

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

Interim Final

Date of Interim Audit Report: N/A

Date of Final Audit Report: April 27, 2021

Auditor Information

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Company Name: Shamrock Consulting, LLC	
Mailing Address: 2617 Xavier Ave.	City, State, Zip: McAllen, TX 78504
Telephone: 956-566-2578	Date of Facility Visit: April 19 – 20, 2021

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 (Social Responsibility Section)			

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: 561-999-5827
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator: 102

Facility Information

Name of Facility: Mid Valley House

Physical Address: 2520 South Expressway 281

City, State, Zip: Edinburg, TX

Mailing Address (if different from above):
SAA

City, State, Zip: SAA

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: www.geogroup.com/prea (Social Responsibility Section)

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:
The facility has received monitoring audits conducted by the Bureau of Prisons (BOP).

Facility Director

Name: Ivan Iglesias

Email: iiglesias@geogroup.com

Telephone: (956) 383-0663/work cell: (956) 592-6118

Facility PREA Compliance Manager

Name: Claudia Rodriquez, Herrera, Assistant Director/Programs

Email: crherrera@geogroup.com

Telephone: (281) 450-3540

Facility Health Service Administrator N/A

Name:

Email:

Telephone:

Facility Characteristics

Designated Facility Capacity:

128

Current Population of Facility:

61 (in house) 86 Home Detention)

Average daily population for the past 12 months:	141
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" 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:	19-72
Average length of stay or time under supervision	6 months
Facility security levels/resident custody levels	Minimum
Number of residents admitted to facility during the past 12 months	413
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	413
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	334
Does the audited facility hold residents 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 residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input 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 checked="" type="checkbox"/> Other - please name or describe: United States Probation Office <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	30
Number of staff hired by the facility during the past 12 months who may have contact with residents:	8
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents 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 residents, 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>	1
<p>Number of resident 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 residents 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 residents 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>	4
<p>Number of single resident cells, rooms, or other enclosures:</p>	0
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	0
<p>Number of open bay/dorm housing units:</p>	4 (3 male dorms; 1 female dorm)
<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<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.)</p>
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<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>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p><input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p>
<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>	<p><input checked="" type="checkbox"/> Local police department (Edinburg Police Department) <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: (Federal Bureau of Prisons) <input type="checkbox"/> N/A</p>
<p>Administrative Investigations</p>	
<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>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<p><input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity</p>
<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>	<p><input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe (Federal Bureau of Prisons) <input type="checkbox"/> N/A</p>

Audit Findings

Audit Narrative (including Audit Methodology)

Mid Valley House is a community confinement facility owned and operated by the GEO Group, Inc. (GEO). The GEO Group, Inc. contracts with the Federal Bureau of Prisons (BOP) and the United States Probation Office (USPO) to provide community-based adult residential reentry services to their male and female adult offenders.

Pre-Onsite Audit Phase

Pre-onsite audit preparation included a thorough review of the agency 5.1.2-A, *Sexually Abusive Behavior Prevention and Intervention Program (PREA)* policy and the following facility policies:

- 2019-6, *Sexual Abusive Behavior Prevention and Intervention Program (PREA)*
- 2019-5, *Grievance Procedures*
- 2019-4, *Resident Searches, Viewing, and Contraband*
- 2019-3, *PREA Screening/Admission*
- 2019-2, *PREA Intake and Orientation*
- 2019-1, *PREA Staffing and Facility Requirements*

Facility procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation was provided by the facility to demonstrate compliance to the PREA standards. Claudia Rodriguez-Herrera, Assistant Facility Director/Programs is designated as the facility's PREA Compliance Manager. Initial contact was made with the PREA Compliance Manager on 2/26/21, the date the facility's audit files were received from the corporate office. The PREA Compliance Manager answered questions and provided additional information and documentation as requested throughout this phase.

GEO's Manager, Contract Compliance – PREA forwarded photos of facility notices in English and Spanish posted throughout the facility on 2/22/21. The photos were of posters in the male and female dorms, staff break room, programs department, security department, main hallway, resident and staff common area and the resident education bulletin board. Notices included my name and mailing address if residents wished to send me correspondence. Residents were informed correspondence would remain confidential. No correspondence was received from residents during the Pre-Onsite Audit Phase.

Mid Valley House has a written agreement with the Edinburg Police Department to respond to allegations of sexual abuse reported by residents or staff of Mid Valley House. Contact was made with the Sergeant of the Sex Offender Registration Unit Investigator to discuss the process of their response to allegations of sexual abuse. If notified from Mid Valley House of an incident of sexual abuse, a patrolman would be sent to the facility to complete an initial report. The report would be filed and a Crime Scene Investigator would be assigned to investigate the allegation. When the investigation is completed, if an arrest is made the case will be turned over to the Hidalgo County District Attorney's Office for prosecution.

Mid Valley House has a Memorandum of Understanding (MOU) with The Crisis Center located in Odessa, Texas. The Executive Director of the Crisis Center was contacted to confirm and review the terms of the MOU. The Crisis Center provides a 24-hour reporting hotline for residents. The Executive Director stated there are 10 advocates who are available to answer the 24-hour crisis hotline. Advocates receive sexual assault training facilitated by the Office of the Inspector General (OIG) during pre-employment and complete annual online training provided by the Texas Council on Family Violence.

The Crisis Center can provide residents information on their services over the phone or via mail. If a resident reports sexual abuse, advocates would encourage the resident to report this information at the facility or to call law enforcement. The Crisis Center would obtain consent and a release of information from the victim prior to contacting Mid Valley House if the victim requests the advocate's assistance with reporting the allegation to the facility. All calls are confidential and services provided are at no cost to the resident. The Executive Director reported in the past 12 months, the Crisis Center has not received any calls from residents who identified as being residents of Mid Valley House.

Mid Valley House has an MOU Mujeres Unidas (Women Together). The Shelter Manager was contacted to confirm and discuss the terms of the MOU. Mujeres Unidas is a family violence program providing emergency shelter to victims of sexual abuse or domestic violence. The terms of the MOU with Mujeres Unidas provides resident victims with structured educational programs, information and referrals to community social services agencies. Paid advocates are on call 24-hours a day. If a caller reports sexual abuse, he or she is provided options of reporting their allegation while maintaining confidentiality to their report. Mujeres Unidas provides accompaniment to victims of sexual abuse through the forensic exam process. Advocates stay in touch with victims following the forensic exam and offer support groups or individual counseling provided by four staff Counselors. The Shelter Manager stated that before COVID she would visit Mid Valley House twice a year to provide information to residents. All services are free to the victim and confidential.

Mid Valley House has a letter of agreement with Tropical Texas Behavioral Health. The Supervisor of Federal Substance Abuse was contacted. Tropical Texas Behavioral Health contracts with the BOP and USPO to provide mental health services to residents of Mid Valley House. Residents with mental health needs are referred to Tropical Texas after approval from BOP.

The PREA Compliance Manager provided lists of security and non-security staff scheduled to work during the onsite audit, a resident housing roster, names of limited English proficient residents, *At Risk Log* and *LGBTI Log*. From this information, specialized and random staff were selected to be interviewed and resident records were selected to be reviewed during the onsite audit visit.

Onsite Audit Phase

The PREA audit of Mid Valley House was conducted April 19-20, 2021. The facility's initial PREA audit was in 2015 and the last PREA audit was in 2018. On the first day of the audit, an

entrance meeting was held to discuss the audit schedule and audit process with Ivan Iglesias, Facility Director and Claudia Rodriguez-Herrera, Assistant Facility Director-Programs/PREA Compliance Manager. Following the entrance meeting, a site review of the facility was conducted with the Facility Director and the Assistant Facility Director-Programs/PREA Compliance Manager accompanying me on the site review.

During the site review the locations of cameras and mirrors, room layout, restrooms and the placement of PREA posters and information were observed. Facility notices in English and Spanish provided during the Pre-Onsite Audit Phase were found in housing units and in several locations throughout the facility with the date posted noted as 2/22/21. No correspondence was received from residents of the Mid Valley House.

Resident Reporting Options posters are posted in each dorm above the resident pay phones and on bulletin boards, as well as in several locations throughout the facility. *Third Party Reporting* posters and *Sexual Assault Awareness Program* posters are also posted throughout the facility. All posted information was framed or in glass enclosed bulletin boards. Also posted were the Federal Bureau of Prisons Government Contacts. BOP residents are informed of the telephone numbers and addresses for the Western Sector Administrator, Assistant Western Sector Administrator, Supervisor Community Treatment Coordinator, Residential Reentry Manager, Assistant Administrator RRM Branch Reentry Services Division, Chief U.S. Probation Office in Beaumont, Texas and the Chief U.S. Probation Office in Houston, Texas.

The speed dial numbers provided to residents on the *Resident Reporting Options* posters were dialed on a resident pay phone in Dorm 1. Residents can dial *2 to reach RAINN National Sexual Assault Hotline. The call was redirected locally to Mujeres Unidas. Speed dial number *3 accesses the Crisis Center and speed dial number *4 reaches Mujeres Unidas directly. All numbers dialed were found to be accessible.

There were no areas of concern for blind spots in the facility. There appears to be good camera coverage with a camera on each end of the hallways and on the exterior of the building and mirrors in several areas to enhance supervision of residents in all areas of the facility. Review of camera monitors with the Facility Director on the last day of the audit confirmed this.

On information provided on the Pre-Audit Questionnaire, the average daily population of Mid Valley House for the past 12 months was 141 residents. On the first day of the audit there were 61 residents assigned to the facility and 86 residents on Home Detention. All current in-house and home detention residents are former BOP offenders. At this time, due to the COVID-19 pandemic, the facility has not housed any USPO or Public Law residents.

During the site review residents and staff were informally interviewed and asked questions about PREA training received and methods of reporting allegations of sexual abuse and sexual harassment. Twenty in-house residents, which included five from each dorm were formally

interviewed. The total number of residents interviewed included targeted residents with the following special designations:

Special Designations	Number Assigned to the Facility on First Day of Audit	Number of Residents Interviewed
Residents with Physical Disabilities	0	0
Residents with Cognitive Disabilities	0	0
Residents Who Were Blind	0	0
Residents Who Had Low Vision	0	0
Residents Who Were Deaf	0	0
Residents Who Were Hard of Hearing	0	0
Residents Who Were LEP	4	3
Residents Who Identified as Lesbian	0	0
Residents Who Identified as Gay	1	1
Residents Who Identified as Bisexual	1	1
Residents Who Identified as Transgender	0	0
Residents Who Identified as Intersex	0	0
Residents Screened to be at Risk of Abusiveness	3	1
Residents Who Reported Prior Sexual Victimization During Risk Screening	4	2
	Total Targeted Resident Interviews	8

The three limited English proficient residents (Spanish) were interviewed with translation provided by the PREA Compliance Manager. The residents reported they received written information in Spanish on day of arrival to the facility and viewed the Spanish PREA video a few days after arrival. The two residents who reported sexual victimization during risk screening and the resident screened at risk of abusiveness, all reported being offered a

referral for a mental health evaluation. This information was confirmed in review of the residents' record.

Residents interviewed were knowledgeable of the zero-tolerance policy and of the methods of reporting allegations of sexual abuse, sexual harassment and retaliation. When residents informally and formally interviewed were asked if they feel safe from sexual abuse at this facility, they all responded they did.

Sixteen random resident records were reviewed to determine compliance with PREA education requirements for residents and for compliance with risk screening procedures. Records reviewed included documentation that residents acknowledge receiving the *PREA Education Manual for Residents* at intake and sign an *Acknowledgement of Receipt of PREA Education Manual* and sign an *Acknowledgement of Training in the Following Areas: PREA (1) Zero Tolerance Policy (2) Right to Report (3) Free Medical and Mental Health Care* and acknowledge viewing the *PREA: What You Need to Know* video.

The same 16 resident records were reviewed to determine compliance to risk screening procedures. Seven of the resident records reviewed indicated the residents were offered a referral for a mental health evaluation due to reporting prior sexual victimization during their initial risk assessment or found to be at risk for abusiveness through risk screening. In all cases, the records indicated the residents refused these services.

During the on-site audit visit, eight specialized staff and ten random staff were interviewed. Random staff interviews included all Security Monitors from the three security shifts who were scheduled to work during the audit visit. The breakdown of specialized staff interviews conducted during the onsite visit and prior to the audit visit is as follows:

Staff Interview Category	Interviews Conducted
Agency Head or Designee	1
PREA Coordinator	1
Facility Director	1
PREA Compliance Manager	1
Assistant Facility Director – Security	1
Staff Responsible for Unannounced Rounds	3
Office Support Specialist/Responsible for HR Duties	1
Facility Investigators	3
Staff Responsible for Risk Screenings	3
Incident Review Team Members	5
Staff Who Monitor for Retaliation	1
Total Specialized Staff Interviews Conducted	21

The agency's PREA Coordinator and the Executive Vice President Continuum of Care and Reentry Services (agency head designee) were both interviewed by telephone at the

beginning of this three-year reaccreditation period. Staff who had multiple roles were asked interview questions as they relate to each of those roles. Staff interviewed confirmed receiving PREA training, including training on cross-gender pat searches and searches of transgender and intersex residents, as part of their pre-service and annual in-service training. Staff carry a First Responder Card reminding them of the steps to take in response to allegations of sexual abuse. Staff also carry a card with information on how to access the Language Line.

The human resource files of 15 employees were reviewed to determine compliance with criminal background check procedures. Files reviewed showed criminal background checks are being conducted for pre-employment and every five years. At the time of annual 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).

The files were also reviewed to determine compliance with required PREA training for employees. Employees who were assigned to the facility since the last PREA audit were found to have documentation of PREA training for the past three years. Files reviewed were in excellent order and complete with required documentation.

Documentation of *PREA Unannounced Supervisor Rounds* for the months of February and March were reviewed. Unannounced PREA Rounds are conducted by the Assistant Facility Director-Security, PREA Compliance Manager, Security Monitor II's and the Case Manager Supervisor at a minimum of once a month in all areas of the facility.

There were two allegations reported and investigated by BOP OIG in this three-year reaccreditation period. There was one allegation of Staff Voyeurism reported in 2019 that was determined to be unfounded and one allegation of Staff-on-Inmate Sexual abuse reported in 2020 determined to be unsubstantiated. Both investigative files were reviewed with the PREA Compliance Manager. In both cases, referrals were made to GEO's Office of Professional Responsibility (OPR). Review of investigation files revealed the allegations were investigated in accordance with the PREA standards.

At the conclusion of the onsite audit, an exit meeting was held with Ivan Iglesias, Facility Director and Claudia Rodriguez-Herrera, with Jennifer Sheahan, Manager, Contract Compliance-PREA, Terri Garcia, Senior Area Manager-Central Region and Jamie Jackson, Program Performance Manager in attendance via telephone. Observations, interviews and records reviewed were discussed. The Facility Director and PREA Compliance Manager were congratulated on achieving compliance to all PREA standards. They were thanked for their cooperation prior to the onsite visit and throughout the audit process and were informed of the process that would follow the onsite audit visit including the responsibility of GEO to post this 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 resident interviews and records reviewed during the Onsite Audit Phase, were reviewed during this Post-Onsite Audit Phase. The facility was found to have achieved compliance to all of the PREA standards.

Facility Characteristics

Mid Valley House is a halfway house owned and operated by the GEO Group, Inc. The Federal Bureau (BOP) and the United States Probation Office (USPO) contracts with the GEO Group, Inc. to provide community confinement services to their offenders. The residents all have previously served time in secure institutions. Residents are provided with temporary housing, monitoring and transitional services.

The facility is located at 2530 N. Expressway 281 in Edinburg, Texas. The GEO Group Inc. assumed operations of the facility in 2010. Assignments to the facility are made through contracts with the Federal Bureau of Prisons and the U.S. Probation Office and Pre-Trial Offices for adult males and females who are serving the last six months of their sentences. Residents may also be direct court commitments designated to serve their entire confinement at the facility or are referred for placement due to conditional requirements of supervision. Due to the COVID-19 pandemic, only BOP residents are housed at the facility at this time.

The facility is contained in one building with the rated capacity to house 128 residents. On the first day of the audit there were 61 BOP residents assigned to Mid Valley House and 86 residents on Home Detention. Entry to the facility is in the back of the building where there is a large parking area and a recreation area. There is a canopy for females and one for males, both having picnic tables and a basketball hoop. There are four exterior cameras on the back of the building and lights that allow residents to enjoy the recreation area in the evening. Residents are allowed access at certain times by dorm.

Entry into the building's lobby area is controlled by Security Monitors posted in the Monitor Station. Staff, residents and visitors check in at the Monitor Station window. Residents are breathalyzed each time they enter into the building and random UAs are conducted in a UA restroom located to the left of the lobby. Due to the pandemic, a clear plastic shower curtain was added on one side of the toilet to keep distance between the resident and the staff conducting the UA. To the right of the Monitor Station there is an intake room where virtual mental health sessions are held with staff from Tropical Texas Behavioral Health.

The facility includes a male and female exercise room, dining room, kitchen, classroom, computer room, administrative offices and case manager offices. All doors have window cutouts for staff monitoring of these areas. Resident housing includes four dormitories, three for male residents and one for female residents. Signs on the entry doors of the dorms remind opposite gender staff to make opposite gender announcements. Each dorm has a television, DVD, game

tables, chairs and lockers. As a COVID-19 precaution, large clear plastic barriers are placed between the bunks. Pay telephones are located in each dorm with *Resident Reporting Options* posters posted above the phones, with additional PREA information in bulletin boards located in each dorm. The majority of residents have their own cell phones.

Dorm 1 is the female dorm with the capacity to hold 20 residents. In the back of the dorm there is a small laundry room with two washer/dryer combinations and one camera. Towards the front of the dorm there is a female day room with a vending machine and one camera. Adjacent to the dorm there is a common restroom.

Dorms 2, 3 and 4 are male dorms. Dorm 2 has the capacity to house 34 residents, Dorm 3, 36 residents and Dorm 4, 36 residents. There is one male day room with large cut-out windows, a TV, table and vending machine.

All male dorms have adjacent restrooms. The female and male restrooms have showers with PREA-approved shower curtains, one handicapped toilet and shower and toilet stalls. Residents are required to change clothing in restrooms for privacy.

Currently there are 30 employees and no contractors or volunteers. Vacancies include two Case Managers and one Security Monitor. The facility has three security shifts (12 a.m.-8 a.m.; 8 a.m.-4 p.m. and 4 p.m.-12 a.m.). Contractually, it is required there be one female and one male employee on duty at all times. Security Monitors conduct three head counts per shift and are continuously roving throughout the entire facility.

The facility has 34 cameras, 7 exterior and 27 interior cameras. The interior cameras are located in hallways and common areas. The NVR is located in the Monitor Station. The NVR stores surveillance video for up to 30 days. Real time views of camera footage are monitored in the Monitor Station, and in the offices of the Facility Director, Assistant Facility Director-Programs/PREA Compliance Manager, and the Assistant Facility Director-Security. Mirrors are strategically placed for additional visual coverage. The camera monitors were reviewed with the Facility Director. All cameras were operable and provided a good visual of the specific area.

Mid Valley House's mission statement is:

“Mid Valley House is committed to making a difference by:

- Providing a safe and secure facility.
- Providing quality residential, treatment and education services to those entrusted to our care.
- Working in partnership with contracting agencies, community leaders and families to ensure the residents successful re-entry back to their community.
- Hiring staff with proper credentials, training, education and skills to meet the needs of the resident population in our care.
- Providing staff with continued development to ensure growth and improvement of our services.”

GEO’s mission statement is:

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

Summary of Audit Findings

The facility was found to exceed in eight standards and met compliance to the remaining 38 standards.

Standards Exceeded

Number of Standards Exceeded: 8

List of Standards Exceeded: 115.211; 115.217; 115.231; 115.233; 115.241; 115.242; 115.251; 115.288

Standards Met

Number of Standards Met: 33

Standards Not Met

Number of Standards Not Met: 0

PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

115.211 (a): GEO policy 5.1.2-A and Mid Valley House policy, 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. Facility policy 2019-6 and GEO policy 5.1.2-A 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 residents. The agency policy, as well as the facility policy, were found to be comprehensive and to address all provisions of the PREA standards, exceeding in the requirements of this standard.

115.211 (b): The agency employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts that position within the agency. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all of GEO's facilities. GEO policy 5.1.2-A, page 6, section III-B-1 and page 2 of facility policy 2019-1, section III-A-1, outline the responsibilities of the agency's PREA Coordinator. The agency also employs a PREA Division Coordinator who provides oversight to the agency's reentry facilities, exceeding in the requirements of this provision of the standard.

115.211 (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 Assistant Facility Director/PREA Compliance Manager's position within the facility. Pages 6 & 7, section III-B-2 of policy 5.1.2-A, and pages 2 & 3, section III-A-2 of facility policy 2019-1 outline the responsibilities of the PREA Compliance Manager. The PREA Compliance Manager reports to the Facility Director and the agency's PREA Coordinator.

In interview with the PREA Coordinator at an earlier date, he reported he has enough time to manage all of his PREA related responsibilities and that he has a PREA team consisting of a Senior PREA Compliance Manager, two PREA Compliance Managers and a PREA Data Specialist. The facility's PREA Compliance Manager stated during interview that she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards as required. She further stated, "It takes a team to do it, and we have a great team".

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA

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

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

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

GEO is a private provider and does not contract for the confinement of their residents therefore, this standard is not applicable to this facility.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 - Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?
 - 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 resident population? 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

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

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

115.213 (a): Based on GEO policy 5.1.2-A, page 7, section C-1 and facility policy 2019-1, pages 3 & 4, section III-B-1 the facility has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect residents against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the inmate 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 current staffing plan includes 30.50 allocated positions. The average daily population of residents since the last PREA audit was 141 residents. The staffing plan is developed to provide a 1:47 staff-to-resident ratio. There is always a male and female staff on duty. In interview with the Facility Director 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 staffing plans for each year of this audit cycle were provided for review.

115.213 (b): According to information provided on the Pre-Audit Questionnaire and on interview with the PREA Compliance Manager and the Facility Director, in the past 12 months

there were no deviations to the staffing plan. Documentation provided showed when vacancies occur, the facility adjust scheduling or utilizes overtime to ensure staff-to-resident ratio is maintained. In interview with the Facility Director, he reported he ensures compliance to the staffing plan by checking staff schedules and the Assistant Facility Director-Security keeps him informed of call-ins and vacancies. Monthly an employee roster is provided to the client.

115.213 (c): Whenever necessary and no less than annually, the staffing plan is reviewed and documented on the *Annual PREA Facility Assessment – Reentry*. This completed form is submitted to the Corporate PREA Coordinator and the Vice President, Residential Reentry Centers 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 last *Annual PREA Facility Assessment – Reentry* completed 9/9/19, it was noted there were no deviations to the staffing plan and there were no recommendations for changes to the established staffing plan. In interview with the PREA Coordinator, *Annual PREA Facility Assessments* are forwarded to him for his review and approval for each of the agency’s facilities. He consults with the appropriate divisional leadership to assess requests for additional staffing and recommendations of equipment and cameras.

115.213 (d): According to facility policy 0504-1, page 9, section B-1-f-h, the Mid Valley House has a policy and practice requiring facility management staff and mid-level supervisors conduct and document unannounced rounds on all shifts within their respective areas to identify and deter employee sexual abuse and sexual harassment. These rounds are required at a minimum of once a month for each shift and documented on the *PREA Unannounced Supervisor Rounds* form. Employees are prohibited from alerting other employees that supervisor rounds are being conducted, unless such announcement is related to the legitimate operational functions of the facility. In interview with the PREA Compliance Manager, Case Manager Supervisor, Assistant Facility Director-Security and Monitor II’s responsible for conducting unannounced PREA rounds and in review of *PREA Unannounced Supervisor Rounds* for the months of February and March, the practice of unannounced rounds is in place and being followed.

The facility was found to exceed in the requirements of this standard. Since the last PREA audit, the facility has adhered to the staffing plan and has not had any deviations to the established plan. The Facility Director, Assistant Facility Director-Security, as well as BOP monitor the staffing schedule closely.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

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

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

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

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

115.215 (a): Based on review of GEO policy 5.1.2-A, page 17, section I and facility policy 2019-4, pages 2-4, section D, the agency and facility have policies in place regarding resident searches. Cross-gender strip searches and cross-gender visual body cavity searches are prohibited and are not conducted at Mid Valley House.

115.215 (b): According to agency and facility policies, the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Females are not restricted access to available programming or other outside opportunities in order to comply with this provision. In interview with female residents and Security Monitors, they reported there are always female staff on duty to conduct female pat-down searches, as required by contract.

115.215 (c): Cross-gender strip searches, cross-gender visual body cavity searches and cross-gender pat searches of females are prohibited and not conducted at Mid Valley House.

115.215 (d): The agency and facility have policies and practices that allow residents 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 entering housing units or restroom areas. Signs above the entry doors of each dorm reminds staff to make opposite gender announcements. All residents are required to change their clothes in the resident restroom area to ensure their privacy. In the event an opposite gender staff observes a resident for any reason, the staff member is responsible for making an immediate report of the incident and submit the report to the Facility Director. In interview with residents, they reported

they feel they have privacy to shower, toilet and change clothing when opposite gender staff are present.

115.215 (e): GEO policy 5.1.2-A, pages 17 & 18, section J and facility policy 2019-4, pages 3 & 4, sections D-4-10, address searches of transgender and intersex residents. Facilities shall not search or physically examine a transgender or intersex resident 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. Random staff interviewed knew physically examining a transgender or intersex resident to determine their genital status was prohibited by agency policy. At the time of the onsite audit visit, there were no transgender or intersex residents assigned to Mid Valley House.

115.215 (f): All employees of the Mid Valley House receive training on how to conduct cross-gender pat searches and searches of transgender and intersex residents in a professional and respectful manner. The *Guidance in Cross-Gender and Transgender Pat Searches* curriculum was provided for review. Staff sign a *Cross Gender Pat Searches and Searches of Transgender and Intersex* acknowledgement form and sign a *PREA Annual Inservice* attendance roster. Review of random staff training records and in interview with security staff, revealed staff are receiving this training at pre-service and annually during in-service training.

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

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

115.216 (a)

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

and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No

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

115.216 (b)

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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of

first-response duties under §115.264, or the investigation of the resident's allegations?

Yes No

Auditor Overall Compliance Determination

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

115.216 (a): Based on GEO policy 5.1.2-A, page 12, section E and facility policy 2019-2, page 1, section II, the agency and the facility ensure residents 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. The staff training curriculums, *DOJ 2019 In-Service* and *DOJ 2019 Pre-Service*, address PREA education for residents with disabilities.

In interview with the Vice-President, Continuum of Care and Reentry Services (agency head designee), he stated PREA education is offered in various formats. Poster, PREA videos and all PREA education is available in both English and Spanish. He also stated that facilities have contracts with Language Line Services that provide translation and staff interpreters are used for translation. There is a TTY in the Case Managers' office area. At the time of the onsite audit there were no residents housed at the facility identified to be blind, with low vision, deaf, hard of hearing, with cognitive deficits, physical disabilities or low reading skills.

115.216 (b): The facility takes steps to ensure that residents who are limited English proficient have access to PREA information that they can understand. All written and posted information is provided in both English and Spanish. Residents receive a *PREA Education Manual for Residents*, available in English and Spanish and in large print for residents with low vision. All posted PREA information is both in English and Spanish. All staff are proficient in the Spanish language and provide translation to Spanish-speaking residents. A contract with Language Line Solutions provides translation of any other languages. All employees carry a card with information on how to access the language line. Three Spanish speaking residents interviewed reported receiving written PREA information in Spanish and viewing the Spanish version of the PREA video.

115.216 (c): Agency and facility policies prohibit residents 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 resident's safety. The use of residents under these circumstances must be justified and documented in a written investigative report. In information provided by the facility, in the past 12 months residents have not been used for this purpose. Staff interviewed knew residents were not to be used for this purpose.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

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

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers

for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

- 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*)

115.217 (a): GEO policy 5.1.2-A, page 8 section C-2 and facility policy 2019-1, page 4, section B-2, interview with the Office Support Specialist, and review of 15 random employee files were used to verify compliance to this standard. Per policy the agency/facility prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or in the community.

115.217 (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 residents.

115.217 (c): The agency requires all applicants and employees who may have contact with residents have a criminal background check. NCIC criminal background checks for all potential employees are completed through BOP and another criminal background check conducted through Accurate Backgrounds, Inc. For those considered for promotions or who transfer from another facility, an internal background check through GEO, is requested on the *Prison Rape Elimination Act Questionnaire Internal Promotion/Transfer* form (HR-104), and an NCIC BOP criminal background check is conducted. If an applicant answers on their application they were a prior institutional employee, information from prior institutional employers is requested through Accurate Backgrounds, Inc. From information provided on the Pre-Audit Questionnaire, in the past 12 months, criminal background checks were conducted on eight employees hired.

115.217 (d): The agency requires all contractors and volunteers have criminal background checks before enlisting their services. The facility does not enlist the services of volunteers or contractors at this time.

115.217 (e): NCIC criminal background checks are conducted through Accurate Backgrounds, Inc. every five years. The BOP contract is renewed every 10 years. The last renewal was in December 2020 and criminal background checks were conducted on all employees.

115.217 (f): The agency asks all applicants and employees who have contact with residents directly about previous sexual misconduct. Applicants are asked these questions on the GEO application. For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions – PREA Related Positions* (PREA-102). Annually at the time of performance evaluations, employees sign a *PREA Disclosure and Authorization – Annual Performance Evaluations* (PREA-101). On information provided from the facility and in interview with the Office Support Specialist, in the past 12 months there were two promotions and no transfers.

115.217 (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.

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

In review of 15 random employee human resource files, pre-employment criminal background checks and background checks of employees employed for five years or more were found in the files. PREA 101's completed at the time of annual performance evaluations were also filed in the respective files.

In review of all employee human resource files, files 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. Records reviewed were well organized and complete with all required documentation.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

115.218 (a) & (b): GEO policy 5.1.2-A, page 8, section C-3 and facility policy 2019-1, page 4, section B-4, 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 residents from sexual abuse.

According to information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, since the last PREA audit the facility has not acquired a new facility or expanded or modified the existing physical plant. The Facility Director reported, a new NVR system was installed in the past year that increased the amount of time data can be retained.

In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee) at an earlier date he explained that every facility that is acquired or designed has an assessment made by the operations team along with the construction team. He also stated there is a constant assessment being made at the facilities and by the PREA Coordinator and her group for blind spots and cameras to improve the monitoring efforts for the protection of residents from sexual abuse.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if 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

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

115.221 (a): GEO policy 5.1.2-E, pages 7 & 8, section D and facility policy 2019-6 page 11, section C-7, 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. 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.

115.221 (b): The agency and the facility follow 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".

115.221 (c): Victims of sexual abuse have access to forensic medical exam by a Sexual Assault Nurse Examiner (SANE) at no cost to the victim. Alleged victims of sexual abuse are transported to the Doctor's Hospital Renaissance (DHR) for SANE exams. In information reported on the Pre-Audit Questionnaire, in the past 12 months there were no residents referred for a forensic exam.

115.221 (d): The facility has MOU's with Mujeres Unidas, McAllen, TX and with the Crisis Center, Odessa, TX, to provide victim advocacy services for resident victims of sexual abuse. The MOU with Mujeres Unidas provides educational programs and referrals as well as victim advocacy services. The Crisis Center provides a 24-hour crisis intervention hotline to residents of the Mid Valley House. Residents are made aware of the confidential emotional support services available to them and how to access them in the *PREA Education Manual for Residents* and on *Resident Reporting Options* posters displayed throughout the facility in both English and Spanish. When interviewed, residents confirmed this information is posted in their dorm.

115.221 (e): The terms of the MOU with Mujeres Unidas provides advocates to accompany and support a victim of sexual abuse through the forensic medical exam process and the investigatory process.

115.221 (f): Criminal investigations are conducted by written agreement with the Edinburg Police Department and by BOP OIG. It is the responsibility of the Edinburg Police Department and OIG to conduct investigations and ensure all forensic evidence is collected and preserved and follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

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

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.222 (a): GEO policy 5.1.2-A, page 5, section III-A-2, GEO policy 5.1.2-E, page 6, section III-B-3-c and facility policy 2019-6, page 15, section 11-a & b, address the agency/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).

In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee), he explained that administrative and criminal investigations are required by the corporate and local policies. Sometimes contract compliance may require differences on who can investigate allegations of sexual abuse and sexual harassment.

115.222 (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. A written agreement with the Edinburg Police Department provides for response to the facility for sexual abuse incidents. The Edinburg Police Department or BOP conduct criminal investigations. In the past 12 months, there was one allegation of Staff-on-Inmate Sexual abuse reported and in 2019 there was one allegation of Staff Voyeurism reported. Both were investigated by BOP-OIG.

All allegations are documented and tracked on the *Monthly PREA 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>.

115.222 (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.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

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

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

115.231 (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. The agency's requirement of this training is found on pages 13 & 14, section F-1 of policy 5.1.2-A. The *PREA DOJ 2019 Pre-Service* and *PREA 2019 In-Service* training curriculums were reviewed and found to address all elements of this provision of this standard as required.

115.231 (b): The Mid Valley House houses adult males and females. The training provided is tailored to meet the needs of both males and females.

115.231 (c): In information provided in the Pre-Audit Questionnaire and in review of random staff training records, employees of the Mid Valley House receive PREA education as required annually. In the past 12 months, all employees completed PREA training. Training for 2021 was completed last month and PREA training for new hires is completed the employees first week on the job. In between trainings, PREA is discussed at staff meetings.

115.231 (d): Upon completion of PREA pre-service and annual in-service training, staff sign a GEO *PREA Basic Acknowledgement* form, a *Cross Gender Pat Searches and Searches of Transgender and Intersex* acknowledgement form and sign a *PREA Annual Inservice* attendance roster acknowledging receipt and understanding of the training received. Documentation of annual PREA training for employees is maintained in employee Human Resource files.

Review of 15 random employee training records confirmed training is being completed and documentation of this training being maintained by the facility. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing, detecting, responding and reporting allegations of sexual abuse and sexual harassment. Due to the well-maintained and complete training records and the knowledge of staff interviewed, the facility was found to exceed in the requirements of this standard.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Mid Valley has not utilized the services of volunteers or contractors therefore, this standard is not applicable to this facility.

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

115.233 (a): Based on GEO policy 5.1.2-A, pages 12 & 13, section E-2 and facility policy 2019-2, pages 3 & 4, *PREA Orientation and Education* section, all residents receive information at time of intake and if transferred from another facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents.

In interview with the PREA Compliance Manager, Case Manager Supervisor and the Social Service Coordinator, who provide residents written PREA information, on the day of arrival. residents receive a *PREA Education Manual for Residents*. Residents view the *PREA: What You Need to Know* video within the first week of arrival to the facility. On information reported on the Pre-Audit Questionnaire, there were 413 residents admitted to the Mid Valley House in the past 12 months who received PREA education upon intake to the facility.

115.233 (b): Training is provided to residents who transfer to the facility from a different community confinement facility. In the past 12 months, there were no residents who transferred from another community confinement facility.

115.233 (c): All PREA education provided to residents is in formats accessible to all residents, including those who are limited English proficient, deaf, hard of hearing, blind, with low vision, otherwise disabled or have limited reading skills. The *PREA Education Manual for Residents* is provided in both English and Spanish. Bilingual staff provide translation to Spanish speaking residents. A contract with the Language Line Solutions provides translation of any other languages. The facility has a TTY for deaf and hard of hearing residents.

115.33 (d): The facility maintains documentation of residents' participation in PREA education sessions. Residents sign an *Acknowledgement of Receipt of PREA Education Manual* and another acknowledgment form acknowledging training in the zero-tolerance policy, the right to report, and access to free medical and mental health care and viewing the *PREA: What You Need to Know* video. In review of random resident files, the PREA Compliance Manager is maintaining documentation of PREA education.

115.233 (e): In addition to PREA education provided to residents, there is PREA information in English and Spanish posted throughout the facility. The facility also holds House Meetings where PREA is discussed.

Residents interviewed acknowledged receiving written PREA information upon arrival to the facility and confirmed viewing the PREA video. They were knowledgeable of the zero-tolerance policy and knew how to report incidents of sexual abuse and sexual harassment. The facility was found to exceed in the requirements of this standard. Resident records were in excellent order and residents interviewed confirmed receiving written PREA information upon intake and viewing the PREA video.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators 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 115.221(a).)
 Yes No NA

115.234 (b)

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

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a.)

Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.234 (a): Based on GEO policy 5.1.2-A, page 14, section F-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.

115.234 (b): The facility has three trained investigators who completed *Specialized Training: Investigating Sexual Abuse in Correctional Settings*, facilitated by GEO's PREA Coordinator. 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.

115.234 (c): The agency maintains documentation that investigators have completed specialized training on conducting sexual abuse investigations in confinement settings. Upon completion of the training, investigators receive a certificate of completion. The facility provided the certificates to show the PREA Compliance Manager, Case Manager Supervisor and the Social Service Coordinator have completed specialized training. They also provided the *PREA Basic Training Acknowledgement* and *Cross Gender and Pat Searches and Searches of Transgender and Intersex* acknowledgement to show investigators also receive general training provided to all employees, This documentation is maintained by the facility.

In interview the Social Service Coordinator and the Case Manager Supervisor stated they have not conducted any investigations, but confirmed receiving specialized training and general PREA education provided to all employees and were able to confirm the topics included in this training. The PREA Compliance Manager is the primary facility investigator. She confirmed receiving specialized training and was knowledgeable of her responsibilities in conducting administrative investigation of sexual abuse and sexual harassment.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (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

115.235 (b)

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

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (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 and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (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*)

Mid Valley House does not employ medical or mental health staff; therefore, this standard is not applicable to this facility. Medical and mental health services are provided to residents off-site.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

115.241 (a): According to GEO policy 5.1.2-A, pages 8 & 9, section D-1 and facility policy 2019-3, pages 2 & 3, section B, all residents are assessed for their risk of being sexually abused or sexually abusive towards others within 24 hours of arrival to the facility. On information provided on the Pre-Audit Questionnaire, in the past 12 months, 413 residents

assigned to the Mid Valley House were assessed for their risk of victimization or abusiveness upon arrival.

115.241 (b): Intake screening takes place within 24 hours of residents' arrival to the facility. The facility exceeds in this provision of the standard requirement of intake screening within 72 hours of arrival to the facility. In review of random resident files and in interview of random residents, it was confirmed intake screening is conducted within 24 hours of arrival to the facility.

115.241 (c): Intake risk assessment are conducted by the PREA Compliance Manager, Case Manager Supervisor or the Social Service Coordinator using the *Reentry Facilities PREA Risk Assessment*, an objective screening tool.

115.241 (d): The *Reentry Facilities 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.

115.241 (e): The screening includes the screener's thorough review of any available records available to assist with determining the resident'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.

115.241 (f): Within a set time period, not to exceed 30 days of residents' arrival to the facility, residents are reassessed by their assigned Case Manager for their risk for victimization and abusiveness using the *PREA Vulnerability Questionnaire*. In review of random resident files, this process is in place and being conducted timely.

115.241 (g): A resident's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information.

115.241 (h): Residents are not disciplined for refusing to answer any questions or for not disclosing complete information.

115.241 (i): The Facility Director, Assistant Facility Director-Security, PREA Compliance Manager and Case Manager Supervisor are the only individuals allowed access to screening information. Screening forms are maintained by the PREA Compliance Manager behind a locked door to ensure confidentiality.

In interview with the PREA Compliance Manager, Case Manager Supervisor, and Social Service Coordinator, they confirmed initial screenings are conducted within the first 24 hours of residents' arrival to the facility and 30-day reassessments are conducted within the 21st and 30th day of arrival. The facility was found to exceed in the requirements of this standard. Initial risk assessments and 30-day reassessments are being completed timely. Screening information is kept confidential and only those that need to know for housing and programming decisions are allowed access to this information.

Standard 115.242: Use of screening information

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

115.242 (a)

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents 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 residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents 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 residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents 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*)

115.242 (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 residents at high risk of being sexually victimized from residents with those at high risk of being sexually

abusive. GEO policy 5.1.2-A, pages 10 & 11, section D and facility policy 2019-3, page 3, section B-2, explains the use of PREA screening information. On interview with the PREA Compliance Manager, Case Manager Supervisor and Social Service Coordinator responsible for screening residents, they explained how the facility utilizes screening information for this purpose.

115.242 (b): Individualized determinations are made about how to ensure the safety of each resident. Residents who score at risk of victimization or abusiveness are referred on the *Resident Referral Verification Form* to Mujeres Unidas for further evaluation. Residents with mental health needs are referred to Tropical Texas Behavioral Health. Residents have an option of refusing these services.

Those identified to be at risk of being victimized or abusive are tracked on an *At-Risk Log* kept current by the PREA Compliance Manager. Following an allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the log pending the outcome of the investigation. If the investigation determines the allegation to be unfounded, the victim may be removed from the log. In conversation with the PREA Compliance Manager, she reported male residents who score at risk for victimization are housed in Dorm 2 and those at risk for abusiveness are housed in Dorms 3 or 4. Females at risk for victimization are housed in the front of Dorm 1 in the front of the Dorm and those at risk for abusiveness are housed further back in Dorm 1. In review of random resident records and the *At-Risk Log*, residents are being housed appropriately to ensure their sexual safety.

115.242 (c): Guidelines for housing and program assignments and for the management of transgender and intersex residents are outlined in GEO policy 5.1.2-A, pages 10 & 11, section D-3-c-g and in facility policy 2019-3, page 3, section B-2-d-f. In making housing and programming assignments for transgender or intersex resident, the facility will consider on a case-by-case basis whether the placement would present management or security problems. Residents who self-disclose being gay, bisexual, transgender or intersex are tracked on an *LGBTI Tracking Log*. On information provided by the facility, in this review period there were no residents who identified as transgender or intersex assigned to Mid Valley House. In interview with the PREA Coordinator, he explained the facility considers each individual's own views about their safety as part of the initial PREA risk screening assessment.

115.242 (d): A transgender or intersex resident's housing and program assignments will be reassessed every six months using the *PREA Vulnerability Reassessment Questionnaire* to review any threats to safety experienced by the resident.

115.242 (e): A transgender or intersex resident is offered the opportunity to shower separately from other residents. In interview with the PREA Compliance Manager, transgender and intersex residents will be offered the option of showering in their Dorm at a time when other residents will be cleared out of the Dorm.

115.242 (f): In interview with the PREA Coordinator, he reported the agency does not have any facilities under a consent decree or legal judgement. GEO does not place lesbian, gay,

bisexual, transgender or intersex residents in dedicated units or wings solely based on such identification as the practice is prohibited by policy. When interviewed, the Facility Director and the PREA Compliance Manager reported the facility is not subject to a consent decree, legal settlement or legal judgement requiring that it establish a unit or wing for lesbian, gay, bisexual, transgender or intersex residents.

The facility was found to exceed in the requirements of this standard. Information from screenings is being used to make appropriate housing and bed assignments. Although there were no transgender or intersex residents housed at the facility, those responsible for conducting risk assessments were knowledgeable of the agency's policy and guidelines for housing and programming assignments for transgender and intersex residents.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

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

Auditor Overall Compliance Determination

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

115.251 (a): As stated in GEO policy 5.1.2-A, page 19, section L-1, and facility policy 2019-2, page 4, last paragraph, the facility provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed in the *PREA Education Manual for Residents* and on the *Resident Reporting Options* posters they can report to any staff member or to the PREA Compliance Manager or the Facility Director verbally or in writing. They are also informed a third party can report for them.

115.251 (b): The facility also provides multiple external ways for residents to report allegations to a public or private agency that is not part of GEO. Residents are informed in the *PREA Education Manual for Residents* they can contact the Edinburg Police Department, the BOP Residential Reentry Management Office (BOP residents), the U.S. Probation Office (USPO residents), the Crisis Center, Mujeres Unidas or to RAINN National Sexual Assault Hotline. This information is also provided to residents on *Resident Reporting Options* posters posted in various locations throughout the facility.

A *Federal Bureau of Prisons Government Contacts* list was found posted on bulletin boards. BOP residents are informed of the telephone numbers and addresses for the Western Sector Administrator, Assistant Western Sector Administrator, Residential Reentry Manager, Supervisor, Supervisor Community Treatment Coordinator and the Assistant Administrator Residential Reentry Management Branch, Chief U.S. Probation Officers of the Southern District of Texas and the Eastern District of Texas.

115.251 (c): Staff shall accept reports made verbally, anonymously and from third parties. Staff are required to document verbal reports immediately or by no longer than the end of their shift. Staff interviewed were aware of this requirement. All allegations of sexual abuse are to be handled in a confidential manner.

115.251 (d): Staff have access to private reporting by calling the Employee Hotline (866-568-5425) or the Corporate PREA Coordinator (561-999-5827). Employees can also report on the internet at www.reportlineweb.com@geogroup. Information for resident and staff reporting is found on the GEO website (<https://www.geogroup.com/prea>. *Third Party Reporting* posters inform employees of their responsibility of reporting sexual abuse and sexual harassment and their reporting options. Staff carry with them a Sexual Abuse First Responder Card, which has GEO's Employee Hotline number and the website address for anonymous reporting. Staff interviewed knew how to privately report sexual abuse and sexual harassment of residents.

Staff and residents interviewed were aware of the internal and external reporting options that are available to them. Due to the multiple internal and external reporting methods available to residents, the facility was found to exceed in the requirements of this standard.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.252 (b)

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

115.252 (c)

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

115.252 (d)

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

115.252 (e)

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

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

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

Auditor Overall Compliance Determination

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

115.252 (a): In review of GEO policy 5.1.2-A, pages 19 & 20, section L-2, and facility policy 2019-5, page 4, section E, there is a procedure in place for residents 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 residents in the *PREA Education Manual for Residents*. Residents put grievances in a locked box that only the Facility Director can access.

115.252 (b): There is no time limit when a resident 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. Residents 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 ground that the applicable statute of limitations has expired. The PREA Compliance Manager receives copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In

conversation with the Facility Director and the PREA Compliance Manager and information provided on the Pre-Audit Questionnaire, in the past 12 months there were no grievances alleging sexual abuse filed. Any PREA-related grievances would be documented on the *PREA Facility Grievance Log*. Residents interviewed were aware they could file a grievance regarding sexual abuse and sexual harassment.

115.252 (c): Based on agency and facility policies, residents 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. Residents may submit grievances to the Facility Director. If the grievance involves the Facility Director, the grievance may be submitted directly to the BOP Residential Reentry Manager, to the PREA Compliance Manager or to GEO's Residential Reentry Services Regional Director. If a third-party files a grievance on a resident's behalf, the alleged victim must agree to have the grievance filed on his behalf.

115.252 (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.

115.252 (e): Third parties such as fellow residents, family members, attorneys or outside advocates may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of residents. 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 resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. In conversation 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.

115.252 (f): Residents may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. Information on the procedure for residents to file emergency grievances is found on page 20, section L-2-b, c & d of GEO policy 5.1.2-A, and on page 5 of facility policy 2019-5, section F. After receiving an emergency grievance of this nature, the Facility Director 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 conversation 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.

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

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

115.253 (a): GEO policy 5.1.2-A, pages 25 & 26, section M-8 and facility policy 2019-6, page 11, section 8-a, addresses the agency/facility's policies on providing residents with access to outside victim advocates for emotional support services related to sexual abuse. Access to these services allows communication between residents and the organizations to be confidential.

115.253 (b): Residents are informed in the *PREA Manual for Residents* and the on *Resident Reporting Options* posters of the telephone numbers for the Crisis Center (speed dial number *3 or 866-627-4747), Mujeres Unidas (speed dial number *4 or 800-580-4879), and RAINN (speed dial number *2 or 800-656-4673) for outside emotional support services. The Mid Valley House enables reasonable communication between the residents and these agencies in a confidential manner. Calls to these agencies are not monitored or recorded.

115.253 (c): The agency/facility has an MOU with Mujeres Unidas that provides victim advocacy services to victims of sexual abuse. They also have an MOU with the Crisis Center, which provides a 24-hour crisis support hotline for residents of the Mid Valley House. Residents interviewed knew how to access information on emotional support services available to them if they became a victim of sexual abuse or if they witness someone else being abused.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

115.254 (a): Based on GEO policy 5.1.2-A, page 20, section L-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. Residents are informed of third-party reporting on PREA posters displayed in numerous locations in both English and Spanish.

The method for third party reporting procedures is made available on the GEO website at <http://www.geogroup.com/prea>. Third-party reports can be made in person, in writing, anonymously or by contacting the agency's PREA Coordinator. *Third Party Reporting* posters are posted in areas visible to visitors and staff.

In interview with the PREA Compliance Manager, during the past 12 months, there were no third-party reports of sexual abuse or sexual harassment received by the facility. Residents and staff interviewed were aware of this method of reporting.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

- Does the agency require all staff to report immediately and according to 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 residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to 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

115.261 (b)

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

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No

- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

115.261 (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 and pages 6 & 7, section B of facility policy 2019-6. Reporting duties for volunteers is found on page 15, section G-2 of GEO policy 5.1.2-A and contractor reporting duties on page 16 section H-2 of GEO policy 5.1.2-A. All staff 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 residents or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The facility reports all allegations of sexual abuse and sexual harassment to facility investigators, the BOP, Residential Reentry Manager and local law enforcement. In interview with random staff, they knew their reporting duties.

115.261 (b): Apart from reporting to designated supervisors, staff are not to reveal any information related to a sexual abuse report to anyone. Staff interviewed knew this information is to be kept confidential and knew whom to report allegations to.

115.261 (c): The facility does not employ medical or mental staff; therefore, this provision of the standard is not applicable to this facility.

115.261 (d): The Mid Valley House houses adult male and female residents only and does not house residents under the age of 18. No resident according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statute; therefore, this provision of this standard is not applicable to this facility. In interview with the Facility Director,

he confirmed this information and Mid Valley House does not house individuals under the age of 18 and if there was an allegation of a vulnerable adult, he would refer to the Texas State Reporting Law.

115.261 (e): In interview with the Facility Director, Mid Valley House reports all allegations of sexual abuse and sexual harassment to facility investigators, including third party and anonymous reports and to BOP and the Edinburg Police Department.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

115.262 (a): When the agency learns that a resident 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 2019-6, page 7, section C-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 Director as well as documentation provided by the facility, during the past 12 months it was necessary for the facility to take immediate action in regards to an resident being in substantial risk of sexual abuse.

The Facility Director stated that if it was suspected a resident was at substantial risk of sexual abuse, he would separate the parties, talk to them to get information and report to the client. Staff interviewed was aware of their responsibilities if they felt a resident was at risk for sexual abuse. They knew it was their responsibility to report this to their supervisor.

In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee), he stated that facilities must protect the potential victim from any

harm. An individual approach is taken and the facility has a responsibility to separate the potential victim to keep him/her safe from harm.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

115.263 (a): GEO policy 5.1.2-A, pages 24 & 25, section M-5, were used to verify compliance to this standard. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director will notify the head of the facility where the sexual abuse was alleged to have occurred. In interview with the Facility Director, he knew his responsibilities of providing notification and knew his responsibilities if he received notification from another facility.

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

115.263 (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.

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

In information reported on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months the facility did not receive any allegations that a resident was abused while confined at another facility and there were no notifications received from another facility of a resident formerly assigned to the Mid Valley House alleging sexual abuse while assigned to this facility. In interview the Facility Director he stated if he received a notification from another facility or agency that an incident of sexual abuse or sexual harassment occurred at Mid Valley House, he would notify BOP and initiate an investigation immediately.

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

115.264 (a): GEO policy 5.1.2-A, pages 21 & 22, section M-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 on-duty or on-call supervisor, preserve and protect the crime scene, not let the alleged victim or abuser take any actions that could destroy physical evidence and not reveal to anyone information related to the incident to anyone.

115.264 (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 responder to an allegation of sexual abuse and are trained on first responder duties during pre-service and annual in-service PREA training.

On information provided on the Pre-Audit Questionnaire and in interview with the PREA Compliance Manager, in the past 12 months it was not necessary to implement first responder duties.

Interviews with security and non-security staff revealed that they knew the policy and procedures to follow if they were the first responder to an allegation of sexual abuse.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

115.265 (a): GEO policy 5.1.2-A, page 6, section A-4, and review of the Mid Valley House *PREA Coordinated Response Plan* were used to verify that there is a plan in place to coordinate actions to be taken in response to an incident of sexual abuse and sexual harassment.

The plan provides written guidance to staff and administration regarding actions to take and notifications to be made. A *PREA Incident Checklist for Incidents of Sexual Abuse and Harassment* is completed to ensure that all steps of the plan are carried out and proper notifications are made. This checklist is filed with the completed investigative packet.

The Facility Director, PREA Compliance Manager and the Assistant Facility Director- Security are responsible to ensure compliance to the plan. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse.

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

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

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.266 (a): GEO policy 5.1.2-A, pages 5 & 6, section III-A-3, GEO policy 5.1.2-E, pages 4 & 5, section III-A-2, 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 resident pending the outcome of an investigation. On information provided for review, Mid Valley House does not have a collective bargaining agreement.

115.266 (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. The staff member will be reassigned to a post with no resident contact or placed on administrative leave pending completion of the investigation.

In interview with the Executive Vice President Continuum of Care and Reentry Services (agency head designee), he stated reentry facilities that have collective bargaining agreements none of the language in the agreements precludes investigations and disciplinary action against staff up to and including termination for substantiated allegations of sexual abuse and sexual harassment.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (c)

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.267 (a): GEO has as policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff as outlined in policy 5.1.2-A, pages 26 & 27, section N-2 and in facility policy 2019-6, pages 12 & 13, section 9-2.

115.267 (b): The agency has multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place.

115.267 (c): Residents 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 PREA Compliance Manager will monitor conduct and treatment of employees who reported staff misconduct or employee witnesses who cooperate with these investigations every 30 days for 90 days. Retaliation monitoring of residents and staff is documented on the *Protection from Retaliation Log – Reentry* form.

115.267 (d): Monitoring of residents also includes periodic status checks.

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

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

In interview with the PREA Compliance Manager and information provided on the Pre-Audit Questionnaire, in the past 12 months there were no incidents of retaliation that occurred. In review of investigative files, the allegation of Staff Voyeurism reported in 2019, the alleged victim was returned to custody the day after the allegation was reported. When he returned to

Mid Valley the PREA Compliance Manager conducted retaliation monitoring once and the resident was released five days after. The *Protection from Retaliation Log – Reentry* form was found filed in the respective investigative file. The alleged victim of the allegation of Staff-on-Inmate Sexual Abuse was returned to custody the day the allegation was reported; therefore, no retaliation monitoring was initiated.

In interview with the Vice President Continuum of Care and Reentry Services (agency head designee) at an earlier dated stated facilities would always look for the best options for residents and staff. Things like housing changes or transfers from the facility, removal of alleged abusers, whether staff or resident, and emotional support services are considered on a case-by-case basis.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

115.271 (a): An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at Mid Valley House, promptly, thoroughly and objectively, 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-1.

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

115.271 (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 interview alleged victims, suspected perpetrators and witnesses and review prior reports of sexual abuse involving the suspected perpetrator.

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

115.271 (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 resident or staff. A resident who alleges sexual abuse is not required to submit to a polygraph examination.

115.271 (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.

115.271 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. The facility shall request copies of completed investigative reports from the BOP OIG or the Edinburg Police Department.

115.271 (h): Substantiated allegations of conduct that appears to be criminal shall be referred for criminal prosecution. On information reported on the Pre-Audit Questionnaire, in the past 12 months, there were no allegations referred for criminal prosecution.

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

115.271 (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.

115.271 (k): Any state entity or Department of Justice component that conduct investigations shall do so pursuant to the above requirements.

115.271 (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 the PREA Coordinator, he reported that facilities are required to check in with outside investigators at a minimum of every 30 days in order to track the status of the criminal investigation.

In 2019 there was one allegation of Staff Voyeurism and in 2020 one allegation of Staff-on-Inmate Sexual Abuse, both investigated by BOP OIG. Due to staff involvement, notification was made to GEO's Office of Professional Responsibility (OPR).

In interview with facility investigators, they were knowledgeable of their responsibilities of conducting administrative investigations of all allegations received and knew when to refer allegations that appear to be criminal for criminal investigation.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

115.272 (a): Based on GEO policy 5.1.2-E, page 6, section B-2-d 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 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

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

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.273 (a): GEO policy 5.1.2-E, pages 11 & 12, section III-K and facility policy 2019-6, pages 7 & 8, section C-2-g were used to verify compliance to this standard. The policy indicates that following an investigation of sexual abuse of a resident, the resident 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 preparing the *Notification of Outcome of Allegation* form (attachment D of GEO policy 5.1.2-A) and presenting the notification to the alleged victim for his/her signature. The resident receives a copy of the form and a copy is forwarded to the agency's PREA Coordinator.

115.273 (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 resident.

115.273 (c): Following a resident's allegation that an employee has committed sexual abuse against the resident; the facility is required to inform the resident of the outcome of the investigation. The resident is to be informed if the staff member is no longer posted within the resident'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.

115.273 (d): Following a resident's allegation that he has been sexually abused by another resident, 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.

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

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

On information provided on Pre-Audit Questionnaire and in interview with the Facility Director, the PREA Compliance Manager and facility investigators, there was one allegation of Staff Voyeurism reported in 2019 and one allegation of Staff-on-Inmate Sexual Abuse in 2020. In review of investigative files, the alleged victim of the allegation of Staff Voyeurism was released prior to the conclusion of the investigation and the *Notification of Outcome of Allegation* was sent certified mail to his home address. The alleged victim of the Staff-on-Inmate Sexual Abuse allegation was returned to custody the same day the allegation was reported. The notification was prepared, but not presented to the alleged victim. Both notifications were found filed in the respective investigative files.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

115.276 (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, page 12, section L-1.

115.276 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. According to information provided on the Pre-Audit Questionnaire, in the past 12 months there were no employees in violation of the agency's sexual abuse or sexual abuse policies.

115.276 (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. According to information reported on the Pre-Audit Questionnaire, in the past 12 months there were no employees disciplined for violations of agency sexual abuse or sexual harassment policies.

115.276 (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. The *GEO Employee Handbook*, provided to all staff, page 18, explains the agency's zero-tolerance policy for employees and the sanctions imposed for violations of the policy.

In interview with the Facility Director and in information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no staff members disciplined for violating the agency sexual abuse or sexual harassment policy.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

115.277 (a): Based on review of GEO policy 5.1.2-A, page 15, section G-3, (volunteers) and pages 15 & 16 (contractors) and GEO policy 5.1.2-E, page 13, section 3, any volunteer or contractor who engages in sexual abuse or sexual harassment is prohibited from contact with residents and shall be reported to law enforcement agencies and licensing boards, unless the activity was clearly not criminal. Mid Valley House does not utilize the services of volunteer and contractors at this time.

115.271 (b): In the case of a violation of GEO's sexual abuse and sexual harassment policy by a volunteer, the facility will take remedial measures and will consider whether the contractor or volunteer is prohibited further contact with residents.

In interview with the Facility Director, he reported due to the COVID-19 pandemic, Mid Valley House has not had any volunteers or contractors since March 2020.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

115.278 (a): According to GEO policy 5.1.2-E, pages 12 & 13, section L-2 and facility policy 2019-6, pages 9 & 10, section 4-a-7, if a resident is found guilty of engaging in sexual abuse involving another resident, either through administrative or criminal investigations, the resident will be subject to formal disciplinary sanctions. The *GEO Mid Valley House Resident Handbook*, Chapter 2, section 202, pages 9-14, outlines violations a resident will be disciplined for and the sanctions to be imposed. According to the Pre-Audit Questionnaire, in the past 12 months, there were no administrative findings of resident-on-resident sexual abuse. In interview with the Facility Director, a resident engages in resident-on-resident sexual abuse, the resident will be returned to custody and criminal charges may be pursued.

115.278 (b): Sanctions will commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history and the sanctions imposed for comparable offenses by other residents with similar histories. When interviewed the Facility Director stated BOP makes recommendations for sanctions to be imposed.

115.278 (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 behavior when determining what type of sanction, if any, should be imposed.

115.278 (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.

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

115.278 (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.

115.278 (g): The agency prohibits all sexual activity between residents. Facilities may not deem that sexual activity between residents is sexual abuse unless it is determined that the activity was coerced. According to facility policy 2019-6, page 10, section 4-b-4, if the Facility Director

and BOP determine the behavior is sexual activity, the involved residents will be referred for administrative disciplinary sanctions.

In information provided on the Pre-Audit Questionnaire and in interview with the Facility Director, in the past 12 months there were no disciplinary sanctions imposed for residents violating the sexual abuse policies.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

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

115.282 (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 2019-6, pages 10 & 11, section 7.

115.282 (b): The facility does not employ medical and mental health staff. Medical and mental health services are provided offsite. All staff first responders are trained to take preliminary steps to protect the victim. Mid Valley House utilizes the Doctors Hospital Renaissance (DHR) where residents are provided with medical treatment and SANE nurses are available to perform SANE exams. Mental health services are provided at Texas Tropical Behavioral Health or Mujeres Unidas. Victims of sexual abuse are referred for medical or mental health services on the *Resident Referral Verification Form*. Any refusal of services is documented on this form.

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

115.282 (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. In information reported from the facility, in the past 12 months, there were no residents who required emergency medical services due to being victimized by sexual abuse.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents 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

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents 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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

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

115.283 (b): According to GEO policy 5.1.2-A, pages 26, section N-1, the evaluation and treatment will include follow-up services, treatment plans and referrals for continued care upon transfer or release.

115.283 (c): The facility provides victims with outside community providers for medical and mental health care. Medical services are provided at the Doctors Hospital Renaissance and mental health services provided by Tropical Texas Behavioral Health.

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

115.283 (e): If pregnancy results from sexual abuse, the victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.283 (f): Resident victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate.

115.283 (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.

115.283 (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. Referrals are made to Texas Tropical Behavioral Health or Mujeres Unidas using the *Resident Referral Verification Form*. All refusal of services are documented.

On information provided by the PREA Compliance Manager, in the past 12 months, there were no residents requiring a treatment plan due to sexual abuse.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

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

115.286 (e)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

115.286 (a): GEO policy 5.1.2-A, page 28, section N-3 and facility policy 2019-6, pages 13 & 14, section 9-3, state 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.

115.286 (b): The review is to be conducted within 30 days of the conclusion of the investigation. A sexual abuse incident review was conducted three days after the conclusion of the investigations for both allegations reported in this reaccreditation period.

115.286 (c): The Incident Review Team consists of the Facility Director, the PREA Compliance Manager, Assistant Facility Director-Security, Case Manager Supervisor and Social Service Coordinator, with the PREA Coordinator sometimes consulted as part of the review.

115.286 (d): The review team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area 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. In interview with Incident Review Team members, they were knowledgeable of their responsibilities as part of the Team.

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. *PREA After Action Review Reports* were found filed in the respective investigative files.

115.286 (e): The facility will implement the recommendations for improvement, or document the reasons for not doing so. The *PREA After Action Review Report* conducted following the investigation of Staff Voyeurism noted a recommendation of staff retraining on dorm checks and PREA allegations and reporting. The *PREA After Action Review Report* conducted following the investigation on Staff-on-Resident Sexual Abuse noted a recommendation the alleged victim be removed from the program and returned to custody for her own safety and well-being.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

115.287 (a): Information on data collection is found on page 28, section O-1 of GEO policy 5.1.2-A. GEO collects uniform data for every allegation of sexual abuse at all facilities under their control.

The 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.

115.287 (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.

115.287 (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).

115.287 (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.

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

115.287 (f): Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. This information was requested from DOJ for the previous year.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response

policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

115.288 (a): Based on GEO policy 5.1.2-A, pages 28 & 29, section O-2, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings. The PREA Coordinator stated that a database program, monitored by a Data Specialist, is used at the corporate level to maintain the data.

115.288 (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. 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.

115.288 (c): The PREA Coordinator forwards the annual report to the Senior Vice President of GEO Care and to the Senior Vice 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>. Data for the 2017, 2018, 2019 calendar year was found posted on the GEO website.

115.288 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted as stated on the last page of GEO's annual report.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

115.289 (a): Based on GEO policy 5.1.2-A, page 29, section O-3 and on 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).

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

115.289 (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 residents? Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

115.401 (a): Based on GEO policy 5.1.2-C, 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. The initial PREA audit of Mid Valley House was conducted by a DOJ certified PREA auditor in 2015 and a recertification audit conducted in 2018. This recertification PREA audit was conducted three years later 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 Pre-Onsite Audit phase, the Onsite Audit Phase and the Post Audit Phase of the 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 Mid Valley House.

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 residents during the onsite audit.

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

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

115.401 (n): Residents were notified 60 days 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. Notices were found posted in several locations of the facility with the date posted noted as 2/22/21. I did not receive any correspondence from residents of the Mid Valley House.

115.401 (o): During the Pre-Onsite Audit Phase I contacted Mujeres Unidas, the Crisis Center, Tropical Texas Behavioral Health and the Edinburg Police Department.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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 policies, as well as 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 14 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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Barbara Jo Denison
Auditor Signature

April 27, 2021
Date

