 years or longer if required by state statute. GEO makes all aggregated sexual abuse data, from facilities under its direct control readily available

to the public annually on their website at www.geogroup.com. Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

AUDITOR CERTIFICATION:

I certify that:

- X The contents of this report are accurate to the best of my knowledge
- X No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- X I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Barbara Jo Denison

May 9, 2016

Auditor Signature

Date