

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: June 26, 2020

Auditor Information

Name: Barbara Jo Denison	Email: denisobj@sbcglobal.net
Company Name: Shamrock Consulting, LLC	
Mailing Address: 2617 Xavier Ave.	City, State, Zip: McAllen, TX 78504
Telephone: 956-566-2578	Date of Facility Visit: June 8-10, 2020

Agency Information

Name of Agency: The GEO Group, Inc.			
Governing Authority or Parent Agency (If Applicable): N/A			
Physical Address: 4955 Technology Way		City, State, Zip: Boca Raton, FL 33431	
Mailing Address: SAA		City, State, Zip: SAA	
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 Website with PREA Information: www.geogroup.com/PREA			

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Ryan Seuradge, Director, Contract Compliance, PREA Coordinator	
Email: rseuradge@geogroup.com	Telephone: 561-999-5875
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator: 102 (44 prisons/jails; 36 reentry; 8 youth; 14 ICE)

Facility Information

Name of Facility: East Hidalgo Detention Center

Physical Address: 1300 East Highway 107

City, State, Zip: LaVilla, TX 78562

Mailing Address (if different from above):
P.O. Box 239

City, State, Zip: LaVilla, TX 78562

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: www.geogroup.com/PREA

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
GEO Annual Corporate Audit & PREA Mock Audit

Warden/Jail Administrator/Sheriff/Director

Name: Jason Jones, Facility Administrator

Email: jjones@geogroup.com

Telephone: 432-270-4072

Facility PREA Compliance Manager

Name: Patricia Gaytan, Compliance Administrator

Email: pgaytan@geogroup.com

Telephone: 956-622-1824

Facility Health Service Administrator N/A

Name: San Juanita Soto

Email: ssoto@geogroup.com

Telephone: 956-563-2309

Facility Characteristics

Designated Facility Capacity:

1300

Current Population of Facility:

1174

Average daily population for the past 12 months:	1400	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18-70	
Average length of stay or time under supervision:	30 to 45 days	
Facility security levels/inmate custody levels:	Medium	
Number of inmates admitted to facility during the past 12 months:	7197	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	7197	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	7197	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	240	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	63	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	3	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	5	

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	15
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	107
<p>Number of single cell housing units:</p>	0
<p>Number of multiple occupancy cell housing units:</p>	90
<p>Number of open bay/dorm housing units:</p>	17
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	56
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<h3>Medical and Mental Health Services and Forensic Medical Exams</h3>	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>0</p>
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<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: (United States Marshals)) <input type="checkbox"/> N/A
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Administrative Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>3</p>
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<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: (United States Marshals)) <input type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

The East Hidalgo Detention Center (EHDC) is a private detention center owned and operated by the GEO Group, Inc. (GEO). GEO contracts with the United States Marshal Service (USMS) to provide detention to detainees in the country illegally, as well as those pending trial or sentencing. The USMS contract also allows for Immigration Customs Enforcement (ICE) and US Border Patrol detainees to be housed.

Pre-Onsite Audit Phase

Pre-onsite audit preparation included a thorough review of agency policies: 5.1.2-A, *Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prisons and Jails* and 5.1.2-E, *Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection*, as well as the facility policy 1300.05, *Sexual Abuse/Assault Prevention and Intervention Programs*, and the East Hidalgo Detention Center Policy and Procedure Manual, EP 22, *Emergency Plans*. Also provided for review were procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation to demonstrate compliance to the PREA standards. Patricia Gaytan, Compliance Administrator, designated as the facility's PREA Compliance Manager, answered questions and provided additional information and documentation upon request. GEO's Manager, Contract Compliance, PREA was provided with facility notices in English and Spanish 4/1/20 to be forwarded to the facility informing detainees of the scheduled audit dates. The notices included my name and mailing address if detainees wished to send me correspondence. Detainees were informed correspondence would remain confidential. On 4/2/20, the Manager, Contract Compliance, PREA forwarded an e-mail confirmation and photos of four of the notices posted in detainee housing units 14 and 15, the front lobby and the staff breakroom with the posted date noted as 4/1/20.

In the past, the East Hidalgo Detention Center has had a Memorandum of Understanding (MOU) with Mujeres Unidas located in McAllen, Texas, renewed annually. In 2019 and in the current year, the facility has made several attempts to renew the MOU with no success. On 5/6/20, the Facility Administrator and the PREA Compliance Manager went to two locations of the agency and found a notice on the doors that the office was closed due to the COVID-19 pandemic. I made several attempts to reach the Executive Director of Mujeres Unidas by telephone and each time reached an advocate who took a message for the Executive Director to return my call. Two e-mail attempts to reach her were unanswered. One final call on 5/21/20, resulted in the facility entering into an MOU with Mujeres Unidas. The MOU will remain in effect until cancelled by mutual agreement of the parties by either party giving 30-day written notice of cancellation of the MOU.

Due to the COVID-19 pandemic, a temporary addendum to the MOU states any training will be provided in ZOOM, victim advocates will not accompany victim residents of sexual abuse to the hospital and crisis intervention and counseling will be provided by telephone and ZOOM until further notice.

In conversation with the Executive Director, Mujeres Unidas provides a 24-hour hotline for detainees to request crisis intervention services, legal advocacy services and information and referrals for treatment upon release.

Allegations of sexual abuse and sexual harassment are referred to the USMS for investigation. The Detainee Management Inspector of McAllen, TX USMS office was contacted to discuss the process of referral of PREA allegations. He reported if an allegation of sexual abuse or sexual harassment is received from a detainee or a staff member at the East Hidalgo Detention Center, he would report to the facility accompanied by one other Deputy. Written statements from the alleged victim, the alleged perpetrator and any staff or detainee witnesses would be obtained. Video footage and other records necessary to conduct their investigation would be requested. At the conclusion of an investigation, a written investigative report would be provided to the PREA Compliance Manager and he would follow-up with the victim. All USMS deputies complete annual online PREA training.

The facility has a Mutual Assistance Agreement with the LaVilla Police Department. The Assistant Chief of the department was contacted to discuss the process of allegations of sexual abuse or sexual harassment referred to the LaVilla Police Department. If contacted, someone from the police department would report to the facility to look for preliminary findings. Those findings would be forwarded to the USMS and to the facility. The police department would work in conjunction with the USMS to assist them in any way with their investigation.

The PREA Compliance Manager provided lists of security and non-security staff scheduled to work during the onsite audit visit, detainee housing rosters, an *At Risk Log* and an *LGBTI Log*. An e-mail from the Facility Administrator accompanied the documentation stating there were no detainees who were deaf, hard of hearing, blind, with low vision, with physical or cognitive deficits and none were assessed as having low reading skills. From this information, staff and detainees were selected to be interviewed.

Onsite Audit Phase

The PREA audit of the East Hidalgo Detention Center was conducted June 8-10, 2020. The facility's initial PREA audit in 2017. On the first day of the audit, an entrance meeting was held to discuss the audit schedule and audit process with the following persons attending:

- Jason Jones, Facility Administrator
- Anthony Ramos, Assistant Facility Administrator
- Patricia Gaytan, Compliance Administrator/PREA Compliance Manager
- Julian Olivarez, Chief of Security
- Stephanie Tovar, Chief of Classification
- Patty Noguez, Business Manager
- Israel Torres, Maintenance Supervisor
- Pedro Trevino, Transport Manager
- Serferino Rosales, Fire & Safety Manager
- Abel Martinez, Training Administrator
- San Juanita Soto, Health Services Administrator (HSA)
- Sandra Hernandez, RN/Director of Nursing

Vicente Acuirre, Food Service Manager
Bobby Contreras, Human Resources Manager

Following the entrance meeting, a site review of the facility was conducted with the following persons accompanying the auditor on the site review:

Jason Jones, Facility Administrator
Anthony Ramos, Assistant Facility Administrator
Patricia Gaytan, Compliance Administrator/PREA Compliance Manager
Julian Olivarez, Chief of Security

During the site review the locations of cameras and mirrors, room layout, restrooms and the placement of PREA posters and information was observed. Facility notices in English and Spanish provided during the Pre-Onsite Audit Phase were found displayed in numerous locations throughout the facility with the date posted noted as 4/1/20. No correspondence was received from detainees of the East Hidalgo Detention Center. PREA posters with detainee PREA reporting information were posted in all housing units and Third Party Reporting posters were posted in the lobby area, in the visitation waiting area, the staff break rooms and on staff bulletin boards.

The USMS Office of Inspector General (OIG) number was called on a detainee telephone. Detainees are instructed to dial “*5” to reach OIG. Also, the number for ICE detainees to reach the Department of Homeland Security reporting line, “*4” and the number to reach Mujeres Unidas, “*6”, were dialed. The number to Mujeres Unidas was not accessible. After ringing for several times, a message, “Call not accepted” was heard. The onsite GTL contractor called GTL and the problem was resolved. On the second day of the audit, the number was tried again and found to be accessible. Detainees are not required to enter their pin number to make any of these calls and to ensure confidentiality, the calls are not monitored or recorded.

There was one area of concern noted as a blind spot in the Receiving/Garage area in Food Service. In the far back left wall in this area there were several rows of large boxes of paper products and the last row of boxes blocked visibility of that area. It was recommended a mirror be installed over this area. On the second day of the audit the Food Service area was revisited and the mirror enhanced visibility of staff walking into this area and also could be viewed from a large window in the Food Service office. There appears to be good camera coverage to enhance supervision of detainees in all areas of the facility. Review of camera monitors with the Assistant Facility Administrator on the last day of the audit confirmed this.

On information provided on the Pre-Audit Questionnaire, the average daily population for the past 12 months was 1400 detainees. The rated capacity of the facility is 1300, but for a few months in 2019, the facility accommodated a large number of ICE detainees. Since September 2019, there have been no ICE detainees housed at the facility.

On the first day of the audit there were 1174 detainees (1055 males and 119 females). Random detainees from each general population housing pod and the Restrictive Housing Unit (RHU) were selected to be interviewed for a total of 43 detainee interviews. The total included targeted detainees with the following designations:

Special Designations	Number Assigned to the Facility on First Day of Audit	Number of Detainees Interviewed
Youthful Detainees	0	0
Detainees with Physical Disabilities	0	0
Detainees Who Were Blind	0	0
Detainees Who Had Low Vision	0	0
Detainees Who Were Deaf	0	0
Detainees Who Were Hard of Hearing	0	0
Detainees Who Were LEP	1150	15
Detainees With Cognitive Disabilities	0	0
Detainees Who Identified as Gay	3	2
Detainees Who Identified as Bisexual	2	2
Detainees Who Identified as Lesbian	1	1
Detainees Who Identified as Transgender	1	1
Detainees Who Identified as Intersex	0	0
Detainees in Segregated Housing for High Risk of Victimization	0	0
Detainees Who Reported Sexual Abuse	0	0
Detainees Who Reported Sexual Victimization During Risk Screening	82	8
	Total Targeted Inmate Interviews	29

The 98% of the detainee population is Spanish speaking. The limited English proficient detainees were interviewed with translation provided by a Case Manager. All limited English

proficient detainees reported they received written information in Spanish and viewed the Spanish PREA video on day of arrival to the facility. Detainees who reported sexual victimization during risk screening or who disclosed perpetrating sexual abuse confirmed being referred to mental health for a mental health evaluation.

Detainees interviewed were knowledgeable of the zero-tolerance policy and of the methods of reporting allegations of sexual abuse, sexual harassment and retaliation. During the site review, random detainees were informally interviewed about their knowledge of PREA. When detainees informally and formally interviewed were asked if they feel safe from sexual abuse at this facility, they all responded they did.

Throughout the onsite audit visit, 11 specialized staff, 18 random staff, three contractors and one volunteer were formally interviewed. The Vice President, Risk Management (agency head designee) and the PREA Coordinator were interviewed by telephone at the beginning of this reaccreditation period. The volunteer was interviewed by telephone. Random staff included one Captain, one Lieutenant and seven line staff from each of the two security shifts. The breakdown of staff interviews is as follows:

Staff Interview Category	Interviews Conducted
Agency Head or Designee	1
PREA Coordinator	1
Facility Administrator	1
PREA Compliance Manager	1
Medical and Mental Health Staff	2
Agency Contract Administrator	0
Staff Responsible for Unannounced PREA Rounds	6
Human Resources Staff	1
Training Administrator	1
Facility Investigators	3
Intake Staff	2
Staff Responsible for Risk Screenings	4
Staff Who Supervise in RHU	2
Incident Review Team Members	6
Random Staff	18
Staff Who Monitor for Retaliation	2
First Responders to Allegation of Sexual Abuse (Security)	0
First Responders to Allegation of Sexual Abuse (Non-Security)	0
Volunteers	1
Contractors	2
Total Staff Interviews Conducted	54

Staff who had multiple roles were asked interview questions as they relate to each of those roles. Staff interviewed confirmed receiving PREA training as part of their pre-service training

and annual in-service training, as well as required online web based PREA training. Staff carry with them a First Responder Card affixed to their badges reminding them of the steps to take if they are the first responders to an allegation of sexual abuse and are trained on first responder duties.

The human resource files of twenty employees, three contractors and two volunteers were reviewed to determine compliance with criminal background check procedures. Files reviewed showed criminal background checks are being conducted for pre-employment and annually. Files reviewed showed employees at the time of annual performance evaluations complete a *PREA Disclosure and Authorization Form – Annual Performance Evaluation Form* (PREA – 101). For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions – PREA Related Positions* (PREA-102). Files reviewed were in excellent order and complete with required documentation.

The same employee, contractor and volunteer training records were reviewed to determine compliance with PREA training requirements. All files reviewed had documentation showing PREA training in pre-service and annually. Records reviewed of employees who have been employed greater than 12 months confirmed PREA training annually since the last PREA audit.

Twenty-five random detainee records were reviewed to determine compliance with PREA education requirements and screening procedures. The review of records showed on day of arrival detainees receive the *Inmate Handbook* and GEO's *Sexual Assault Awareness Program* brochure and view the *PREA: What You Need to Know* video.

Initial risk assessments are completed on the first day of arrival to the facility and 30-day reassessments within 30 days of arrival.

Thirteen detainee files reviewed showed the detainees screened at risk of victimization or abusiveness and were referred to mental health for a mental health evaluation.

Documentation of unannounced PREA rounds were requested for the month of May. Review of documentation provided showed unannounced PREA rounds are being conducted by the Staff Duty Officers during their duty week. All housing units and departments are visited. These rounds are documented on the *Unannounced PREA Rounds* form.

In interview with the PREA Compliance Manager, since the last PREA audit there were a total of 10 PREA allegations reported and investigated by the USMS. Of the 10 allegations, one allegation of Employee-on-Inmate Sexual Abuse was determined to be substantiated.

In the 12 months preceding the onsite audit visit, there were five sexual harassment allegations reported. There was one allegation reported in February 2020 with the investigation ongoing by the USMS. The investigative files of those six allegations were reviewed with the PREA Compliance Manager. A breakdown of those allegations are as follows:

Number	Type	Disposition
5	Inmate-on-Inmate Sexual Harassment	2 – Unfounded 3- Ongoing

1	Staff-on-Inmate Sexual Harassment	Unfounded
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In all cases, the alleged victim was transferred to another facility by the USMS. There were no sexual abuse allegations reported in the past 12 months.

At the conclusion of the onsite audit, an exit meeting was held to discuss the audit findings and observations with the following persons in attendance:

- Jason Jones, Facility Administrator
- Anthony Ramos, Assistant Facility Administrator
- Patricia Gaytan, Compliance Administrator/PREA Compliance Manager
- Julian Olivarez, Chief of Security
- Stephanie Tovar, Chief of Classification
- Vincente Aguirre, Food Service Manager
- Bobby Contreras, Human Resource Manager
- Jennifer Sheahan, Manager Contract Compliance – PREA (attended via telephone)
- Chad Anderson, Manager Contract Compliance – PREA (attended via telephone)

The PREA Compliance Manager was thanked for her cooperation prior to the onsite visit and the entire team was thanked for their assistance throughout the audit process. The team was complimented on their efforts during the COVID-19 pandemic in their protocols for sanitizing the facility on a daily basis to mitigate the spread of the virus. They were also complimented on their success in achieving compliance to all of the PREA standards and informed of the process that would follow the onsite audit visit, including GEO’s responsibility to publish the final report on their website.

Post-Onsite Audit Phase

Documentation reviewed during the Pre-Onsite Audit Phase and documentation, observations and information obtained from staff and detainee interviews during the Onsite Audit Phase, were reviewed during this Post-On-Site Audit Phase. The facility was found to have met compliance to all PREA standards.

Facility Characteristics

The East Hidalgo Detention Center (EHDC) is located at 1300 East Highway 107, LaVilla, Texas. The facility was acquired from LCS Corrections in 2015 by the GEO Group, Inc. (GEO). GEO contracts with the United States Marshal Services (USMS), with the contract including the United States Immigration and Customs Enforcement (ICE) to provide detention to detainees in the country illegally, as well as pending trial or sentencing.

There is a large parking lot in front of the building facing Highway 107. Once entering the building, security procedures are followed with ID’s verified when entering and exiting the building. All staff and visitors upon entering walk through a body scanner with personal items scanned. To the left of the entry area, there is a large waiting area for visitors with a visitation area behind the waiting area.

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

The facility sits on 37 acres and includes 15 buildings. The facility is a one-story building encompassing 204,397 square feet. The following is the breakdown of the detainee housing units:

Housing Unit	Number of Beds	Gender	Type
3-B	24	Male	Dormitory-Style
4	48	Male	24-man Dorm
6	48	Female	8-bed Pods
7	48	Male	8-bed Pods
8	48	Male	24-bed Dorms
9	48	Female	8-bed Pods
10	48	Female	8-bed Pods
11	112	Male	8 or 16-bed Pods
11	58	Male	2-bed Cells
12	120	Male	8 or 16-bed Pods
12	58	Male	2-bed Cells
14	240	Male	8 or 16-bed Pods
14 C & D	52	Male	2-bed Cells
15	356	Male	28 (2) or 30 (10) bed Dorms
5 (RHU)	48	Male	2-bed Cells
14 A & B Overflow	56	Male	2-bed Cells
2 (RHU)	18	Female	2-bed Cells

Housing 2 is currently being used as a female intake dorm due to the COVID-19 pandemic. Female detainees are placed in this dorm for 14 days before being assigned to their permanent housing assignment.

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

There is a small control booth in each housing unit. Signs on the entry of each housing unit remind staff to make opposite gender announcements. These announcements are documented in the *Housing Log Book* and on *Opposite Gender Announcements* forms signed by opposite gender staff when they enter the housing unit. Detainees have access to a button in their housing units to communicate with security staff in the control booth.

Open dorm housing units have telephones within the dorms, one phone in smaller pods and two phones in larger pods. Single cell housing have portable phones for detainee use. Large laminated posted PREA information, with English on half of the poster and Spanish on the other half, are posted by the telephones.

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

The facility conducts in a 24-hour period (0600 – 1000 – 1400 – 1800 – 2200 (bed roster count) – 1200 – 0400. Pipe checks are conducted every 20 minutes in Housing 5, 11, 12 and 14. The Shift Commander reviews the pipe check report to ensure compliance and the Chief of Security and the Facility Administrator also review it.

The facility conducts multiple rounds and checks, which include 30 minute rounds (every 15 minutes if a detainee is alone in a cell for any reason) and conduct 40 minute checks. Lieutenants conduct rounds of every housing unit three times a shift and the Captain once per shift. Staff Duty Officers (SDO) conduct unannounced PREA rounds in all units during their assigned duty week.

The East Detention Center has 256 cameras. There were 22 cameras installed since the last PREA audit, two in each suicide cell (8), nine in intake and five in RHU. There are cameras in hallways and sally ports of all housing units and in common areas of the facility. Housing units that have more than 16 detainees, have cameras in the dorm. Camera monitors are located in Central Control and the Facility Director, Assistant Facility Director, the Chief of Security, the PREA Compliance Manager and Shift Commanders have access to cameras on their desktops. Control booths in housing units have camera access. DVR's are located in locked mechanical closets in each housing unit. DVR's retain data from 45-60 days.

The East Hidalgo Detention Center currently has 240 full-time employees, which includes 159 Correctional Officers. There are 35 vacancies, which includes 29 Correctional Officers, one Assistant Transport Supervisor, one Warehouse Supervisor, one Maintenance Worker, one Food Service Worker, a part-time RN and a part-time CMA. There are three contractors, which includes two Union Supply commissary contractors and one GTL Representative. Within this reaccreditation period, healthcare services which were contracted services with Correct Care Solutions (CCS), were taken over by GEO healthcare workers.

The Chaplain is in charge of religious volunteers. Currently, there are five active religious volunteers. Due to the COVID-19 pandemic, religious volunteers have not been allowed access to the facility since mid-March.

East Hidalgo Detention Center's Mission Statement:

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

EHDC strives to provide an environment that enables positive behavioral change through religious opportunities to allow offenders to become successful citizens upon

release and to enhance the ability of the offenders to live lawfully in the community. All of this is accomplished through an assortment of assessment, diagnostic, work, self-help, discipline, medical, mental health and social programs.”

GEO’s Mission Statement:

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

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: The facility was found to exceed in nine standards.

List of Standards Exceeded: 115.11; 115.13; 115.17; 115.31; 115.33; 115.41; 115.42; 115.81 and 115.88

Standards Met

Number of Standards Met: The facility was found to meet compliance to all provisions of the remaining 34 standards.

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: 0

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (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

115.11 (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

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 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*)

115.11 (a): GEO policy 5.1.2-A, *Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail Adult Community Confinement Facilities* and the East Hidalgo Detention Center policy 1300.05, *Sexual Abuse/Assault Prevention and Intervention Program (PREA)*, are written policies mandating zero tolerance towards all forms of sexual

abuse and sexual harassment and outline the agency's/facility's approach to preventing, detecting and responding to such conduct. Both policies include definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors. The policies include a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. Both policies were found to be comprehensive and address all provisions of the PREA standards, exceeding in the requirements of this standard.

115.11 (b): The agency employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts the position within the agency. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all GEO's facilities. GEO policy 5.1.2-A, page 6, section III-B-1 and facility policy 1300.05, page 8, outline the responsibilities of the agency's PREA Coordinator.

115.11 (c): GEO ensures that all of its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. The facility's organizational chart illustrates the PREA Compliance Manager's position within the facility. Pages 6 & 7, section III-B-2 of policy 5.1.2-A, and pages 8 & 9 of facility policy 1300.05, outline the responsibilities of the PREA Compliance Manager. The PREA Compliance Manager reports to the Facility Administrator and to the agency's PREA Coordinator.

In interview with the agency's PREA Coordinator at the beginning of this audit cycle and the PREA Compliance Manager during the onsite audit, both stated that they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as required. Both were knowledgeable of the roles they play in preventing and responding to sexual abuse and sexual harassment at this facility. The facility was found to exceed in the requirements of this standard.

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates 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 inmates.) Yes No NA

115.12 (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 inmates.) 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 is a private provider and does not contract for the confinement of their inmates; therefore, this standard is not applicable to this facility.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes

No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the 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*)

115.13 (a): Based on GEO policy 5.1.2-A, page 7, section C-1 and facility policy 1300.05, pages 9, section C (1-4), the agency/facility has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect detainees against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the detainee population and the prevalence of substantiated incidents of sexual abuse, and any other relevant factors in the development of the facility's staffing plan. The staffing plan was developed for a 1300-bed facility. Since the last PREA audit (6/2017), the average daily population of the facility was 1257 detainees. In the last 12 months the average daily population was 1400. In 2019 ICE needed additional beds and the facility was able to accommodate an increase in this population for a few months. Since September 2019, there have not been any ICE detainees assigned to the facility. In 2018 contracted healthcare services with CCS were terminated and 20.4 FTE's were added to the staffing plan.

In interview with the Facility Administrator and the PREA Compliance Manager, they both confirmed the facility has a documented staffing plan which was developed taking into consideration all aspects of this provision. The facility provided the staffing plan for review.

115.13 (b): According to information provided on the Pre-Audit Questionnaire and on interview with the Facility Administrator, in the past 12 months there were no deviations to the staffing plan. In interview with the Facility Administrator, he reported he reviews shift rosters daily and when making rounds he, department heads and SDO's ensure positions are filled. Twice annually USMS holds inspections and reviews staffing.

115.13 (c): Whenever necessary and no less that annually, the staffing plan is reviewed and documented on the *Annual PREA Facility Assessment – Adult Prisons & Jails* (Attachment A of policy 5.1.2-A). This completed form is submitted to the Corporate PREA Coordinator and the Corporate Divisional Vice President 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. Based on the *Annual PREA Facility Assessment –Adult Prisons & Jails* completed in 2018 and 2019, it was noted there were no deviations to the staffing plan and no recommendations for changes to the established staffing plan. In interview with the agency's PREA Coordinator, he reported being consulted regarding assessments or adjustments to the staffing plan through recommendations for equipment, cameras or additional staffing on the *Annual PREA Facility Assessments*. He reviews and consults with the Division Head in US Corrections and they assess requests and either approve or deny the requests and send them back to the facility.

115.13 (d): According to facility policy 1300.05, pages 9 & 10, section C (5-7), East Hidalgo Detention Center has a policy and practice requiring facility management, department heads and supervisors to conduct and document unannounced rounds on all shifts to identify and deter employee sexual abuse and sexual harassment. Unannounced PREA rounds are conducted by Staff Duty Officers and documented on the *PREA Unannounced Rounds Questionnaire*. Employees are prohibited from alerting other staff members these rounds are being conducted, unless such announcement is related to the legitimate operational functions of the facility. In interview with the Facility Administrator and the PREA Compliance Manager and in review of *Unannounced Rounds Questionnaires* for the month of May, this practice is being followed.

The facility conducts multiple rounds and checks, which include 30 minute rounds (every 15 minutes if a detainee is alone in a cell for any reason) and conduct 40 minute checks. Lieutenants conduct rounds of every housing unit three times a shift and the Captain once per shift. Pipe checks are conducted every 20 minutes in Housing 5, 11, 12 and 14. Due to the amount of checks and supervision, the facility was found to exceed in the requirements of this standard.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
 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 East Hidalgo Detention Center does not house youthful inmates; therefore, this standard is not applicable to this facility.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (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 inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies that enables inmates 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 have procedures that enables inmates 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 inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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

115.15 (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 inmates 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*)

115.15 (a): Based on review of GEO policy 5.1.2-A, page 17, section I and facility policy 1300.05, page 22, section I (1-9), the agency and facility have policies in place regarding detainee searches. Cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances or when performed by a medical

practitioner. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were no cross-gender strip or visual body cavity searches conducted.

115.15 (b): The East Hidalgo Detention Center facility does not permit cross-gender pat-down searches of female detainees, absent exigent circumstances. According to information provided on the Pre-Audit Questionnaire, there were no pat-down searches of female detainees conducted by male staff. Per agency and facility policy, the facility does not restrict access to available programming or other outside opportunities in order to comply with this provision. In interview with female detainees, the facility is complying with policies and this standard.

115.15 (c): The facility documents all strip searches. All strip searches are documented on the *East Hidalgo Detention Center Facility Strip Search Log* and on the *Transport Strip Search Log* when in transport. Copies of these logs showing entries of strip searches were provided for review prior to the onsite audit and observed in use during the onsite audit visit.

115.15 (d): The agency and facility has policies and practices that allow detainees to shower, toilet and change clothing without opposite gender staff viewing them, absent of exigent circumstances or instances when the viewing is incidental to routine cell checks. Opposite gender staff are required to announce their presence when reporting for duty and when entering housing units or restrooms. These announcements are documented on the *Opposite Gender Announcement* log. . Copies of these logs showing entries of opposite gender announcements were provided for review prior to the onsite audit and observed in use during the onsite audit visit..... Signs stenciled on entry of housing units remind opposite gender staff to announce their presence when entering housing units. In interviews with staff and detainees and as observed while onsite, opposite gender announcements are being made and documented.

115.15 (e): GEO policy 5.1.2-A, pages 17 & 18, section J and facility policy 1300.05, pages 22 & 23, section J, address searches of transgender and intersex detainees. Facilities shall not search or physically examine a transgender or intersex detainee solely to determine their genital status. If the genital status is unknown, it may be determined during private conversation with the individual, by reviewing medical records or by learning this information as part of a broader medical examination conducted in private by a medical practitioner. In information provided by the facility, in the past 12 months there were no searches of transgender of intersex detainees conducted for the sole purpose of determining the detainee's genital status.

115.15 (f): All security staff of East Hidalgo Detention Center receive training on how to conduct cross-gender pat searches and searches of transgender and intersex detainees in a professional and respectful manner. The *DOJ-2017 PREA* training curriculum was provided for review and found to contain training on pat searches, including searches of transgender and intersex detainees. Review of random staff training records and in interview with staff, revealed staff are receiving this training at pre-service and annually at in-service training. Staff sign a *PREA Basic Acknowledgement* form upon completion of this training and the training is documented electronically on individual training records in the Learning Management System (LMS). At the time of the onsite audit visit, there was one transgender detainee assigned to

the facility and no intersex detainees. The transgender detainee was given the choice of being searched by a male or female staff member. She had no preference for pat searches.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates 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 inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates 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 inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (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 inmates 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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate'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*)

115.16 (a): Based on GEO policy 5.1.2-A, page 12 , section E-1 and facility policy 1300.05, pages 15 & 16, section D, detainees with disabilities have an equal opportunity to participate in or benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. In interview with the Vice-President, Risk Management (agency head designee), he stated PREA education at all facilities is offered in various formats. Poster, pamphlets and videos are in English and Spanish. He also stated that facilities developed PREA education materials in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from our program. Facilities have contracts with Language Line Services and have TTY phones for the deaf or hard of hearing. At the time of the onsite audit visit, there were no detainees who were blind, with low vision, deaf, hard of hearing, with cognitive or physical deficits or low reading skills. The staff PREA

training curriculum, *2017 DOJ PREA Training* reviewed trains staff on how to deliver PREA information to individuals with disabilities and who are limited English proficient.

115.16 (b): The facility takes steps to ensure that detainees who are limited English proficient have access to PREA information that they can understand. The majority of the detainee population speaks Spanish only. All written and posted information is provided in both English and Spanish. Upon intake detainees receive *Inmate Handbook Rules and Regulations*, available in English, Spanish and in large print. The Handbook includes GEO's *Sexual Assault Awareness Program* brochure. The *PREA: What You Need to Know* video shown as part of comprehensive PREA education is available in English and Spanish. Bilingual staff are called upon to provide translation to Spanish speaking detainees and a contract with the Language Line Services provides translation of any other language. In interview with Spanish speaking detainees, they reported receiving PREA written information in Spanish and viewing the Spanish PREA video.

115.16 (c): Agency and facility policies prohibit detainees to be relied on as readers or any types of assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety. The use of detainees under these circumstances must be justified and documented in a written investigative report. In information provided on the Pre-Audit Questionnaire, in the past 12 months detainees have not been used for this purpose. Staff interviewed knew detainees were not to be used for this purpose. Limited English proficient detainees and detainees with disabilities interviewed confirmed other detainees were not used for this purpose.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 inmates 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 inmates 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 inmates 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 inmates 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 inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with inmates, 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

115.17 (d)

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

115.17 (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 inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates 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 inmates 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

115.17 (g)

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

115.17 (h)

- 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*)

115.17 (a): GEO policy 5.1.2-A, page 8, section C-2 and facility policy 1300.05, page 10, section 4, interview with the Human Resource Manager, and review of random employee and contractor files were used to verify compliance to this standard. Per policy, the agency/facility prohibits hiring or promoting anyone who may have contact with detainees and prohibits enlisting the services of any contractor who may have contact with detainees 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.

115.17 (b): GEO and the facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with detainees. Interview with the Human Resource Manager confirmed this practice.

115.17 (c): The agency requires all applicants and employees who may have contact with detainees have a criminal background check. NCIC/TCIC criminal background checks for all potential employees are completed by the Nueces County Sheriff's Office and through a contract with Career Builders. For those considered for promotions or who transfer from another GEO facility, an internal background check through GEO, is requested on the *Prison Rape Elimination Act Questionnaire Internal Promotion/Transfer* form (HR-104). Transfers from any other correctional institutions are handled like new hires. If an applicant answers on their application they are a prior institutional employee, information from prior institutional employers is requested through Career Builders. From information provided on the Pre-Audit

Questionnaire, in the past 12 months, there were 54 persons hired who had criminal background checks completed.

115.17 (d): The facility performs criminal background checks through Nueces County and Career Builders on all contractors and volunteers

115.17 (e): Criminal background checks are performed for all employees, contractors and volunteers annually exceeding in the requirements of this standard.

115.17 (f): The agency asks all applicants and employees who have contact with detainees directly about previous sexual misconduct. Applicants are asked these questions on the GEO application. Annually at the time of performance evaluations employees complete a *PREA Disclosure and Authorization Form – Annual Performance Evaluation Form* (PREA – 101). For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions – PREA Related Positions* (PREA-102).

115.17 (g): GEO and the facility 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.

115.17 (h): Unless prohibited by law, GEO will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the individual has applied for work.

Random human resource files of 20 employee, three contractor and two volunteer files were reviewed and were found to be complete with documentation showing adherence to standard and agency policy requirements. The facility was found to exceed in the requirements of this standard. Files were well organized and documentation complete.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (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 inmates 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

115.18 (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 inmates 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*)

115.18 (a) & (b): GEO policy 5.1.2-A, page 8, section C-3 and facility policy 1300.05, page 11, section 5, state that the facility will consider the effect of new or upgraded design, acquisition, expansion or modification of physical plant or monitoring technology might have on the facility's ability to protect detainees from sexual abuse. Per facility policy, all facility upgrades of technology or physical plant will include consideration of how it could enhance the facility's ability to protect against sexual abuse. According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Administrator, since the last PREA audit the facility has not acquired any new facilities or made any substantial expansions or modifications of the existing facilities.

In interview with the Facility Administrator and on information provided prior to the onsite visit, There were 22 cameras installed since the last PREA audit, two in each suicide cell (8), nine in intake and five in RHU.

In interview with the Vice President, Risk Management (agency head designee) he stated that the agency uses technology to assist the facilities in keeping inmates safe from sexual abuse. He stated that the agency routinely add or improve camera coverage within the prisons and jails.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (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

115.21 (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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily 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

115.21 (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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (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

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) 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*)

115.21 (a): GEO policy 5.1.2-E, pages 7-11, sections D-J and facility policy 1300.05, page 33, section J-9, outline the agency/facility's requirements as it applies to this standard. The policy addresses the requirements of the facility in response to reports of sexual abuse allegations. The agency/facility and the USMS are responsible for conducting administrative investigations of sexual abuse and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. In interview with random staff, they knew how to preserve the evidence and the crime scene to ensure usable evidence is maintained for investigative purposes.

115.21 (b): The agency and facility follows a protocol developmentally appropriate for youth where applicable and adapted from or otherwise based on the U.S. Department of Justice's office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". East Hidalgo Detention Center does not house youthful offenders.

115.21 (c): Facility medical staff do not perform forensic medical exams. Victims of sexual abuse have access to forensic medical exam by a Sexual Assault Nurse Examiner (SANE) at no cost to the victim. Victims of sexual abuse will be transported to the McAllen Medical

Center. In information reported on the Pre-Audit Questionnaire, in the last 12 months there were no SANE exams performed.

115.21 (d): The facility has an MOU with Mujeres Unidas to provide confidential emotional support services to victims of sexual abuse. In interview with the PREA Compliance Manager, she ensures the MOU meets the qualifications described in the standard because the standard language is written within the MOU.

115.21 (e): As requested by the victim, a victim advocate from Mujeres Unidas would be provided to accompany a detainee victim of sexual abuse through the forensic exam procedures.

115.21 (f): Criminal investigations are conducted by the USMS.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (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

115.22 (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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (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*)

115.22 (a): GEO policy 5.1.2-E, page 4, section III-A-1, and facility policy 1300.05, pages 6 & 7, section A, outline the agency's and facility's policies and procedures for investigating and documenting incidents of sexual abuse and sexual harassment. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All allegations involving staff are referred to GEO's Office of Professional Responsibility (OPR).

115.22 (b): GEO policy ensures that allegations of sexual abuse or sexual harassment that appear to be criminal be referred for investigation to an agency that has the legal authority to conduct criminal investigations. Allegations that appear to be criminal are referred to the LaVilla Police Department and to the USMS for investigation.

The facility documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. All allegations are documented and tracked on the *PREA Annual Incident Tracking Log*. Interview with facility investigators confirmed this procedure. The agency policy regarding the administrative investigation of allegations of sexual abuse or sexual harassment and referrals for criminal investigations is published on the agency website and can be accessed at <https://www.geogroup.com/prea>.

115.22 (c): Information published on the GEO website describes the responsibilities of the agency and the investigating agency in the investigation of allegations of sexual abuse and sexual harassment.

According to information provided on the Pre-Audit Questionnaire, in review of *Annual PREA Incident Tracking Logs* and in interview with the PREA Compliance Manager and facility Investigators, in the 12 months preceding the onsite audit visit, there were five sexual harassment allegations reported. There was one allegation reported in February 2020 with the investigation ongoing by the USMS. Three were determined to be unfounded by the USMS and three investigations are ongoing by the USMS.

In interview with the Vice President, Risk Management (Agency Head Designee), he stated that all allegations are investigated administratively or criminal investigations are conducted by local, state or federal authorities as required by policies and client contracts.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates 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 inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates 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 inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates 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 inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates 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

115.31 (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*)

115.31 (a): GEO employees receive training on GEO's zero-tolerance policy (5.1.2-A) 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 13 & 14, section F-1 of GEO policy 5.1.2-A, and pages 17 & 18, section E-1 of facility policy 1300.05. The *2017 DOJ PREA Training* curriculum was reviewed and found to address all elements of this provision of this standard as required. Staff receive three hours of classroom PREA training facilitated by the PREA Compliance Manager during pre-service. Annually staff and contractors are required to complete a two-hour online training through the Learning Management System (LMS) and quarterly supervisors provide one-hour of classroom PREA instruction.

115.31 (b): East Hidalgo Detention Center houses adult males and female detainees. The training provided to all staff is tailored to meet the needs of both genders. An employee will receive additional training if reassigned from a facility that houses only female or only male detainees.

115.31 (c): In information provided in the Pre-Audit Questionnaire and in review of random staff training records, employees of East Hidalgo Detention Center receive PREA education as required annually. According to information provided on the Pre-Audit Questionnaire, all assigned staff have received PREA training at pre-service and annually. Between trainings,

supervisor during rounds ask staff PREA-related questions. During shift turnouts, PREA is regularly discussed.

115.31 (d): Upon completion of PREA pre-service and annual in-service training, staff sign a *GEO PREA Basic Acknowledgement* form acknowledging receipt and understanding of the training received. Documentation of review of random employee training records confirmed training is being completed and documentation of this training being maintained by the facility and electronically in individual training records in LMS.

Training files were well organized and complete. In interview with staff, they were able to confirm receiving numerous PREA training and knew their responsibilities for preventing, detecting, responding and reporting allegations of sexual abuse and sexual harassment. Due to the multiple PREA training opportunities and the knowledge of employees interviewed and in review of random employee files, the facility was found to exceed in the requirements of this standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with inmates 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 inmates)? Yes No

115.32 (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*)

115.32 (a): East Hidalgo Detention Center ensures that all volunteers and contractors who have contact with inmates are trained on their responsibilities under the agency and facility's sexual abuse and sexual harassment policies and procedures prior to their assignment and annually. GEO policy 5.1.2-A, pages 14 & 15, section G-1 outline the requirements for volunteer PREA training and GEO policy 5.1.2-A, pages 15 & 16, section H-1 for contractor PREA training. Facility policy 1300.05, page 19, section F-1 outlines PREA training requirements for volunteers and pages 20 & 21, section G-1 outlines PREA training requirements for contractors.

115.32 (b): The facility has three contractors and five active religious volunteers. The contractors complete *2017 DOJ PREA Training* annual web based and instructor led quarterly training. Volunteers complete annual PREA training facilitated by the Chaplain.

115.32 (c): Contractors sign a *GEO Secure Services – East Hidalgo Facility Contractor Training* form acknowledging receiving and understanding the training they received, which includes PREA. Documentation of PREA training for contractors is being maintained by the Human Resource Manager and the Chaplain maintains training records for volunteers.

In interview with two contractors and one volunteer, they confirmed receiving PREA training annually and were knowledgeable of the agency/facility's zero-tolerance policies and of their responsibilities of reporting allegations of sexual abuse and sexual harassment as outlined in the policies.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate 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*)

115.33 (a): Based on GEO policy 5.1.2-A, pages 12 & 13, section E-2 and facility policy 1300.05, pages 16-18, all detainees 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. Detainees receive an *Inmate Handbook*, which includes GEO's *Sexual Assault Awareness Program* brochure, upon arrival to the facility and sign an *East Hidalgo USMS-Property Withheld Receipt* acknowledging receiving all facility property, including the *Inmate Handbook*. Intake staff interviewed reported what written information detainees receive on their day of arrival. During interview, detainees reported receiving written PREA information on the first day of arrival to the facility and viewing the PREA video while in intake.

115.33 (b): Comprehensive PREA education is provided to newly assigned detainees within the first 24 hours of arrival to the facility. Case Managers go to the detainees and review PREA information with them. Detainees sign an *East Hidalgo Detention Center Prison Rape Elimination Act (PREA) Training* form acknowledging receipt of the handout and acknowledge viewing the PREA video.

115.33 (c): On information reported on the Pre-Audit Questionnaire, there were 7197 detainees assigned to East Hidalgo Detention Center in the past 12 months who received PREA education upon intake.

115.33 (d): All PREA education provided to detainees is in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired, otherwise disabled or have limited reading skills. The *Inmate Handbook*, the *PREA: What You Need to Know* video and all verbal information given is provided in both English and Spanish. Staff proficient in Spanish are designated as Spanish interpreters. A contract with the Language Line Services provides translation of any other languages. The facility has a TTY for deaf or hard of hearing detainees.

15.33 (e): The facility maintains documentation of detainees' participation in PREA education sessions. The *East Hidalgo USMS-Property Withheld Receipt* and the *East Hidalgo Detention Center Prison Rape Elimination Act (PREA) Training* form are maintained in detainee Central Files.

115.33 (f): Ongoing PREA information is provided on multiple posters, both in English and Spanish, displayed in housing units and in numerous other locations throughout the facility as observed during the site review of the facility. During unannounced PREA rounds, SDO staff provide detainees with ongoing PREA information exceeding in the requirements of this standard.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive 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 115.21(a).) Yes No NA

115.34 (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 115.21(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 115.21(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 115.21(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 115.21(a).) Yes No NA

115.34 (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 115.21(a).) Yes No NA

115.34 (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*)

115.34 (a): Based on GEO policy 5.1.2-A, page 14, section F-2 and facility policy 1300.05, page 19, section E-3, in addition to general education provided to all employees, GEO ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings.

115.34 (b): The facility has three investigators who completed *PREA Specialized Training: Investigating Sexual Abuse in Correctional Settings*. The training curriculum was provided for review and found to include 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 prosecution referral.

115.34 (c): The agency maintains documentation that investigators have received specialized training. Upon completion of the training, investigators receive a certificate of completion and completion of the training is documented electronically in individual training records in LMS. In review of investigators' training files all three facility investigators completed specialized training on 6/10/15 and complete general PREA training provided to all employees at pre-service and in-service annually.

In interview of the facility investigators, they confirmed receiving specialized training and general PREA education provided to all employees and were able to confirm the topics included in this training.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

115.35 (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 or the agency does not employ medical staff.)
 Yes No NA

115.35 (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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) 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*)

115.35 (a): GEO policy 5.1.2-A, page 14, section F-2, and facility policy 1300.05, pages 18 & 19, section E-2, states that the agency ensures that all full-time and part-time medical and mental health staff will be trained to detect signs of sexual abuse and sexual harassment, preserving physical evidence, responding effectively and professionally to victims of sexual abuse and sexual harassment how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

115.35 (b): This provision of this standard is not applicable to this facility. Medical staff do not perform forensic exams. Forensic exams are performed at the McAllen Medical Center.

115.35 (c): Medical and mental health staff complete *Specialized Medical and Mental Health PREA Training*. The curriculum was provided for review and found to include the training requirements as outlined in provision 115.35 (a) of this standard. Upon completion of this training, healthcare staff receive a certificate of completion. The facility maintains documentation of this training electronically in individual training records in LMS. In information provided in the Pre-Audit Questionnaire and documentation of entries in LMS, 100% of the medical and mental health practitioners have received specialized training.

115.35 (d): Medical staff, in addition to specialized training, receive the general PREA training that all employees receive and sign a *PREA Basic Training Acknowledgement* form. In review of the training files of random medical staff, documentation of general training and specialized medical and mental health training if maintained by the facility.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate 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 inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate 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 inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? Yes No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?
 Yes No

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request?
 Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
 Yes No

115.41 (h)

- Is it the case that inmates 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

115.41 (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 inmate's detriment by staff or other inmates? 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*)

115.41 (a): According to GEO policy 5.1.2-A, pages 8 & 9, section D-1 and facility policy 1300.05, pages 11 & 12, section D, all detainees are assessed for their risk of being sexually

abused or sexually abusive towards others within 72 hours of arrival to the facility. On information provided on the Pre-Audit Questionnaire, in the past 12 months 7197 detainees assigned to East Hidalgo Detention Center were assessed for their risk of victimization or abusiveness upon arrival.

115.41 (b): Intake screening takes place within 24 hours of detainees' arrival to the facility, exceeding in the requirement of this provision for screening within 72 hours of arrival. Risk screenings are conducted on day of arrival to the facility.

115.41 (c): Intake risk assessments are conducted by the Intake staff using the *PREA Risk Assessment* form (attachment B to GEO policy 5.1.2-A), an objective screening tool. Intake staff scan the risk assessments and e-mailed to Classification, medical, the PREA Compliance Manager, the Facility Administrator, the Assistant Facility Administrator and the Chief of Security.

115.41 (d): The *PREA Risk Assessment* was reviewed and found to contain all requirements of this provision of this standard and allowed the screener to document his/her perception of gender non-conformity.

115.41 (e): The screening includes the screener's thorough review of any available records available to assist with determining the offender's risk assessment. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.

115.41 (f): Within a set time period, not to exceed 30 days of detainees arrival to the facility, detainees are reassessed by Classification staff or a Case Manager for their risk for victimization and abusiveness using the *PREA Vulnerability Reassessment Questionnaire* (attachment C of GEO policy 5.1.2-A).

115.41 (g): A detainee's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. This information was confirmed in interview with Case Managers.

115.41 (h): Detainees are not be disciplined for refusing to answer any questions or for not disclosing complete information.

115.41 (i): The original screening forms are filed in the detainee Central Files. Only the Facility Administrator, PREA Compliance Manager, the Chief of Classification, Case Managers, medical staff, the Records Clerk and Classification Clerk have access to detainee Central Files. Anyone else must request and sign out files to have access to this information.

Twenty-five detainee file were reviewed. All were found to be screened on the day of arrival to the facility. Documentation was complete. The facility was found to exceed in the requirements of this standard.

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates 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 inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate'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

115.42 (f)

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

115.42 (g)

- 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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- 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 inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- 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 inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) 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*)

115.42 (a): The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating detainees at high risk of being sexually victimized from detainees with those at high risk of being sexually abusive. GEO policy 5.1.2-A, pages 10 & 11, section D-3 and facility policy 1300.05, pages 14

& 15, section 3, explain the use of PREA screening information. On interview with the PREA Compliance Manager, Intake staff and Case Managers responsible for screening detainees, they explained how the facility utilizes screening information for this purpose.

115.42 (b): Individualized determinations are made about how to ensure the safety of each detainee. Detainees who score at risk of victimization or abusiveness are referred for further evaluation with mental health. Detainees have an option of refusing these services. Detainees screened at risk victimization or abusiveness are tracked on a *Victim/Predator* log. The Chief of Classification maintains the *At Risk Log*. In random detainee record review, 10 of the 25 records reviewed scored to be potential victims or dual (potential victim and potential predators). All were offered mental health referrals and were tracked appropriately on the *At Risk Log*.

115.42 (c): Guidelines for housing and program assignments and for the management of transgender and intersex detainees are outlined in GEO policy 5.1.2-A, pages 10 & 11, section D-3-c-g and facility policy 1300.05, pages 14 & 15, sections 3-c-2-4. In making housing and programming assignments for transgender or intersex detainees, the facility will consider on a case-by-case basis whether the placement would present management or security problems. Detainees who self-disclose being gay, bisexual, transgender or intersex are tracked on an *LGBTI Log*.

Transgender and intersex detainees are housed with housing determinations made by a Transgender Care Committee (TCC). The TCC members consist of the Facility Administrator, the Chief of Security, Classification or Case Manager Supervisor, and the PREA Compliance Manager and Medical or Mental Health staff. GEO's PREA Coordinator may also be consulted. The TCC meets with the detainee, complete a *GEO Statement of Search/Shower/Pronoun Preference Form* and documents the meeting on the *Transgender Care Committee Summary*. Transgender and intersex detainees may be housed up to 72 hours in medical or until the TCC meets with them.

115.42 (d): A transgender or intersex detainee's housing and program assignments will be reassessed every six months to review any threats to safety experienced by the detainee.

115.42 (e): A transgender or intersex detainee's own view of their safety is taken into consideration. When the TCC meets with transgender or intersex detainees the detainees are given an opportunity to express their own views. At the time of the onsite audit visit there was one transgender detainee. TCC notes on this detainee were provided for review.

115.42 (f): Transgender and intersex detainees are offered the opportunity to shower separately from other detainees. When interviewed, the transgender detainee stated he was offered to shower alone, but refused.

115.42 (g): GEO does not place lesbian, gay, bisexual, transgender or intersex detainees in dedicated units or wings solely based on such identification. In interview with one lesbian, two gay, two bisexual and one transgender detainee, all reported they did not feel they were housed any differently because of his sexual orientation. When interviewed, the PREA Coordinator stated the agency is not under a consent decree or other legal judgement at any

of their facilities. The practice of placing LGBTI detainees in dedicated units or wings solely based on such identification is prohibited by policy.

The facility was found to exceed in the requirements of this standard. They are ensuring those at risk for victimization are housed appropriately ensuring their sexual safety.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?
 Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? 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*)

115.43 (a): GEO policy 5.1.2-A, page 18, section K-1 and facility policy 1300.05, pages 12 & 13, section E, were used to determine compliance to this standard. The East Hidalgo Detention Center Facility does not place detainees at high risk for victimization in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination has been made that there is no available alternative.

115.43 (b): Detainees placed in segregated housing for this purpose have access to programs, privileges, education and work opportunities to the extent possible. The facility will document and justify any restrictions imposed.

115.43 (c): The facility will assign such detainees to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, not to exceed a period of 30 days.

115.43 (d): If involuntary segregated housing assignment is made, the facility will document the basis for the facility's concern for the detainee's safety and the reason no alternate means

of separation can be arranged. This information will be documented on the *Sexual Assault/Abuse Available Alternatives Assessment* form.

115.43 (e): In cases where involuntary segregated housing is used for longer than the initial 30 days, the facility will review the status every 30 days to determine if ongoing involuntary housing is needed.

According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Administrator, the Administrative Captain and the Administrative Lieutenant, in the past 12 months there has not been a time a detainee was found at high risk of victimization or who alleged sexual abuse was placed in involuntary segregated housing. The Facility Administrator reported he has many cells available to keep detainees at high risk for victimization in a safe place.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates 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 inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request?
 Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
 Yes No NA

115.51 (c)

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

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? 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*)

115.51 (a): As stated in GEO policy 5.1.2-A, page 19, section L-1, and facility policy 1300.05, pages 23 & 24, section K-1, the facility provides multiple internal ways for detainees to privately report sexual abuse and sexual harassment, retaliation by other detainees or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Detainees are informed in the *Inmate Handbook Rules and Regulations* and on posters they can report to any staff member, contractor or volunteer. They can report to their family who can report for them.

115.51 (b): The facility also provides multiple external ways for detainees to report allegations to a public or private agency that is not part of GEO. USMS detainees can dial number *5 to reach the Office of the Inspector General, ICE detainees can dial *4 to reach the Department of Homeland Security (DHS) and all detainees can reach Mujeres Unidas by dialing *6 on detainee telephones. Detainees interviewed were aware of the methods of reporting available to them. When interviewed the PREA Compliance Manager confirmed the methods of reporting available to detainees and staff.

115.51 (c): Staff shall accept reports made verbally, anonymously and from third parties. Staff are required to document verbal reports immediately or no longer than the end of their shift. Staff interviewed were aware of this requirement.

115.51 (d): Staff have access to private reporting by calling the Employee Hotline (866-568-5425) or the Corporate PREA Coordinator (561-999-5827). Information for inmate and staff reporting was found on the GEO website (<https://www.geogroup.com/prea>). *Third Party Reporting* posters and Page 4, section I of the *Employee Handbook* informs employees of their

responsibility of reporting sexual abuse and sexual harassment and their reporting options. Staff interviewed knew how to privately report sexual abuse and sexual harassment of inmates.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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

115.52 (b)

- Does the agency permit inmates 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 an inmate 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

115.52 (c)

- Does the agency ensure that: An inmate 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

115.52 (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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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 inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate 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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates 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 inmates? (If a third-party files such a request on behalf of an inmate, 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 inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate 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 an inmate 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 inmate 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

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate 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*)

115.52 (a): In review of GEO policy 5.1.2-A, pages 19 & 20, section L-2, and facility policy 1300.05, pages 24 & 25, section K-2, there is a procedure in place for detainees to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Instructions on how to file grievances are provided to detainees in the *Inmate Handbook Rules and Regulations*, pages 22-24. Detainees interviewed were aware filing a grievance is a reporting option for them.

115.52 (b): There is no time limit when a detainee can submit a grievance regarding sexual abuse. GEO does not impose a time limit to any portion of a grievance that does not allege an incident of sexual abuse. Detainees are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict GEO's ability to defend against a lawsuit filed by an inmate on the grounds that the applicable statute of limitations has expired. The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In interview with the PREA Compliance Manager and the Executive Secretary who handles all grievances and on information provided on the Pre-Audit Questionnaire, in the past 12 months there no PREA-related grievances filed.

115.52 (c): Based on agency and facility policies, detainees have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. If a third party files a grievance on an inmate's behalf, the alleged victim must agree to have the grievance filed on his behalf.

115.52 (d): A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal.

Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing. At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of the response to be a denial at the first level. In information reported on the Pre-Audit Questionnaire, in the past 12 months there were no grievances filed alleging sexual abuse.

115.52 (e): Third parties such as fellow detainees, family members, attorneys or outside advocates may assist detainees in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of detainees. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If the detainee declines to have the request processed on his or her behalf, the agency shall document the detainee's decision. In interview with the PREA Compliance Manager and on information provided in the Pre-Audit Questionnaire, in the past 12 months, there were no grievances filed by a third party.

115.52 (f): Detainees may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. Information on the procedure for detainees to file emergency grievances is found on page 20, section L-2-b of GEO policy 5.1.2-A, and on page 25, section K-2-b of facility policy 1300.05. After receiving an emergency grievance of this nature, the Facility Administrator or designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days. In interview with the PREA Compliance Manager and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances alleging sexual abuse filed.

115.52 (g): A detainee can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the detainee filed the grievance in bad faith.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates 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 provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, 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

115.53 (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 inmates 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*)

115.53 (a): GEO policy 5.1.2-A, page 25 & 26 , section O-8 and facility policy 1300.05, pages 25 & 26, section M-8, addresses the agency/facility's policies on providing detainees with access to outside victim advocates for emotional support services related to sexual abuse. East Hidalgo Detention Center enables reasonable communication between the detainees and these agencies in a confidential manner. Detainees are informed they can remain anonymous if they choose.

115.53 (b): Detainees are informed in the *Inmate Handbook Rules and Regulations* and on PREA posters displayed throughout the facility and in all housing units, they can speed dial *6 on a detainee telephone to request emotional support services. Detainees interviewed were aware of this information.

115.53 (c): The facility has an MOU with Mujeres Unidas to provide emotional support services to victims of sexual abuse. The facility maintains a copy of that MOU and provided it for review.

Standard 115.54: Third-party reporting

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

115.54 (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 an inmate? 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*)

115.54 (a): Based on GEO policy 5.1.2-A, page 20, section L-3 and facility policy 1300.05, pages 25 & 26, section K-3, the agency has established a method to receive third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. Detainees are informed of third party reporting on PREA posters displayed in numerous locations in both English and Spanish. *Third Party Reporting* posters were also found Visitation and staff break areas.

The method for third party reporting procedures is made available on the FBOP public website and on the GEO website at <http://www.geogroup.com/prea> ([Social Responsibility Section](#)).

In interview with the PREA Compliance Manager, during the past 12 months, there have been no reports of sexual abuse or sexual harassment made to the facility by a third party. Detainees and staff interviewed were aware of this method of reporting.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency 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 agency policy any knowledge, suspicion, or information regarding retaliation against inmates 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 agency 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

115.61 (b)

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

115.61 (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 inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (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

115.61 (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*)

115.61 (a): The agency's requirement on staff reporting duties can be found on pages 20 & 21, section N-4 of GEO policy 5.1.2-A. Reporting duties for volunteers is found on pages 14 & 15, section G-2 of GEO policy 5.1.2-A and contractor reporting duties on pages 15 & 16, section H-2 of GEO policy 5.1.2-A. Page 26, section 4 of facility policy 1300.05, address staff and agency reporting duties. All staff, volunteers and contractors must take all allegations of sexual abuse

and sexual harassment seriously and are required to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against detainees or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This information is to be reported the facility Investigators and to the USMS. If an allegation involves staff, GEO's Office of Professional Responsibility (OPR) are to be contacted.

115.61 (b): Apart from reporting to designated supervisors, staff are not to reveal any information related to a sexual abuse report to anyone. Staff, volunteers and contractors interviewed knew their reporting duties and new this information must be kept confidential.

115.61 (c): Medical and mental health practitioners, through their specialized training, are informed they are required to report sexual abuse and inform detainees of their duty to report and the limitations of confidentiality at the initiation of services. Medical and mental health staff interviewed confirmed this practice.

115.61 (d): East Hidalgo Detention Center houses adult male and female detainees only and does not house detainees under the age of 18. No detainees, according to their classified level of care, are considered vulnerable adults under the State Vulnerable Persons Statue; therefore, this provision of this standard is not applicable to this facility. In interview with the Facility Administrator, he confirmed there were no vulnerable detainees housed at the facility during this review period and knew his reporting responsibilities if there were. In interview with the PREA Coordinator, stated mental health practitioners are required to report allegations of sexual abuse of a vulnerable adult to designated state or local service agencies under applicable mandatory reporting laws.

115.61 (e): In interview with the Facility Administrator, East Hidalgo Detention Center reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports are forwarded to facility Investigators and to the USMS.

Standard 115.62: Agency protection duties

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

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? 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*)

115.62 (a): When the agency learns that a detainee is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the alleged victim according to GEO policy 5.1.2-A, page 21, section M-1 and facility policy 1300.05, pages 26 & 27, section J-1. All allegations of sexual abuse are to be handled in a confidential manner and conversations with the victim sensitive, supportive and non-judgmental.

In interview with the Facility Administrator, as well as documentation provided on the Pre-Audit Questionnaire, during the past 12 months it was not necessary for the facility to take immediate action in regards to a detainee being in substantial risk of sexual abuse.

The Facility Administrator stated that if it was suspected a detainee was at substantial risk of sexual abuse he would talk to the detainee, add the detainee to the At Risk Log and inform the USMS. In interview with the Vice President, Risk Management (Agency Head Designee) he stated that facilities are required to take immediate action to protect the victim from further harm and refer him for necessary services, such as medical, mental health, etc. Staff interviewed was aware of their responsibilities if they felt a detainee was at risk for sexual abuse.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

- Upon receiving an allegation that an inmate 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

115.63 (b)

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

115.63 (c)

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

115.63 (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*)

115.63 (a): GEO policy 5.1.2-A, pages 24 & 25, section M-5 and facility policy 1300.05, page 31, section 5, were used to verify compliance to this standard. Upon receiving an allegation that a detainee was sexually abused while confined at another facility, the head of the facility or his designee shall notify the head of the facility where the sexual abuse was alleged to have occurred.

115.63 (b): This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation.

115.63 (c): The facility will document that notification was made and include all actions taken regarding the incident. Copies of this documentation will be forwarded to the PREA Compliance Manager and the PREA Coordinator.

115.63 (d): The facility will ensure that the allegation is investigated in accordance with the PREA standards.

In the 12 months preceding the onsite audit visit, the facility received one report of sexual abuse from a former East Hidalgo Detention Center detainee while he was confined to another facility. Documentation provided for review showed the Warden at the facility where the allegation was reported notified the Facility Administrator. In the past 12 months there was one detainee on day of arrival to the East Hidalgo Detention Center alleged sexual abuse while confined to another facility. Notification was made to the Warden of the other facility and was provided for my review. The notification was made within the 72-hour required timeframe. In interview with the Facility Administrator, he reported each incident.

The Vice President, Risk Management (Agency Head Designee) when interviewed stated if a facility receives a notification of sexual abuse alleged to have occurred at one of GEO's facilities, the allegation is to be referred to the facility investigators for investigation. The corporate PREA Coordinator is to be informed of all allegations of this type via e-mail. These allegations are to be reported on the facility's monthly report to be entered into the PREA database where they can be tracked.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate 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 an inmate 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 an inmate 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 an inmate 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

115.64 (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*)

115.64 (a): GEO policy 5.1.2-A, pages 21 & 22, section M-2 and facility policy 1300.05, pages 27 & 28, section 2, outline the procedures 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 Staff Duty Office 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.

115.64 (b): 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, stay with the alleged victim and notify security staff.

All staff carry with them a First Responder Card reminding them of the steps to take if they are the first responders to an allegation of sexual abuse and are trained on first responder duties.

On information provided on the Pre-Audit Questionnaire and in interview with the PREA Compliance Manager, in the past 12 months there were no allegations of sexual abuse reported, only sexual harassment allegations. Interviews with security and non-security staff revealed they knew the policy and procedures to follow if they were a first responder to an allegation of sexual abuse.

Standard 115.65: Coordinated response

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

115.65 (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*)

115.65 (a): GEO policy 5.1.2-A, page 6, section A-4, and facility policy 1300.05, pages 7 & 8, section A-d, 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 East Hidalgo Detention Center Policy and Procedure Manual, EP 22, *Emergency Plans* is the facility's coordinated response plan.

The plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A *PREA Response Plan Checklist* (attachment A of policy EP 22) included in the plan reminds staff of notifications to be made. The Facility Administrator confirmed during interview the facility has an emergency response plan. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

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

115.66 (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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (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*)

115.66 (a): GEO policy 5.1.2-A, pages 5 & 6, section III-A-3 and facility policy 1300.05, page 7, section c, were used to verify compliance to this standard. GEO would not enter into a collective bargaining agreement or other agreements that would limit the agency's ability to remove an alleged staff sexual abuser from contact with any offender pending the outcome of an investigation. On information provided for review, East Hidalgo Detention Center and the GEO Group, Inc. have a collective bargaining agreement with the National Federation of Federal Employees, Federal District 1, IAMAW, AFL-CIO. The agreement was effective June 1, 2018 and continues thru May 31, 2021. Page 29, Article 36, *Disciplinary Procedures*, outlines the progressive discipline procedures, up to and including suspension and discharge.

115.66 (b): 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. Any "no contact" order is documented advising the employee, contractor or volunteer of no contact with an 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.

In interview with the Vice President, Risk Management (agency head designee), he stated that none of the agency's collective bargaining agreements prohibit the agency from removing staff from contact with inmates pending the outcome of an investigation for alleged sexual abuse or harassment.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmate 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 inmate 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 inmate 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

115.67 (d)

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

115.67 (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

115.67 (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*)

115.67 (a): GEO has a policy to protect detainees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other detainees or staff as outlined in policy 5.1.2-A, pages 26 & 27, section N-2 and in facility policy 1300.05, pages 34 & 35, section 2.

115.67 (b): The agency has multiple protection measures, such as housing changes or transfers for detainees, victims or abusers, removal of alleged staff or inmate abusers from contact with victims and emotional support services for detainees 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.

115.67 (c): Detainees who allege sexual abuse will be monitored by the PREA Compliance Manager who will meet weekly with the alleged victim beginning the week following the incident and continue monitoring for at least 90 days or longer if there is a continuing need. The Human Resource Manager will monitor conduct and treatment of employees who reported

staff misconduct or employee witness who cooperate with these investigations every 30 days for 90 days. Retaliation monitoring of detainees is documented on the *Protection from Retaliation Log – Prisons and Jails* (attachment H to GEO policy 5.1.2-A) and for staff on the *Employee Protection from Retaliation Log* (attachment I to GEO policy 5.1.2-A).

115.67 (d): Monitoring of detainees also includes periodic status checks.

115.67 (e): If any detainee or staff who cooperates with an investigation expresses fear of retaliation, the agency will respond appropriately to protect that individual from retaliation.

115.67 (f): Retaliation monitoring will terminate if it is determined that the allegation was unfounded.

In interview with the PREA Compliance Manager and on information provided on the Pre-Audit Questionnaire and in review of investigative files, in the past 12 months there were no incidents of retaliation that occurred. The investigative files showed retaliation monitoring was done once on an alleged victim, before he was transferred. The *Protection from Retaliation Log – Prisons and Jails* was filed in the corresponding investigative files. The PREA Compliance Manager reported the USMS removes the alleged victim from the facility following a report of an allegation.

In interview with the Vice President, Risk Management (agency head designee) he stated that if an inmate who alleges sexual abuse or sexual harassment or cooperates with an investigation expresses fear of retaliation, management staff would consider the best options for the victim. Things like housing changes or transfers from the facility, removal of alleged abusers whether staff or inmate and emotional support services are considered on a case-by-case basis.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? 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*)

115.68 (a): According to GEO policy 5.1.2-A, page 25 section M-6 and facility policy 1300.05, page 32, section 6, involuntary segregated housing may be used only after an assessment of available housing alternatives has shown there is no other means of protecting the detainee. If

a detainee who alleged to have suffered sexual abuse is placed in involuntary segregated housing, the requirements of standard 115.43, *Protective Custody*, will be followed.

In information provided for review and in interview with the Facility Administrator and the Administrative Captain, in the past 12 months there were no post-allegation protective custody required. The Facility Administrator stated involuntary protective housing has not been used in the past 12 months and would not be used because he has many single cell housing options.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (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 115.21(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 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (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

115.71 (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

115.71 (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 inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (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

115.71 (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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (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 115.21(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*)

115.71 (a): An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the East Hidalgo Detention Center. The facility, promptly, thoroughly and objectively administratively or criminally investigate all allegations of sexual abuse and sexual harassment, including third party and anonymous reports. The agency's policy on administrative and criminal investigations as outlined in GEO policy 5.1.2-E, pages 5 & 6, section III-B, and in facility policy 1300.05, pages 38 & 39, section M-1.

115.71 (b): The facility has three trained facility investigators who have completed specialized training in investigating sexual abuse allegations. The facility provided documentation of completion of specialized investigative training by facility investigators.

115.71 (c): It is the responsibility of investigators to gather and preserve circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators will interview alleged victims, suspected perpetrators and witnesses and review prior reports of sexual abuse involving the suspected perpetrator.

115.71 (d): When the quality of evidence supports criminal prosecution, the agency will conduct compelled interviews only after consulting with prosecutors.

115.71 (e): The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as a detainee or staff. A detainee who alleges sexual abuse is not required to submit to a polygraph examination.

115.71 (f): 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.

115.71 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. In conversation with the USMS Detainee Management Inspector, written investigative reports would be provided to the facility at the conclusion of an investigation.

115.71 (h): All allegations of conduct that appear to be criminal are referred to the USMS. If the allegation involves staff, contractors or volunteers, a referral is made to the GEO's OPR. On information reported on the Pre-Audit Questionnaire, since the last audit, there were one substantiated allegations that appeared to be criminal referred for prosecution.

115.71 (i): The agency will retain all written reports as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.71 (j): The departure of an alleged abuser or victim from employment or control of the facility or agency, shall not provide a basis for terminating an investigation.

115.71 (k): Any state entity or Department of Justice component that conduct investigations shall do so pursuant to the above requirements. The USMS conduct investigations of sexual abuse and sexual harassment reported at the East Hidalgo Detention Center. The facility has a Mutual Assistance Agreement with the LaVilla Police Department who are contacted for sexual abuse allegations.

115.71 (l): When outside agencies investigate sexual abuse allegations, the facility will cooperate with investigators and will try to remain informed about the progress of the investigation. In interview with Facility Investigators, the PREA Compliance Manager and the Facility Administrator, they reported facility investigators will contact outside investigators at least monthly or more often. In interview with facility investigators, they were knowledgeable of their responsibilities of conducting administrative investigations.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (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*)

115.72 (a): Based on GEO policy 5.1.2,-E, page 6, section B-2-d and facility policy 1300.05, page 39, section M-2, the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. In interview with facility investigators, they confirmed this practice.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

- If the agency did not conduct the investigation into an inmate'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 inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

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

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 an inmate's allegation that he or she has been sexually abused by another inmate, 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

115.73 (e)

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

115.73 (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*)

115.73 (a): GEO policy 5.1.2-E, pages 11 & 12 section K and facility policy 1300.05, pages 36 &, section 4, were used to verify compliance to this standard. The policies indicate that following an investigation of sexual abuse of a detainee, the detainee shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PREA Compliance Manager is responsible for presenting the *Notification of Outcome of Allegation* form (attachment D to policy 5.1.2-E) to the alleged victim for his signature. The detainee receives a copy of the form and a copy is forwarded to the agency's PREA Coordinator.

115.73 (b): If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the detainee.

115.73 (c): Following a detainee's allegation that an employee has committed sexual abuse against the detainee; the facility is required to inform the detainee of the outcome of the investigation. The detainee is to be informed if the staff member is no longer posted within the detainee's unit, if the staff member has been indicted on a charge related to sexual abuse within the facility or if the staff member has been convicted on a charge related to sexual abuse within the facility.

115.73 (d): Following a detainee's allegation that he has been sexually abused by another detainee, the agency will inform the alleged victim if the alleged abuser has been indicated on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.73 (e): All *Notification of Outcome of Allegation* or attempted notifications are documented and filed in the corresponding investigative file.

115.73 (f): An agency's obligation to report under this standard shall terminate if the detainee is released from GEO custody.

In review of investigative files, *Notification of Outcome of Allegation*, were found filed two of the respective investigative files. In most cases, the alleged victim is removed from the facility by the USMS.

In interview with the Facility Administrator, facility Investigators and the PREA Compliance Manager, they confirmed the practice of informing detainees at the conclusion of an investigation of the outcome of the investigation.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (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

115.76 (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*)

115.76 (a): 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, pages 12, section L-1 and facility policy 1300.05, pages 37 & 38, section L-1.

115.76 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

115.76 (c): Disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories.

115.76 (d): 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. Page 18 of the *GEO Employee Handbook* (HR-809A) provided to all staff explains the agency's zero-tolerance policy for employees.

In interview with the Facility Administrator and in information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no employees disciplined for violating the agency's sexual abuse or sexual harassment policies.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? 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

115.77 (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 inmates? 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*)

115.77 (a): Based on review of GEO policy 5.1.2-E, page 13, section 3 and facility policy 1300.05, page 20, section F-3, any volunteer or contractor who engages in sexual abuse or sexual harassment is prohibited from contact with detainees and shall be reported to law enforcement agencies and licensing boards, unless the activity was clearly not criminal.

115.77 (b): The applicable GEO contracting authority will be notified and appropriate remedial measures will be taken and will consider whether to prohibit further contact with detainees.

In interview with the Facility Administrator and information provided on the Pre-Audit Questionnaire, in the past 12 months there were no contractors or volunteers found in violation of the zero-tolerance policies. The Facility Administrator stated if a volunteer or contractor were in violation of the zero-tolerance policies he would inform the USMS and restrict access of the individual until the conclusion of the investigation.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (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 inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

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

115.78 (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

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) 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*)

115.78 (a): According to GEO policy 5.1.2-E, pages 12 & 13, section L-2 and facility policy 1300.05, page 38, section L-2, if a detainee is found guilty of engaging in sexual abuse involving another detainee, either through administrative or criminal investigations, the detainee will be subject to formal disciplinary sanctions. Detainees are informed in the *Inmate Handbook, Rules and Regulations* of the prohibited acts, including violations of the zero-tolerance policy, and the sanctions imposed for engaging in these acts.

115.78 (b): Sanctions will commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history and the sanctions imposed for comparable offenses by other detainees with similar histories.

115.78 (c): Based on GEO policy 5.1.2-E, page 12, section 2-c, 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.

115.78 (d): If the facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending

individual to participate. Medical staff and the Psychologist confirmed the offending detainee would be referred to mental health.

115.78 (e): Disciplining a detainee for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact.

115.78 (f): A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g): The agency prohibits all sexual activity between detainees. Facilities may not deem that sexual activity between detainees is sexual abuse unless it is determined that the activity was coerced.

In information provided on the Pre-Audit Questionnaire and in interview with the Facility Administrator, in the past 12 months there were no disciplinary sanctions imposed for detainees who violated the sexual abuse and sexual harassment policies. The Facility Administrator stated if a detainee is charged with sexual abuse of another detainee, the detainee would be criminally charged.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? 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*)

115.81 (a & c): If during initial PREA screening, the detainee reports prior sexual victimization, whether in an institutional setting or in the community, staff will ensure the detainee will be referred to mental health for further evaluation within 14 days, as stated in GEO policy 5.1.2-A, pages 9 & 10, section D-2 and facility policy 1300.05, pages 13 & 14, section E-2. Follow-up meetings are conducted by referral to mental health. Medical and mental health providers, according to their professional judgement, determine the nature and scope of these services. In information reported on the Pre-Audit Questionnaire, in the past 12 months all detainees who disclosed prior sexual victimization were offered a follow-up meeting with mental health. In interview with detainees who alleged prior sexual victimization, they reported being offered a referral for mental health services. In interview with the Mental Health Professional, he stated he sees detainees two days a week. If a detainee is referred from screening, he will see the detainee the next working day.

115.81 (b): Any detainee who reports during initial PREA screening or in follow-up screenings he has previously perpetrated sexual abuse in an institutional setting or in the community will be offered a follow-up meeting with medical or mental health within 14 days of the screening. According to information reported on the Pre-Audit Questionnaire, all detainees who disclosed previously perpetrating sexual abuse and were referred for follow-up with mental health. In interview with the Mental Health Professional, he reported detainees who self-disclose during

initial PREA screening prior victimization or those who have previously perpetrated sexual abuse in an institutional setting or in the community are seen the next clinic day.

115.81 (d): Information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform treatment plans, security and management decisions or otherwise federal, state or local law.

115.81 (e): Medical and mental health providers obtain consent from detainees before reporting information about prior sexual victimization that did not occur in an institutional setting. Detainees have a right to refuse these services.

In interview with the HSA, the Mental Health Professional and Case Managers and in review of referrals to mental health from initial screenings, detainees who report prior sexual victimization and those who disclose previously perpetrating sexual abuse are being referred for evaluation and consent forms or refusals are obtained. Of the 25 detainee records reviewed, all who required a referral were seen by the Mental Health Professional.

The East Hidalgo Detention Center has an effective practice of communication of screening information ensuring referrals are being made and the detainees seen as appropriate. The Intake Officer completing the screening scans in the risk assessment and the information is disseminated to those who need to know the information. This allows medical staff to ensure on the days the Mental Health Professional works, he is scheduled detainees who have disclosed prior victimization or a history of previously perpetrating sexual abuse are seen. The facility was found to exceed in the requirements of this standard.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate 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

115.82 (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 § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate 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

115.82 (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*)

115.82 (a): 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 25, section 7 and facility policy 1300.05, pages 32, section 7. Medical and mental health providers, according to their professional judgement, determine the nature and scope of these services. The HSA and Mental Health Professional interviewed confirmed adherence to this provision of this standard.

115.82 (b): The facility employs full-time medical staff. All staff first responders are trained to take preliminary steps to protect the victim and notify medical and mental health practitioners. Both security and non-security staff interviewed knew their first responder duties. Forensic exams are not performed by facility medical staff. Detainees are transported to the McAllen Medical Center for forensic exams.

115.82 (c): Female victims of sexual abuse are offered timely information about and timely access to emergency contraception. All detainee victims are offered prophylaxis for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate.

115.82 (d): 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.

According to information provided by the Facility Administrator, in the past 12 months there were no detainees who required emergency medical or mental health services due to sexual abuse.

Standard 115.83: 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

115.83 (a)

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

115.83 (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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

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

115.83 (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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
 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*)

115.83 (a): The facility offers ongoing medical and mental health care to all detainees who have been victimized by sexual abuse.

115.83 (b): According to GEO policy 5.1.2-A, pages 26, section N-1 and facility policy 1300.05, pages 33 & 34, section K-1, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release. The HSA and the Mental Health Professional when interviewed confirmed the follow-up services offered to detainee victims of sexual abuse.

115.83 (c): The facility provides victims with medical and mental health care consistent with the community level of care, which was confirmed by interview of medical staff and mental health staff.

115.83 (d): Detainee victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

115.83 (e): If pregnancy results due to sexual abuse, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.83 (f): Detainee victims will be offered tests for sexually transmitted infections as medically appropriate.

115.83 (g): 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.

115.83 (h): 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. In interview with the Mental Health Professional, a mental health evaluation would be conducted on all inmate-on-inmate abusers on the next clinic day or the same day through Telehealth.

On information provided by the PREA Compliance Manager and in interview with the HSA and the Mental Health Profesional, in the past 12 months, there were no detainees who required ongoing medical or mental health treatment due to being victimized by sexual abuse.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (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

115.86 (b)

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

115.86 (c)

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

115.86 (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 §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (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*)

115.86 (a): According to GEO policy 5.1.2-A, page 28, section N-3 and facility policy 1300.05, pages 36, section 3, the facility 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.

115.86 (b): The review is conducted by the Incident Review Team within 30 days of the conclusion of the investigation. In cases of substantiated and unsubstantiated allegations,

115.86 (c): The Facility Administrator, Assistant Facility Administrator, Chief of Security, facility Investigators, the HSA, the Mental Health Professional and the PREA Compliance Manager make up the Incident Review Team. The PREA Coordinator may attend via telephone or in person.

115.86 (d): 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* (attachment J to policy 5.1.2-A) with any recommendations for improvement, and forwarded to the PREA Coordinator no later than 10 working days after the review. The PREA Compliance Manager maintains copies of all completed *PREA After Action Review Reports* and a copy is retained in the corresponding investigative file. In the past 12 months, one PREA after action review was conducted following the conclusion of a substantiated case of staff-on-inmate sexual abuse reported outside of the 12-month period and concluded within the past 12 months. The facility provided the *PREA After Action Review Report* for my review.

In interview with the members of the Incident Review Team, they knew their responsibilities in review of substantiated and unsubstantiated allegations of sexual abuse.

Standard 115.87: Data collection

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

115.87 (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

115.87 (b)

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

115.87 (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

115.87 (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

115.87 (e)

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

115.87 (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*)

115.87 (a): Information on data collection is found on page 28, section O-1 of GEO policy 5.1.2-A, and pages of facility policy 1300.05, page 39, section N-1. GEO collects uniform data for every allegation of sexual abuse at all facilities under their control. The incident-based data collected shall include, at 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.

115.87 (b): The PREA Compliance Manager ensures that the data is compiled and forwarded to the PREA Coordinator on a monthly basis on the *Monthly PREA Incident Tracking Log* (attachment K of policy 5.1.2-A). In addition to submitting the *Monthly PREA Incident Tracking Log*, the PREA Compliance Manager is to ensure that a PREA Survey is created, updated and submitted for review and approval in the PREA Portal for every allegation of sexual abuse, sexual harassment and sexual activity. At least annually, the PREA Coordinator aggregates this data.

115.87 (c): 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).

115.87 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.87 (e): This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of its inmates.

115.87 (f): Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. According to information provided on the Pre-Audit Questionnaire, DOJ requested this information from this facility for the previous calendar year.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 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 § 115.87 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 § 115.87 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

115.88 (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

115.88 (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

115.88 (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*)

115.88 (a): Based on GEO policy 5.1.2-A, pages 28 & 29, section O-2 and facility policy 1300.05, page 40, 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 by identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings.

In interview with the Vice President, Risk Management (agency head designee), he explained how the agency uses the incident-based sexual abuse data to assess and improve sexual abuse policies and practices.

115.88 (b): The PREA Coordinator reviews the data collected and the annual 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. FBOP also prepare an annual report of data from each of their facilities. The Annual PREA Report provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities and therefore, exceeds in the requirements of this standard.

115.88 (c): The PREA Coordinator forwards the annual report to the Senior Vice President of GEO Care and to the Senior Vice President, President US Corrections and Detention and International Operations for their signatures and approval. The report is made public on the GEO website at <https://www.geogroup.com/prea>.

115.88 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted as stated on the last page of GEO’s annual report. When interviewed the PREA Coordinator reported the agency only reports numbers and incident types in the annual report.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (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

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 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*)

115.89 (a): Based on GEO policy 5.1.2-A, page 29, section O-3 and facility policy 1300.05, page 40, section M-3, and interview with the PREA Coordinator, GEO ensures that data collected are securely retained for at least 10 years according to GEO policy 1.1.7-A (11) and the *Texas State Records Retention Schedule Revised 4th Edition*. Agency and facility policies, state the facility will maintain sexual abuse data for 10 years.

In interview with the PREA Coordinator, he reported in 2015 GEO designed a secure PREA portal with restricted access to retain all of the agency’s PREA-related data. Every sexual

abuse incident is entered into the portal by the PREA Compliance Managers at each facility and annually the corporate PREA team reviews the data.

115.89 (b): GEO makes all aggregated sexual abuse data from all its facilities made public annually on their website at <https://www.geogroup.com/prea>.

115.89 (c): Before making aggregated sexual abuse data public, GEO removes all personal identifiers.

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 prior three-year audit period, 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? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

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 inmates 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*)

115.401 (a): Based on GEO policy 5.1.2-A, page 18, section Q, during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice audits each facility at least once. This is reaccreditation PREA audit of the East Hidalgo Detention Center since it is under its own contract, conducted by a DOJ certified PREA auditor.

115.401 (b): According to GEO's PREA Coordinator, during the three-year period beginning on August 20, 2013, GEO ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years.

115.401 (f): I received and reviewed all relevant agency-wide and facility policies and procedures during the onsite audit phase and during the onsite audit.

115.401 (g): I reviewed a sampling of relevant documents and other records and information for the most recent one-year period.

115.401 (h): During the audit, I was allowed access to all areas of East Hidalgo Detention Center.

115.401 (i): I was permitted to request and received copies of relevant documentation.

115.401 (j): I have retained all documentation relied upon to make audit determinations. The documentation will be provided to the Department of Justice upon request.

115.401 (k): I interviewed a random sample of staff and detainees during the onsite audit.

115.401 (l): I reviewed camera monitors with the Assistant Facility Administrator.

115.401 (m): I was permitted to conduct private interviews with detainees and staff in an area that ensured confidentiality to our conversation.

115.401 (n): Detainees were notified six weeks prior to the onsite audit on posted facility notices in English and Spanish that they could send confidential correspondence to me and were given my name and mailing address. I received did not receive correspondence from detainees of the East Hidalgo Detention Center.

115.401 (o): The facility has an MOU with Mujeres Unidas to provide emotional support services to victims of sexual abuse. The Executive Director of Mujeres Unidas was contacted to confirm and review the terms of the MOU.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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*)

115.403 (a): In compliance with the National PREA Standards, I certify by my signature in the *Auditor's Certification* Section of this report that no conflict of interest exists with my ability to conduct this audit.

115.403 (b): In thorough review of GEO's and facility policies and procedures, were found to comply with relevant PREA standards.

115.403 (c): For each PREA standard, I made a determination of a finding of Exceeds Standard, Meets Standard or Does Not Meet Standard. See page 15 for a summary of audit findings for each of the PREA standards.

115.403 (d): This report describes the methodology, sampling sizes and basis for my conclusions as required.

115.403 (e): I have redacted any personal identifiable resident or employee information, but I can provide such information to the Department of Justice upon request.

115.403 (f): Per agency policy and standard requirements, GEO ensures me that this final report will be published on their website at (<https://www.geogroup.com/prea>) to be available to the public.

AUDITOR CERTIFICATION

I certify that:

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

Barbara Jo Denison
Auditor Signature

June 26, 2020
Date