

PREA Facility Audit Report: Final

Name of Facility: Eagle Pass Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 04/02/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Robert Manville	Date of Signature: 04/02/2023

AUDITOR INFORMATION	
Auditor name:	Manville, Robert
Email:	robertmanville9@gmail.com
Start Date of On-Site Audit:	02/27/2023
End Date of On-Site Audit:	03/02/2023

FACILITY INFORMATION	
Facility name:	Eagle Pass Correctional Facility
Facility physical address:	742 Texas Highway 131, Eagle Pass, Texas - 78852
Facility mailing address:	410 S. Bibb Ave/ P.O. Box 849, Eagle Pass, Texas - 78852

Primary Contact	
Name:	Freddie Wyatt
Email Address:	freddie.wyatt@geogroup.com
Telephone Number:	830-971-6500 xt 160

Warden/Jail Administrator/Sheriff/Director	
Name:	Kenneth Reagans
Email Address:	kenneth.reagans@geogroup.com
Telephone Number:	830-213-6166

Facility PREA Compliance Manager	
Name:	Freddie Wyatt
Email Address:	freddie.wyatt@geogroup.com
Telephone Number:	O: 830-971-6500
Name:	Veronica Valdez
Email Address:	vvaldez@geogroup.com
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Alicia De Los Santos, RN
Email Address:	a l delossantos@geogroup.com
Telephone Number:	830-254-0948

Facility Characteristics	
Designed facility capacity:	739
Current population of facility:	688
Average daily population for the past 12 months:	676
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18 Youngest and 64 Oldest
Facility security levels/inmate custody levels:	Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	186
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	8
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	1

AGENCY INFORMATION	
Name of agency:	The GEO Group, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	4955 Technology Way, Boca Raton, Florida - 33431
Mailing Address:	

Telephone number:	
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Agency Chief Executive Officer Information:	
Name:	Jose Gordo
Email Address:	jgordo@geogroup.com
Telephone Number:	5618930101

Agency-Wide PREA Coordinator Information			
Name:	Manuel Alvarez	Email Address:	Manuel.Alvarez@geogroup.com

SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

5	<ul style="list-style-type: none"> • 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.33 - Inmate education • 115.35 - Specialized training: Medical and mental health care • 115.41 - Screening for risk of victimization and abusiveness • 115.67 - Agency protection against retaliation
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Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-02-27
2. End date of the onsite portion of the audit:	2023-03-02

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Maverick County Domestic Services through BCFS Health and Human Services)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	739
15. Average daily population for the past 12 months:	676
16. Number of inmate/resident/detainee housing units:	17
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	642
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	6
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	2
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	424

43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	181

day of the onsite portion of the audit.

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	9
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	18
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

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55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I interview detainees from each of the housing units
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	12
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2

61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	2
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	5
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the selection of the detainee population, the PREA compliance manager, mental health staff and supervisor of case management reviewed the computer data base and discussed with the case managers and intake staff detainees that were requested by the auditor prior to the audit.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and</p>	<p>Prior to the selection of the detainee population, the PREA compliance manager, mental health staff and supervisor of case management reviewed the computer data base and discussed with the case managers</p>

documentation reviewed onsite, and discussions with staff and other inmates/residents/detainees).	base and discussed with the case managers and intake staff detainees that were requested by the auditor prior to the audit.
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69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Prior to the selection of the detainee population, the PREA compliance manager, mental health staff and supervisor of case management reviewed the computer data base and discussed with the case managers and intake staff detainees that were requested by the auditor prior to the audit. The supervisor of RHU was also interviewed.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	18

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>10</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/></p>

or their designee:	<input type="radio"/> No
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78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
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80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-

	— first responders, both security and non-security staff
	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

During the site review the locations of cameras and mirrors, room layout, restrooms and the placement of PREA posters and information was observed. I was able to observe all cameras from a computer located in the facility administrator's office and noted that there were no cameras that provided access to resident undressing, using the restroom or showering. The main control has a panel with all cameras in view of control room staff. The intake area has holding rooms, private shakedown rooms and dedicated staff assigned to this areas. The staff was able to walk me through the process of when a detainee arrives at the facility. There are posters located in the intake area and holding rooms for reporting, zero tolerance, and detainee rights to be free from sexual abuse. Posters encourage detainees to report. The PREA video is continuously running during the intake process. New detainees receive their initial screening by a case manager assigned to the intake area. There is a medical room located in the intake area that is utilized by medical and mental health staff. If a detainee claims he has been victimized in the past, mental health usually meet with him and offer to schedule a follow up consultation. The screener still does an official referral for mental health evaluation. There are three housing dormitories with four pods in each unit. Each unit has showers. There are two open bay dormitories with showers. The day room areas in each of the housing unit has a number of GTL telephones. By each telephone bank is a reporting poster that includes several reporting hotlines. The hotlines were tested throughout the facility. These hotlines include a PREA hotline to sheriff's office that is part of the MOU for outside reporting. The telephone was answered by staff. When asked how she reports this information to the facility, she advised that she call or email the assistant facility administrator or have a deputy take

the written report to the assistant facility administrator. The Victim emotional support

hotline was contacted and answered by staff at Crisis Center. The information for the Crisis Center is painted beside each telephone Bank. When asked how I would talk to an emotional support staff she for forwarded my call to an emotional support staff. She provided several ways resident would be able to talk to her. First is to ask to speak to an emotional support staff when they call, provide her with his/her information and she would set up a time to call the facility and talk with him in a private office in the visitation room or make arrangement to come to the facility to visit with the detainee. The third hotline was to the US Department of Justice. I receive a notice to leave a detail message and staff would report my allegation to appropriate US Marshall staff.

Eagle Pass Detention Facility new arrivals receive printed information regarding the facility's. Program and watch a video that provides additional information about the program. The facility offers medical, dental, and mental health services, as well as social services. The design of the prison permits detainees to shower, change clothes, and use toilet facilities with an adequate degree of privacy and avoid cross-gender viewing. Detainees requiring health care beyond the scope of services provided in the facility are transported to local providers or a hospital in the community.

The Receiving/Discharge area has holding cells with partitions for detainees to use restrooms in privacy. There is also an area for strip searches and for detainees to change clothes in privacy. There are offices located in this area which allow private interviews to be conducted. There were zero-tolerance posters displayed in the intake area.

There are recreation areas located on this compound, to include an activity center, exercise equipment, hobby craft rooms, and an outside recreation area. There is a computer area that detainees can utilize to

	access learning programs. Zero-tolerance posters are located throughout the recreation
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	<p>area. The restrooms in each of the recreational areas include partitions to provide privacy. There were PREA information boards in each of the recreational areas. The Psychology Department contains a small conference room and individual offices for staff. There is a bulletin board that includes several information posters for inmates and a hotline number for PREA complaints. The Religious Services Department consists of a chapel area, group rooms, music area, and offices. There were PREA posters located in the religious services hallway and the front entrance area. There were no blind spots noted in this area.</p> <p>The Food Service Department has a large foodservice preparation area. Except for the staff dining room, all areas of foodservice are under constant surveillance by cameras, mirrors, or staff supervision. There are zero-tolerance posters in all food service areas. The Laundry is supervised by correctional staff and employs inmate workers. The laundry is under continuous supervision and is monitored by cameras and mirrors.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Detainee Files Reviewed: There were 18 detainee records were reviewed. These records included the following information.

- Identification Number
- Date of Birth
- Date of Arrival
- Date of Screening
- Date of Follow-up Screening
- Date of Initial PREA notification
- Date of PREA orientation/ education:

Employee Background Checks: Twelve (12) background clearance files including five (5) new hired staff, four (4) staff that had been promoted, three (3) employees that had over five years tenure at the facility. Two contractor files were reviewed. One volunteer files was reviewed. All background checks had been completed for staff and contractors prior to contact with detainees or prior to promotion or over 5 years tenure at the facility: (The facility does a background check on all staff yearly) Employee Training Records: Reviewed Twelve (12) employee training records were reviewed. Included in the employee training records were random direct care staff, supervisors, Investigator, and PREA Compliance manager. All training has been completed in the last 12 months: Interviews with random staff indicated they had received refresher training during the last quarterly. The correctional staff indicated during the tour they are provided weekly briefings about PREA. This was confirmed by interviews with shift supervisors and daily briefing logs. Investigations: There were six investigative reports provided for the auditor to review. These reports were for the last 12 months. All investigative files contained the requirements of PREA standards at the specific stages of the investigation.

Unannounced Rounds: The logbooks and computerized unannounced rounds were reviewed in each housing unit and the control room. The facility was asked and provided the unannounced round located in three random control room on a specific date.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	3	0	3	0
Staff-on-inmate sexual abuse	1	1	1	1
Total	4	1	4	1

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	1	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	1	1	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	1	2	0
Staff-on-inmate sexual abuse	0	0	0	1
Total	1	1	2	1

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	2	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

4

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
Inmate-on-inmate sexual abuse investigation files	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>3</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
Staff-on-inmate sexual abuse investigation files	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any</p>

	staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any

inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>
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Non-certified Support Staff

116. Did you receive assistance from any **NON-CERTIFIED SUPPORT STAFF** at any point during this audit? **REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none">• Exceeds Standard (Substantially exceeds requirement of standard)• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)• Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p>GEO Policy 5.1.2 Zero Tolerance Toward Sexual Abuse and Harassment</p> <p>GEO Organizational Chart</p> <p>Eagle Pass Detention Facility (EPDF) Policy 1300.05 Sexual Abusive Prevention and intervention</p> <p>EPDF Organizational Chart</p> <p>Employee Handbook</p> <p>Detainee Handbook</p> <p>Medical SANE</p> <p>MOU Victim Advocate</p> <p>115.11 (a): GEO Corporate Policy 5.1.2 -and EPDF 1300.05 meets the requirements of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The agency and institution policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Detainees are informed orally about the zero-tolerance policy and the PREA program during in-processing and additional admission and orientation presentations. The orientation is offered in English and in Spanish. Additional program information is contained in the Detainee manual, and postings distributed throughout the facility (observed during the tour). All written documents are available in English and Spanish. Additional interpretive services are available for detainees who do not speak or read English. Both institution staff and detainees are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year. The institution meets the standards with all the programs they have implemented to ensure the detainees and staff understand its position on zero tolerance. Yearly GEO conducts a PREA review of the facility to determine level of compliance and to identify concerns that need to be addressed by the PREA compliance manager and the facility administrator.</p> <p>115.11 (b): GEO employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts the position within the</p>

corporate level. The agency's organizational chart depicts the position within the agency. The PREA Coordinator oversee the agency's efforts to comply with the PREA

standards in all of GEO's facilities. GEO has a team of staff that support the PREA coordinator efforts in meeting all PREA standards. The administrative team meets on a regular basis to develop strategies to establish a culture that provides a safe environment for staff and detainees. The PREA Coordinator's team are very knowledgeable about PREA and best practices to carry out the Agency's approach to prevent, detect, and respond to sexual abuse or sexual allegations.

115.11 (c): GEO ensures that all its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. The facility's organizational chart illustrates the PREA Compliance Manager's position within the facility. At Eagle Pass Detention Facility the PREA compliance manager is supervised by the Facility Administrator. EPDF provides support staff for assisting the PREA compliance manager with her task in carrying out the PREA mandates from GEO. The administrative team meets on a regular basis to develop strategies to establish a culture that provides a safe environment for staff and detainees. Though out the tour, staff, and detainees new the PREA compliance managers name and role at the facility. Both the GEO Group PREA Coordinator and Facility Compliance Manager advised they have sufficient time and authority to coordinate efforts to comply with PREA standards. The facility provides additional support for PREA related investigations, policy reviews, mock audits and follow up to corporate PREA coordinator's office with questions or concerns.

Exceed Compliance was determined by review of agency organization chart, agency, and facility policies, both staff and detainee training orientation power point presentations, posters, offender manual and interviews with staff, contractors, volunteer, and detainees further provided compliance with this standard. GEO Cooperation employs full time staff to assist the PREA Coordinator, facility administrators, and facility PREA compliance managers. GEO Cooperation also is proactive in all investigations including reviews of investigations by local, regional and headquarters staff including sexual harassment investigations. All audits are reviewed in each level of the agency to review best practices noted by the auditor and areas that need to be reviewed by the agency based on a facility audit.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p>EPDF Policy 5.1.2 Sexual Abusive Prevention and Intervention</p> <p>GEO Corporate PREA Policy 5.1.2-A Sexual Abusive Prevention and Intervention</p> <p>EPDF Contract for Service</p> <p>Statement of Fact</p> <p>GEO is a private provider and does not contract for the confinement of their detainees; therefore, this standard is not applicable to this facility.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p>GEO Corporate PREA Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Facility Staffing Plan</p> <p>EPDF Unannounced</p> <p>PREA Documentation of Unannounced Rounds.</p> <p>Annual Facility Assessment</p> <p>Staff Rosters (3) shifts</p> <p>Camera Inventory/Locations</p> <p>115.13 (a)(b): GEO Group requires the facility to review the staffing plans on an annual basis. Interviews with the facility administrator and executive staff revealed compliance with the PREA, and that other safety and security issues are always a primary focus when they consider and reviewing their respective staffing plans. The facility has a Staffing Report that is developed for each pay period. The Prison provides the bimonthly reports that includes mandatory post and hold over staffing to meet the mandatory posts. This report also includes the number of positions authorized, the number filled, the number vacant, recruitment efforts and any staffing concerns during the pay period. The Warden meets weekly with his executive staff, including Chief of Security, Lieutenant, and the Human Resource Manager (HRM) to address staffing issues as they relate to the PREA. The staffing plan is based on a population 550 detention detainees. The staffing plan is based on the following criteria: - Generally accepted detention and correctional practices. - Judicial findings of inadequacy. - Findings of inadequacy from Federal investigative agencies. - Findings of inadequacy from internal or external oversight bodies. - All components of the facility's physical plant. - The composition of the detainee population. - The number and placement of supervisory staff. - Institution programs occurring on a particular shift. - Applicable State or local laws, regulations, or standards. - The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and - Other relevant factors. The institution has been provided with all necessary resources to support the programs and procedures to ensure compliance with the PREA standards. The audit included staff interviews, and rosters. Supervisory and Administrative staff members routinely make unannounced rounds. These rounds are documented in their logs located in each housing unit. There have been no judicial</p>

documented in Unit Logs located in each housing unit. There have been no judicial findings of inadequacy from federal investigative agencies or findings of inadequacy

from internal or external oversight bodies relevant to this standard. All essential posts are filled each shift and no essential posts are kept open for salary savings. When programs are offered, staffing is increased to provide additional supervision. There has been no deviation from the staffing plan based on interviews with facility administrator and PAQ.

115.13 (c): GEO Policy mandates that whenever necessary and no less than annually, the staffing plan is reviewed and documented on the Annual PREA Facility Assessment. The latest assessment at Eagle Pass was approved with no finding on September 1, 2022. This completed form is submitted to the Corporate PREA Coordinator and the Corporate Divisional Vice President for signature and approval of any recommendations made to the established staffing plan to include the deployment of video monitoring systems and other monitoring technologies or the allocations of additional resources to maintain compliance to the plan. In interview with GEO's PREA Coordinator, he reported being consulted regarding assessments or adjustments to the staffing plan through incident reviews of substantiated and unsubstantiated allegations and through the Annual PREA Facility Assessments, he reviews and approves for each of the agency facilities annually.

115.13 (d) Eagle Pass Detention Facility has a policy and practice requiring department heads, facility executive staff and intermediate and higher-level custody supervisors conduct and document unannounced rounds on all shifts within their respective areas to identify and deter employee sexual abuse and sexual harassment. Policy also mandates that other staff are prohibited from telling other staff when supervisors are making unannounced rounds. The review of Institution Duty Officer (IDO) unannounced PREA rounds logs confirmed that intermediate-level or higher-level supervisors, including shift supervisors and department heads, conduct and document such visits throughout the institution, during the day, at night and on the weekends. Additionally, the IDO was interviewed. IDO visits areas of the facility during days, evenings, and weekend. The IDO documents the visits on logbooks located in housing unit control room. Staff members interviewed verified they are prohibited from alerting other employees regarding unannounced rounds. Interviews with detainees and housing unit officers also confirmed that random, unannounced rounds are conducted by Institution Duty Officers daily, including nights and weekends. The administrative Lt. for each shift was interviewed. Each indicated that they visit each living unit a minimum of once per shift. The control room staff document these visits on the unit log. The auditor reviewed logbooks during the tour and found multiple signs in documentation on each shift. While touring the control room, the control room officers showed her computerized PREA rounds documentation. The facility provided a page on one of the logbooks from three areas on a specific date that documented that a supervisor visited the unit on each shift.

An examination of policy and supporting documentation and all interviews confirms compliance with this standard.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>EPDF Policy 1300.05</p> <p>GEO Cooperate Policy 5.1.2-A</p> <p>EPDF Contract for Service</p> <p>Statement of Fact</p> <p>The Eagle Pass Detention Facility does not house youthful detainees. Compliance was determined by review of Contract for Services, policy and interviews with intake staff, facility administrator and agency designee.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>GEO PREA LMS Training Presentation</p> <p>EPDF Policy 1300.05</p> <p>Training records- Cross Gender Pat Searches & Searches of Transgender & Intersex</p> <p>Strip Search Log</p> <p>Picture of staff announcing when they enter the housing units.</p> <p>Shift Logs- Announced gender presence</p> <p>Statement of Fact</p> <p>PAQ</p> <p>115.15 (a): EPDF Policy 1300.05 mandates that cross-gender strip or cross-gender body cavity searches are prohibited, except in exigent situations or when performed and documented by a medical practitioner. All staff confirmed they are not allowed to conduct cross-gender searches except in exigent circumstances. Staff were able to articulate what an exigent circumstance would entail.</p> <p>115.15 (b): The facility house male detainees. The facility maintains a log of all strip searches. This log indicates date, time, purpose and offender's gender and gender of persons conducting the strip searches.</p> <p>115.15 (c): The facility does not house female detainees. Officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. They also indicated they have never been programming or any other activities due to a lack of female staff. All interviewed indicated the men to not work on their unit.</p> <p>115.15 (d): Policy EPDF Policy 1300.05 and GEO Corporate Policy 5.1.2-A enables detainees 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. The living areas showers have curtains that provides for detainee privacy while showering. Toilet areas have partitions with door to allow detainees to use the restroom without being viewed by staff. The medical area has a wraparound curtain</p>

restroom without being viewed by staff. The medical area has a wraparound curtain for privacy during examinations. All toilets in the living units have partitions and a

wall in front of the toilet to provide privacy. All other areas that were reviewed during the tour had partitioned or single toilets with a door to provide privacy. All detainees stated they can shower, use the toilet and change clothes without being seen by staff members. The facility has implemented a policy that all opposite gender staff working the units will announce themselves prior to walking the range to allow detainees the opportunity to prepare themselves from a privacy perspective. Detainees interviewed acknowledged they were allowed to shower, dress and use the toilet without being viewed by staff of the opposite gender. Postings are located throughout the living units that female staff are assigned to work in housing units. The facility maintains a log for staff of the other gender to announce their presence when entering housing units.

115.15 (e): GEO policy 5.1.2-A and facility policy 1300.05 address searches of transgender and intersex detainees. Facilities shall not search or physically examine a transgender or intersex detainee solely to determine their genital status. If the genital status is unknown, it may be determined during private conversation with the individual, by reviewing medical records or by learning this information as part of a broader medical examination conducted in private by a medical practitioner. At the time of the onsite audit, there was no detainees who disclosed being transgender or intersex. One resident that was gay indicate he is allowed to shower by himself.

115.15 (f): All staff at EPDF receive training on how to conduct cross-gender pat searches and searches of transgender and intersex detainees in a professional and respectful manner. Staff receive Limits to Cross Gender Viewing & Searches training. The lesson plan of this training was provided for review. Staff sign a PREA Basic Acknowledgement form acknowledging receipt and understand of the training received. Review of random staff training records and in interview with security staff, revealed staff are receiving this training at pre-service and annually. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the detainees of the opposite sex except in exigent circumstances.

During the initial tour and whenever the auditor went into the living units to conduct interviews female staff announce their presence. Detainees that were in the shower area were not visibly naked to any staff and remained in the showering area while the auditor and staff visited the area. Detainees interviewed indicated they are not seen naked by female staff and they respect female staff and would not be naked in view of these staff.

There were no cameras that provided a view of the showering and dressing areas in any of the living units and medical examination rooms.

Based on the review of policies and notices regarding the presence of female staff in the units, observation of the showering/dressing areas and interviews with staff and detainees it has been determined that EPDF is in compliance with this standard.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>FFThe following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>EPDF Policy 1300.05</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Written Material for low vision/disabilities</p> <p>TTY Communications</p> <p>Housing for Prisoners with disabilities</p> <p>Tablet for use of deaf detainees</p> <p>Statement of Fact</p> <p>Bilingual Staff</p> <p>PREA Brochures English/Spanish</p> <p>Detainee Handbook</p> <p>Language Line Solutions Reference Guide</p> <p>115.16 (a): GEO Policy 5.1.2-A Sexual Abuse/Assault Prevention and Intervention and EPDF Policy 1300.05 mandates that the facility shall not discriminate against detainees with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services in accordance with the Americans with Disabilities Act and the provisions established in this Policy. Many of the detainees at EPDF are English as a second language or are LEP. The facility has several bilingual staff at the facility and interviews with detainees and staff indicated they knew staff members that were bilingual and utilized their services in communicating with the detainee population. The auditor interviewed several LEP detainees during the on-site audit. Due to the large number of Spanish speaking detainees it was not considered in the choosing of detainees to interview. A translator was with the auditor throughout the two days that detainees were interviewed. Through policy and practice, the facility staff ensures that detainees with all disabilities listed in 115.16a have an equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. The facility has TTY machines for hard or hearing detainees. There were not hearing-impaired detainees during the audit. There were</p>

not blind detainees during the audit.

<p>115.16 (b)(c): The LEP detainees interviewed stated they were instructed about PREA compliance and felt safe from sexual abuse. All PREA related information (written information), including postings, brochures and handouts are available in English, and Spanish. One detainee that was interviewed indicated they received the orientation, screening and training using an interpreter. However, the written material he received during intake was in English. The PREA compliance manager provided written material in Spanish and sent a reminder to the intake staff to make sure Spanish speaking detainees receive written material in Spanish. The facility has access to translation services and written access in other languages. Staff also may read information to detainees when necessary. Agency and facility policies prohibit detainees to be relied on as readers or any types of assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety. The facility maintains a list of staff that are bilingual. The detainees verified that every memo that is posted and all posters are in English and Spanish.</p>
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<p>Compliance of this standard was confirmed by review of agency policy, contracting services for language interpretation services and interviews with PCM, Case Manager, Medical Administrator and LEP detainees.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>New Hire Application</p> <p>New Hire Background Check</p> <p>New Hire Acceptance Letter</p> <p>Contractor Background Check</p> <p>5-year Background Check- Employee 5-year</p> <p>PREA Disclosure Waiver</p> <p>Annual PREA Disclosure</p> <p>Promotion Letter</p> <p>Promotion PREA Disclosure</p> <p>PREA Background Check</p> <p>Random Background Checks for new hires, five-year tenured staff, promotions and contractors.</p> <p>PAQ</p> <p>115.17 (a): GEO Policy 5.1.2-A and EPDF Policy 1300.05 stipulates all employees, contractors and volunteers have had criminal background checks completed prior to being employed by EPDF The facility does not hire or promote anyone who may have contact with detainees, and does not enlist the services of any contractor or volunteer that may have contact with detainees, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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, or if the person has been civilly or administratively adjudicated to have engaged in the activity. Incidents of sexual harassment are considered in determining whether to hire or promote anyone or to enlist the services of any contractor or volunteer who may have contact</p>

with detainees. Interview with the Human Resource Manager and review of random employee, contractor and volunteer files were used to verify compliance to this

standard.

115.17 (b): Prior to being promoted staff complete a promotion PREA disclosure form. GEO and the facility consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with detainees. Interview with the Human Resource Manager and review of the disclosure form confirmed this practice.

115.17 (c): The agency requires that all applicants and employees who may have contact with detainees have a criminal background check. Criminal background checks for all potential employees are completed through the Karnes County Sheriff's office and through a contract with Accurate background checks. For those considered for promotions or who transfer from another facility, an internal GEO PREA verification and a background check through the Accurate are completed. If an applicant answers on their application, they are a prior institutional employee, information from prior institutional employers shall be requested. According to the Pre-Audit Questionnaire, in the past 12 months, there were 40 background checks completed.

115.17 (d): The facility performs criminal background checks through the Karnes County Sheriff's office before enlisting the services of any contractor or volunteer. In information provided on the Pre-Audit Questionnaire, in the past 12 months there were 40 criminal background checks conducted for staff and 1 background check for a contractor. The auditor reviewed 14 staff personnel files and 1 contractor's background and found they had background checks completed prior to employment.

115.17 (e): A review of random staff and contractor with five years tenure verified that criminal background checks are conducted every five years for all employees and contractors. The facility conducts background checks on all staff on a yearly basis.

115.17 (f): EPDF asks all applicants and employees who have contact with detainees directly about previous sexual misconduct. Applicants are asked these questions on the GEO application. Employees and contractors complete a PREA Disclosure and Authorization Form - Annual Performance Evaluation annually. For consideration for promotions or transfers, employees complete a PREA Disclosure and Authorization Form Promotions as well as a GEO internal PREA verification.

115.17 (g): Employees and contractors have a duty to disclose such misconduct referenced in this standard. Material omissions regarding this type of misconduct would be grounds for termination. The submission of false information by any applicant is grounds for not hiring the applicant.

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

Compliance was determined by pre-audit documentation, the PAQ, interviews with the

Compliance was determined by pre audit documentation, the PAQ, interviews with the human resources director and review of random staff files including new hires, promotions and five-year tenured staff and contractor files. All required information

was noted utilizing the PREA Employee/Contractor worksheet.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Statement of Fact</p> <p>EPDF policy 1300.05 and GEO Corporate Policy 5.1.2-A mandates the company will consider the effect of new or upgraded design, acquisition, expansion, or modification of physical plant or monitoring technology might have on the facility's ability to protect detainees from sexual abuse. Based on statement of fact, the facility installed additional high-definition cameras since the last audit. The agency's PREA Coordinator works closely with the project development team to ensure the safety of detainees. The facility has upgraded and continues to upgrade the camera systems by replacing older cameras with new high definition and pivoting cameras.</p> <p>Compliance was determined by review of facility camera coverage and interviews with Agency Head and facility director. A tour of the facility and review of the cameras and additional mirrors has eliminated blind spots throughout the facility.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-E - PREA Investigation Procedure</p> <p>EPDF Policy 1300.05</p> <p>Maverick County Domestic Violence Program</p> <p>Documentation of Attempt to establish and MOU for SANE Evaluation</p> <p>Interview with Vale Verde and Methodist Specialty and Transplant Center</p> <p>MOU Crisis Center Hotline</p> <p>Coordinated response plan</p> <p>SOF PAQ</p> <p>115.21 (a): GEO policy 5.1.2-E, and facility policy 1300.05 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. Maverick County Sheriff's office conducts all criminal investigations and Eagle Base Detention Facility is responsible for conducting administrative investigations of sexual abuse and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. In interview with random staff, they knew how to preserve the evidence and the crime scene to ensure usable evidence is maintained for investigative purposes. Staff have cards they carry on them while on duty that includes uniform evidence protocol. In cases of a sexual assault the facility would activate the Coordinated response plan which provides guidance and a checklist for each staff involved to document their actions in a sexual assault.</p> <p>115.21 (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".</p> <p>115.21 (c): Victims of sexual abuse have access to forensic medical exam by a Sexual Assault Nurse Examiner at no cost to the victim. EPDF has a contract with Methodist Healthcare System for SAFE/SANE Services. Detainee victims of sexual abuse are referred to Val Verde or Methodist Specialty and Transplant Center where SANE nurses are on call to perform forensic exams. In information reported on the Pre-Audit Questionnaire, in the last 12 months there were no SANE exams performed. There</p>

was one detainee transported to Methodist Specialty and Transplant Center for a SANE evaluation after the PAQ was completed. The investigation is ongoing.

115.21 (d): The facility has a MOU with a victim advocate program. The auditor contacted the victim advocate program and was advised they would provide victim advocacy services. The MOU details the victim advocacy program providing an advocate to accompany detainees that are victims of sex abuse and includes the qualification of the victim advocate and the services they would provide. The staff at the Methodist Specialty and Transplant Center advised that the program had a SART program that included a Victim Advocate that would meet with the patient prior to an examination and during all interviews if the patients agreed to the services.

115.21 (e): The medical center staff indicated they have a SART team that includes a victim advocate to meet with the victim prior to the examination and would accompany the victim for any law enforcement interviews.

15.21 (f): Based on statement of fact by EPDF facility administrator, outside Law Enforcement conducts all criminal investigations. Facility investigator conducts all administrative investigations. The investigators are trained investigators and follow the requirements of paragraphs (a) through (e) of this section.

Compliance of this standard were confirmed by review of the policies, attempts to establish and MOU, Statement of Fact, PAQ, investigative files and interviews with Val Verde and Methodist Specialty and Transplant Center, Investigators, PREA compliance manager, and facility administrator.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>EPDF PREA Case Tracking Log</p> <p>Referral for OPR Investigative Report</p> <p>Referral to Outside Agency</p> <p>GEO Corporate Website Posting</p> <p>MOU Maverick County Sheriff's Office</p> <p>PAQ 115.22 (a): GEO policy 5.1.2-E, and facility policy 5.1.2, outline the agency's policy 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 investigations involving staff are referred to GEO's Office of Professional Responsibility (OPR). In the past 12 months there were 6 allegations of sexual abuse/sexual harassment received. The US Marshall Services were provided information on the incidents. The US Marshall Services is conducting one of the investigations and the other allegations were returned to the facility to be investigated by a trained Sexual Abuse investigators at EPDF. The US Marshall investigation is ongoing. Upon receiving the allegations of sexual abuse or sexual harassment the US Marshall services can refer back to Maverick sheriff's office for criminal investigation or the facility for administrative investigation.</p> <p>115.22 (b): GEO policy ensures that allegations of sexual abuse or sexual harassment that appear to be criminal be referred for investigation to an agency that has the legal authority to conduct criminal investigations. Based on statement of fact by EPDF facility administrator, EPDF has a MOU with outside Law Enforcement who are authorized to conduct criminal investigations. The facility documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. All allegations are documented and tracked on the PREA Case Tracking Log.</p> <p>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.</p> <p>115.22 (c): Information published on the GEO website describes the responsibilities of the agency and the investigating agency in the investigation of allegations of sexual abuse and sexual harassment.</p>

	abuse and sexual harassment.
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	Compliance was determined by review of investigations, policy, statement of fact,
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	GEO website and interviews with investigator, agency head, PREA coordinator, PREA compliance manager and facility administrator.
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>2022 PREA Basic Training</p> <p>PREA Training on Cross Gender, Transgender and Intersex Searches.</p> <p>PREA Basic Training Acknowledgment</p> <p>Pre-Service & In-Service Cross Gender Pat Searches & Searches of Transgender & Intersex</p> <p>(Pre-Service & In-Service) Acknowledgment of Receipt of Training & Brochures</p> <p>(Pre-Service & In-Service) Annual In-Service Training Record</p> <p>115.31 (a): All staff are provided training that includes all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, and protecting the detainees and preserving the possible crime scene. The facility receives training developed for GEO and includes films, power point presentations, and lectures. Training includes: ■ Zero-tolerance policy for sexual abuse and sexual harassment ■ How to fulfill staff responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. ■ Detainees' right to be free from sexual abuse and sexual harassment. ■ The right of detainees and employees to be free from retaliation for reporting sexual abuse and sexual harassment. ■ Dynamics of sexual abuse and sexual harassment in confinement. ■ Common reactions of sexual abuse and sexual harassment victims. ■ How to detect and respond to signs of threatened and actual sexual abuse. ■ How to avoid inappropriate relationships with detainees. ■ How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees. ■ How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. ■ How to conduct cross gender pat searches: Newly hired employees receive training relative to PREA standards during their initial training in a classroom setting. The facility conducts training on a quarterly. The training is conducted in classroom and computer-based training.</p> <p>115.31 (b): EPDF Policy 5.1.2 recognizes that the facility houses male and female detainees. Policy mandates that the facility will be required to modify training to meet</p>

needs of a different population. Staff assigned to specialized Post such as

transportation officers, supervisors, and investigators receive additional training.

115.31 (c): According to the computer data base for training, all staff have received training in the last 12 months. Staff interviewed indicated they had received additional refresher training during the last six months. At EPDF staff received annual in-service training. Between trainings, the facility shifts briefings and staff meetings include PREA refresher information training. In interviews with staff, many indicated they receive emails regarding PREA updates and information. Staff carry "What to do" PREA cards to aide in how to report, respond, and intervene to PREA incidents.

115.31 (d): Upon completion of PREA pre-service and annual in-service training, staff sign a an EPDF Acknowledgement of Receipt of Training and Brochures. They also sign a PREA Basic Acknowledgment Training form upon completion of general PREA training and a Cross Gender Pat Searches & Searches of Transgender and Intersex acknowledgment form.

A review of the training curriculum, training sign-in sheets and other related documentation, as well as staff interviews, confirmed staff are required to acknowledge, in writing, not only that they received PREA training, but that they understood it. A review of documentation and staff interviews further confirmed that the facility is in compliance with this standard. The auditor reviewed 18 staff training records including the facility administrator, PCM, shift supervisor, investigator, medical and random staff.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Volunteer Training</p> <p>Approved Volunteer Roster</p> <p>Documentation of Volunteer</p> <p>Training Acknowledgment of Receipt of Training</p> <p>Brochures</p> <p>115.32 (a): EPDF Policy 1300.05 mandates that all volunteers and contractors who have contact with detainees have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. There were 8 contractors or volunteers trained in the last 12 months.</p> <p>115.32 (b)(c): All contractors receive the same PREA training as employees prior to assignment and sign a PREA Basic Acknowledgement Form and an Acknowledgement of Receipt of Training and Brochures Sexual Assault Prevention form. The volunteer training curriculum was provided for review. The training included 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 detainees Volunteers receive this training annually and sign a Documentation of Volunteer Training Form. Volunteer training is maintained in the volunteer files, while contractor documentation of training is maintained by the training coordinator.</p> <p>A review of random contractor training files and volunteer files confirmed compliance with the standard. Interviews with one volunteer and one contractor further confirmed compliance with this standard. Further compliance was determined by interviews with the training coordinator and volunteer coordinator.</p>

115.33	Inmate education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Detainee Handbook</p> <p>Receipt of training for new arrivals</p> <p>Detainee PREA Brochure</p> <p>Facility PREA Postings</p> <p>Detainee's Tablet</p> <p>Detainee Receipt of PREA</p> <p>Brochure Detainee Receipt of PREA Comprehensive Education</p> <p>Detainee Orientation PowerPoint</p> <p>20 Detainee files reviewed</p> <p>115.33 (a): GEO policy 5.1.2-A, facility policy 5.1.2 mandates all detainees receive information at time of intake and if transferred from another facility about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency/facility policies and procedures for responding to such incidents. In interview with intake staff, on the day of arrival, detainees receive a detainee handbook, and a Sexual Assault Prevention and Reporting Information Brochure and signs a receipt for detainee handbook and disciplinary procedures form. This was observed by the audit during the intake of an offender. Also, during the intake detainees were watching a PREA video that included the same information. The information can also be found on the detainees' tablets.</p> <p>115.33 (b): Detainees receive comprehensive PREA education as part of the orientation process usually on the second day of their arrival, however by policy at a minimum within the first seven days of arrival to the facility. Detainees sign the Prison Rape Elimination Act (PREA) Offender Education Program acknowledgement form acknowledging receipt of PREA education. The curriculum provided to detainees was provided for review.</p>

115.33 (c): According to the PAQ 1096 detainees received the information at intake. All detainees that arrive at the facility are provided training during the intake process

including a comprehensive training, copy of the detainee handbook and PREA brochure. In interviews with 30 detainees all indicated they received training on the first or second day of their arrival. The detainees indicated they are shown a video, provided a brochure, and staff discuss the PREA information while they are in the intake area. The video continues to play in the holding rooms during the intake process.

115.33 (d): All PREA education provided to detainees is in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled or have limited reading skills. The Detainee Handbook, the PREA brochure and all verbal information given is provided in both English and Spanish. A contract with the Language Training Center, Inc. provides translation of any other languages. The facility has a TTY for deaf or hard of hearing detainees as well as tablets for visual transmittal of PREA information. Eight detainees that was interviewed utilizing the disability protocol claims he received the orientation and comprehensive training through a staff interpreter Each of the detainees received all written material in Spanish. The facility has tablets that can be utilized for detainees using different languages and has access to written material in other languages.

115.33 (e): The facility maintains documentation of detainees' participation in PREA education. In review of 20 detainee files there were training records indicating the initial orientation and comprehensive training in all files.

115.33 (f): Throughout the facility were posters including Sexual Assault Prevention and Reporting Posters; GEO Zero Tolerance Posters, End the Silence Posters. These posters were informative and included telephone numbers and addresses. Also Notice of Audit was posted throughout the facility.

Based on review of the training curriculum, interviews with detainees and staff it was determined that the facility meet the standards for training detainees. Training and reporting have been uploaded to all tablets, throughout the facility. Interviews with detainees, review of the training curriculum, viewing the training program on detainee tablet exceed expectation of this standard.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Specialized Investigators</p> <p>General PREA Training</p> <p>Specialized Investigators Certificate of Completion of Specialized Training</p> <p>PREA Training Acknowledgment</p> <p>Current Investigators Specialized Investigators</p> <p>Training Curriculum 115.34 (a):</p> <p>GEO Corporate Policy 5.1.2-A and EPDF Policy 1300.05 mandates that in addition to the general training provided to all employees pursuant to §115.31, the agency ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings.</p> <p>115.34 (b): The facility Investigators have completed investigating sexual abuse in a confinement setting and additional online training on investigating sexual abuse. Training includes Investigating Sexual Abuse through GEO training staff. The training curriculum was reviewed and included 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.</p> <p>115.34 (d): The facility has five trained investigators. The agency maintains documentation that investigators have received specialized training on conducting sexual abuse investigations in confinement settings. Upon completion of the training, investigators receive a certificate of completion. In review of investigators' training files, investigators have completed this specialized training, as well as general training provided to all employees and documentation is maintained by the facility. In interview of the facility investigators, they confirmed receiving specialized training and general PREA education provided to all employees and were able to confirm the topics included in the specialized training they received. At the time of the audit, Eagle Pass had two trained investigators.</p>

Compliance was determined by review of the training curriculum, investigator training records, investigators certificate of completion, investigative reports, and interviews

with PREA Coordinator, Agency Head, investigators, and facility director.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Medical Specialized Training Curriculum</p> <p>Medical Staff Roster</p> <p>PREA Training Certification</p> <p>Mandatory Pre-Service</p> <p>PREA Questions-</p> <p>Nurse Acknowledgment of Receipt of Training & Brochures- Nurse</p> <p>115.35 (a): The medical staff at EPDF received the generalized training and specialized training through GEO. The training curriculum includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment as well of many other medical and mental health topics such as clinical interventions, and local policies.</p> <p>115.35 (b): The medical and mental health staff do not conduct forensic examinations.</p> <p>115.35 (c): Staff received a certification on completion for specialized training. They sign an acknowledge to training the generalized PREA training. There were 10 medical staff that received the training in the last 12 months. Both documents were provided in the pre audit documentation and verified through interviews with contracting nurse.</p> <p>115.35 (d): All medical staff attend the same training as required mandated for employees by §115.31. They sign and acknowledge statement that they received this training.</p> <p>The mental health staff indicated that he has received the GEO training and additional training through his continuing education required training. He also serves as part of the victim retaliation monitoring program and has received training on signs of detainees being retaliated against for allegation of sexual abuse or sexual</p>

	signs of detainees being retaliated against for allegation of sexual abuse or sexual harassment. The medical administrator interviewed indicated the facility has a
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	continuous training program with sexual abuse and victimization. The nurse interviewed indicated that the medical staff have training programs utilizing supplement flyers on sexual abuse and managing transgender and intersex detainees as a team.
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	Exceed compliance was determined by review of the training curriculum, copy of certificate and acknowledgement statement and interviews with the medical administrator.
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>EPDF Policy 1300.05</p> <p>SAAPI Risk Assessment completed within 72 hours</p> <p>SAAPI Re-Assessment within 30 days</p> <p>PAQ</p> <p>Review of eighteen (18) resident files 115.41</p> <p>115.41.(a): Facility policy 1300.05 requires all detainees are assessed for their risk of being sexually abused or sexually abusive towards others within 24 hours of arrival or transferred to the facility. On information provided on the Pre-Audit Questionnaire, in the past 12 months, 1062 detainees assigned to the Eagle Pass Detention Facility were assessed for their risk of victimization or abusiveness upon arrival. This includes detainees that transferred to the facility from other detention centers or other confinement settings.</p> <p>115.41 (b): Intake screening takes place within 24 hours of detainees' arrival to the facility. The process that is utilized includes part of the initial intake. Once the detainee is searched, they receive PREA pamphlets and handbook. During that time the case manager or staff assigned to conduct the screening review the detainees file and meets with the detainees. During this meeting staff introduce PREA to the detainee and explains the purpose of the screening with the detainees. The detainee is then asked to sign to acknowledge they have received the screening. If the detainee has past history of victimization or predator behavior the screening staff completes a referral that is sent to the medical staff to refer to the mental health staff to set up a telepsychology interview with the detainee Medical is available during the screening process conducting a medical review and suicide screening. The interview with the medical staff indicated they usually call the mental health providers during this time and set up an appointment for telepsychology with the detainees.</p> <p>115.41 (c) Intake risk assessment is conducted by a case manager, assigned to the intake office, using GEO SAAPI Risk Assessment, an objective screening tool. The tool is then forwarded to the PREA Compliance Manager for review and documented in a Case Note in GEO data base.</p> <p>115.41 (d)(e): The screening includes the screener's thorough review of any available records available to assist with determining the detainee's risk assessment. The Intake Sexual Violence Assessment Tool was reviewed. It contains... Whether the</p>

intake Sexual Violence Assessment Tool was reviewed. It contains: • Whether the detainee has a mental, physical, or developmental disability? • The age of the

detainee? • The physical build of the detainee? • Whether the detainee has previously been incarcerated? • Whether the detainees' criminal history is exclusively nonviolent? • Whether the detainee has prior convictions for sex offenses against an adult or child? • Whether the detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming? • Whether the detainee has previously experienced sexual victimization? • The detainee's own perception of vulnerability? • Perpetrators of sexual abuse during incarceration? • Prior conviction of violent offenses? • History of Assaultive Conduct in DOC in the past 5 years? • Whether the detainee is detained solely for civil immigration purposes

41 115.41 (f): Within a set time period, not to exceed 30 days of detainees' arrival to the facility, detainees are reassessed by intake Case Manager for their risk for victimization and abusiveness using the Follow-up, Annual & Reassessment Sexual Violence Assessment Tool. In information provided on the Pre-Audit Questionnaire, 942 detainees entering the facility were reassessed within 25 to 30 days of arrival.

115.41 (g): A detainees' risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. Annually during annual classification review assessments, detainees are reassessed for risk of victimization or abusiveness using the Annual & Reassessment Sexual Violence Assessment Tool.

115.41 (h): Policy mandates that detainees are not be disciplined for refusing to answer any questions or for not disclosing complete information. Interviews with screening staff confirmed they would not discipline or coerce an offender to answer Screening questions.

115.41 (i): Only the facility administrator, PREA compliance manager, assistant facility administrator, and case manager have access to screening information.

Interviews with the staff that conducts screening indicated that prior to the screening staff review the detainees past history, background documentation and other information provided by the US Marshalls. They did discuss the purpose of the screening instrument and discuss options for housing assignments. Detainees that have a past history of victimization or is determined by the screening instrument or by the screeners concern of the detainee's safety or referred to the mental health staff during this process. The Mental Health staff usually comes to the intake area when he receives the email that is generated during the intake process. He explains his role at the facility and offers to see the detainee as a follow-up the next day. Interviews with random detainees indicated they are usually seen by the Mental Health staff on the first day they arrive at the facility. The Mental Health professional is bilingual.

Exceed Compliance was determined by interview with Case Managers, Mental Health staff and the PREA Compliance Manager and in review of random detainee records. In interview with detainees, they confirmed they were screened upon arrival to the facility and remembered being asked PREA questions again by their case manager or

the PREA compliance manager.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 5.1.2</p> <p>At Risk Log</p> <p>PREA Bed Locations Form</p> <p>Transgender Care Committee</p> <p>PREA Reassessment of Transgender Detainees</p> <p>115.42 (a): GEO policy 5.1.2-A, explains the use of PREA screening information. The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating detainees at high risk of being sexually victimized from detainees with those at high risk of being sexually abusive. The facility maintains a bed location chart that determines the at-risk detainees and possible predator detainees. The case manager supervisor and PREA compliance managers explained that prior to assigning an offender to a bed the intake staff reviews the open beds to determine the rooms that house at risk and possible predator detainees. This same information it utilized in programming and work assignments for detainees. Due to the large number of gang affiliated detainees the facility has four housing units that are utilized to house at risk detainees and the same time managing the gang affiliated detainees. There are no units that are utilized to house gay, transgender or intersex detainees.</p> <p>115.42 (b): Individualized determinations are made about how to ensure the safety of each offender. Detainees who score at risk of victimization or abusiveness are referred for further evaluation with the Mental Health provider. Detainees have an option of refusing these services. Those identified to be at risk are tracked on a Current Detainees Likely PREA Victims/Predators report maintained current on a GEO data base.</p> <p>115.42 (c): GEO policy and EPDF Policy 1300.05 mandates that making housing and programming assignments for transgender or intersex detainees, the facility will consider on a case-by-case basis whether the placement would present management or security problems. Detainees who self-disclose being gay, bisexual, transgender or intersex are tracked on a LGBTI List that is maintained by the PREA Compliance Manager. Transgender and intersex detainees are housed after meeting with the Transgender Care Committee (TCC). The PREA Compliance Manager, Chief of Security,</p>

transgender Care Committee (TCC). The PREA Compliance Manager, Chief of Security, Classification Supervisor and Health Services Director make up the TCC. The TCC

would meet with the detainee, complete a GEO Statement of Search/Shower/Pronoun Preference Form and documents the meeting on the Transgender Care Committee Summary. At the time of the on-site audit visit, there was no detainees who self-disclosed being transgender or intersex assigned to the facility. Based on interviews with intake staff and transgenders interviews, each of the detainees were asked about their safety during the intake process and again during the meeting with the TCC.

115.42 (d) - (f) A transgender or intersex detainee's housing and program assignments will be reassessed every six months to review any threats to safety experienced by the offender. Transgender and intersex detainee placement and programming are reviewed as needed, but at least every six months. A transgender or intersex detainees' own views of their safety is taken into consideration. When the TCC meets with transgender or intersex detainees they are given an opportunity to express their views. In conversation with the TCC committee, each member indicated that the agency and facility would house detainees based on his/ her views unless it would jeopardize the safety and security of the facility. Transgender and intersex detainees are offered the opportunity to shower separately from other detainees as indicated in their Statement of Search/Shower/Pronoun Preference Form. GEO does not place lesbian, gay, bisexual, transgender or intersex detainees in dedicated units or wings solely based on such identification. In interview with one detainee who self-disclosed being gay, he did not feel he was housed any differently because of his sexual orientation. During the review period there were three detainee that claim prior victimization or prior sexual predator behavior that were interviewed by the auditor. All were seen by the mental health staff and were offered mental health services within three days of arriving at the facility.

Compliance was determined by review of policy and forms and interviews with the PREA coordinator, PREA compliance manager, agency head, review of the detainee data base, interviews with gay detainee and facility administrator.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Statement of Fact</p> <p>PAQ</p> <p>115.43 (a): GEO policy 5.1.2-A, and facility policy 1300.05 were used to determine compliance to this standard. The Eagle Pass Detention Facility does not place detainees at high risk for victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative. The facility uses the Sexual Assault /Abuse Available Alternatives Assessment to document the assessment.</p> <p>115.43 (b): Detainees placed in segregated housing for this purpose have access to programs, privileges, education and work opportunities to the extent possible. The facility will document and justify any restrictions imposed.</p> <p>115.43 (c): The facility will assign such detainees to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, not to exceed a period of 30 days.</p> <p>115.43 (d): If involuntary segregated housing assignment is made, the facility will document the basis for the facility's concern for the detainee's safety and the reason no alternate means of separation can be arranged.</p> <p>15.43 (e): In cases where involuntary segregated housing is used for longer than the initial 30 days, the facility will review the status every 30 days to determine if ongoing involuntary housing is needed.</p> <p>According to information provided on the Pre-Audit Questionnaire and in interview with the facility administrator and security staff who supervise detainees in RHU, in the past 12 months there has not been a time that an offender found at high risk of victimization or a detainee who alleged sexual abuse was placed in involuntary segregated housing.</p> <p>When interviewed the Facility Administrator he reported placement would depend on the detainee's gang affiliation and if a detainee at risk was placed in involuntary segregated housing the detainee would be reviewed in 24 hours and if he needed to</p>

	remain their placement would be reviewed every seven days.
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Detainee Handbook</p> <p>PREA Brochure English/Spanish</p> <p>GEO Corporate Employee Reporting Instructions</p> <p>Incident Report-Report to Staff</p> <p>Tablet PREA Reporting Hotline</p> <p>Employee Handbook</p> <p>US Marshall Contract</p> <p>115.51 (a): GEO Corporate Policy 5.1.2-A and EPDF Policy 1300.05 mandate that facilities provide multiple internal ways for detainees to privately report sexual abuse and sexual harassment, provide multiple internal ways for detainees to privately report retaliation by other detainees or staff for reporting sexual abuse and sexual harassment, provide multiple internal ways for detainees to privately report staff neglect or violation of responsibilities that may have contributed to such incidents. Policies also mandate that a private entity or office able to receive and immediately forward detainee reports of sexual abuse and sexual harassment to agency officials and that the private entity or office allow the detainee to remain anonymous upon request. Detainees are informed in the detainee handbook and in the GEO Sexual Assault Prevention and Reporting brochure they can report to any staff member, volunteer or contractor, file a grievance, complete a health care request, call the GEO PREA Coordinator or a third party can make a report for them. The handbook specifically provides the following ways for detainees to report: Report to any staff Write Directly to PREA Compliance Manager, PREA Victim Advocacy Emotional Support Hotline (777) PREA Crisis Reporting Hotline US Department of Justice Reporting Hotline Detainee PREA hotline (MOU) voice mail that goes to the assistant facility administrator Global Tel-Link Toll Free Call, MOU Maverick County Sheriff's office PREA hotline. Third Party (friends/family) US Marshall Services provides information on how detainees or family members may contact the US Marshall's</p>

Services by writing, emailing or calling the US Marshall's Inspector General which is also found on the detainee bulletin boards. Detainee interviewed new of the multiple

way to report.

Most stated they would tell a staff member they trusted. The auditor called the speed dial number PREA Crisis Reporting Hotline (0 - 1), US Department of Justice Reporting Hotline, Global Tel-Link Toll Free Call and MOU Maverick Sheriff's office. Each telephone call was completed in a timely manner and appropriate staff answered the calls or detainees were asked to leave a message which is sent to the assistant facility administrator. The facility has painted the PREA Crisis Hotline over each of the detainee telephones.

115.51 (b): The facility also provides multiple external ways for detainees to report allegations to a public or private agency that is not part of GEO. Detainees are informed on posted information they can speed dial that are not part of GEO. The Crisis Center hotline is not a part of the EPDF. The facility has a MOU with Maverick County Sheriff's office to operate at PREA hotline 24 hours a day. In interviews with staff from the hotline they indicated they would notify the assistant director or have a deputy sheriff take the information to the center and provide the information to the assistant facility director or PREA compliance managers. At the time of the on-site audit visit, there were no detainees detained solely for immigration purposes, however, in interviews with detainees they indicated the outcome of their court hearing will probably result in deportations. How to contact the consults office posters are found in the detainee handbook and on poster throughout the facility.

115.51 (c): Staff interviewed were aware of the requirement to accept reports made verbally, anonymously and from third parties. All staff interviewed indicated they would document verbal reports immediately and notify the shift supervisor by phone or in person.

115.51 (d): Staff have access to private reporting by calling the Employee Hotline (866-568-5425) or the Corporate PREA Coordinator (561-999-5827). Information for detainee and staff reporting was found on the GEO website (<https://www.geogroup.com/PREA>. Third Party Reporting posters and Page 4, section I of the Employee Handbook informs employees of their responsibility of reporting sexual abuse and sexual harassment and their reporting options. Staff carry with them a Sexual Abuse First Responder Card, which has the employee hotline number and the website address for anonymous reporting. Staff interviewed knew how to privately report sexual abuse and sexual harassment of detainees.

The auditor called this number and spoke with a member of the GEO Coordinators office. Exceed compliance was determined by testing the telephone system, reviewing policies and procedure, posters, and the detainee handbook. Exceed compliance was also determined by interviews with detainees, staff, shift supervisors, PCM, and facility administrator.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Detainee Handbook</p> <p>Grievance form</p> <p>Referral for OPR</p> <p>Emergency Grievance</p> <p>115.52 (a) GEO policy 5.1.2-A, EPDF Policy 1300.05 provides a procedure in place for detainees to submit grievances regarding sexual abuse and the agency has procedures for dealing with these grievances. Poster located throughout the facility advise detainees that they may file a grievance. The detainee handbook explains the process for filing a grievance. Any grievance that alleges sexual abuse, sexual harassment, retaliation for reporting an allegation or for cooperating in an investigation will be immediately forwarded to Investigators and GEO OPR.</p> <p>115.52 (b): There is no time limit when a detainee can submit a grievance regarding sexual abuse. GEO does not impose a time limit to any portion of a grievance that does not allege an incident of sexual abuse. Detainees are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. Agency policy does not restrict GEO's ability to defend against a lawsuit filed by a detainee on the ground that the applicable statute of limitations has expired. The PREA Compliance Manager receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. In interview with the PREA Compliance Manager and information provided on the Preaudit Questionnaire, in the past 12 months there was no PREA related grievances filed.</p> <p>115.52 (c): GEO and EPDF policy provides that detainees have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. If a third-party file a grievance on a detainee's behalf, the alleged victim must agree to have the grievance filed on his behalf.</p> <p>115.52 (d): A final decision shall be issued on the merits of any portion of the</p>

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. GEO or the facility may claim and extension of time to respond (for good cause) for up to 70 days and shall notify the individual of the extension in writing. I was recommended by the auditor that the agency and facility update the extension to be in line of the latest PREA working group modification of the standard by adding "and provide a date by which a decision will be made".

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

115.52 (f): GEO and EPDF policy provides detainees may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the facility administrator or designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days.

In interview with the PREA Compliance Manager and on information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no emergency grievances alleging sexual abuse filed.

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

Compliance was determined by review of the policies, grievance, and by interviews with grievance coordinator, GEO PREA coordinator, PREA compliance managers, and facility administrator. It was recommended that 115.52 (d): add "provide a date by which a decision will be made" to the present Policy. There were no grievances filed by detainees in the last 12 month and not extension was necessary in the last 12 months.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Acknowledgement of Receipt of Orientation</p> <p>Detainee PREA Handbook</p> <p>Acknowledgement of Receipt of Handbook</p> <p>MOU for Emotional Support Maverick County Domestic Violence Program</p> <p>Mutual Support Agreement Emails</p> <p>115.53 (a): GEO Corporate Policy 5.1.2-A addresses the agency/facility's policies on providing detainees with access to outside victim advocates for emotional support services related to sexual abuse. Eagle Pass Detention facility enables reasonable communication between the detainees and these agencies in a confidential manner. The facility has a MOU with Maverick County Domestic Violence Program which is part of the DCFS Health and Human Service a non profit organization in Texas and other areas of the United States. The Crisis Center was contacted and indicated they would provide emotional support for the detainee population by telephone or mail. When called from the detainee phone system, the staff asked if I wanted to talk to someone about emotional support and she forward the call to a counselor at the center. The counselor was bilingual and first asked if I was English and Spanish. She then told me the options to talk. She explained that our call was not being listened to, however she had a responsibility to report any sexual abuse to the local law enforcement. She indicated she had time to talk now or could set up a time with the PREA staff at the facility to talk in a private office. She indicated that if the detainee would prefer to talk in person, she would arrange a time to come to the facility and talk in a private office in the visiting room. The staff at the center indicated they had an out reach program at the facility for female detainees, however it was discontinued during the pandemic and was making plan to institute the program when they were advised the facility as going to a male only facility.</p> <p>115.53 (b)(c): Detainee's PREA Handbook provides a phone number and address of the victim advocate and emotional support center. Posters are located with the address and phone number of BCFS program . The same information is on the detainee's Tablets.</p>

	Most of the detainees interviewed were aware of the emotional support program and
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	<p>knew they could call them by dialing 0 1 on the detainee telephone system. They also knew the calls were free and no one would listen to their conversations. Many of the detainees indicated that prior to calling them, they would talk to the facility mental health practitioner.</p>
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	<p>Compliance was determined by review of handbook; several attempts to establish a MOU including a call to the advocate program by the auditor to encourage the Victim Advocate and interviews with the facility PREA compliance manager.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Third Party Reporting Posters, English/Spanish</p> <p>Website Posting- Third Party Reporting</p> <p>US Marshall Services Reporting Options.</p> <p>115.54 (a): Reporting Posters are visible in the visitation room, lobby and is found in the detainee handbook. GEO provides Reporting system on GEO Website http://www.geogroup.com/PREA (Social Responsibility-PREA Certification Section) provides information on ways for third party reporting including anonymous reporting. US Marshall Services provides information on how detainees or family members may contact the US Marshall's Services by writing, emailing or calling the US Marshall's Inspector General which is also found on the Detainee's housing bulletin boards. Family and friends can contact the facility administrator or PREA compliance managers or file a grievance on behalf of the detainees. This information is posted in areas visible to staff and visitor Poster include anyone needed to report abuse/ sexual harassment or to report an allegation of Sexual Abuse/ Sexual Harassment on behalf of an individual who is or was housed in any GEO facility or program, may contact the facility administrator's Office in the facility where the alleged incident occurred or where the individual is housed.</p> <p>Compliance was determined by review of the postings, contacting the websites and interviews with PREA coordinator, PREA compliance manager of facility administrator.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation was reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Staff training</p> <p>Specialized medical training.</p> <p>Texas vulnerable Persons Staff Report</p> <p>115.61 (a): GEO policy 5.1.2-A and EPDF Policy 1300.05 mandates staff, volunteers and contractors must take all allegations of sexual abuse and sexual harassment seriously and are required to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against detainees or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This information is to be reported the Shift Supervisor, the PREA Compliance Manager, or facility executive staff. In interview with random staff, volunteer, and contractors, they knew their reporting duties. Staff receive training on reporting. GEO has implemented a specialized training program for medical and mental health professionals that includes duties to report, State’s vulnerable persons reporting duties and confidential reporting duties.</p> <p>115.61 (b): Policy and training mandates that apart from reporting to designated supervisors, staff are not to reveal any information related to a sexual abuse report to anyone. Staff, volunteers and contractors interviewed knew this information is to be kept confidential and knew whom to report allegations.</p> <p>115.61 (c)(d): Medical specialized medical training includes medical staff are required to report sexual abuse and to inform detainees of their duty to report and the limitations of confidentiality at the initiation of services. The training also provides reporting of a vulnerable adult under a State or local vulnerable persons statute, under applicable mandatory reporting laws. The facility does not house detainees under the age of 18. Medical and mental health staff interviewed confirmed this practice. The Nurse indicated that the detainees sign a statement that includes her limitation of confidentiality.</p> <p>115.61 (e): In interview with the facility administrator and his executive team. the</p>

EPDF reports all allegations of sexual abuse and sexual harassment, including third

party and anonymous reports to facility investigators, US Marshall Services, Maverick County Sheriff's Office and GEO PREA coordinator or regional supervisor. There are staff reporting posters located throughout the facility. Staff carry a PREA card with this information for easy reference in making reports.

According to statement of fact there have been no reports from third parties, contractors or volunteers in the last 12 months.

Compliance was determined by review of the policies, training curriculum and interviews with random staff, medical staff, and facility administrator. Interviews with the Agency PREA coordinator and agency head confirmed that GEO mandates staff, volunteers, and contracts report all sections of this standard.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Texas Reporting Laws</p> <p>Customer Notification</p> <p>Statement of Fact</p> <p>115.62 (a): GEO Corporate Policy 5.1.2-A and EPDF Policy 5.1.2 mandates when the facility learns that a detainee is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the alleged victim. All allegations of sexual abuse are to be handled in a confidential manner and conversations with the victim sensitive, supportive, and nonjudgmental. The PAQ indicated in the past 12 months there were no times it was necessary for the facility to take immediate action regarding a detainee being in substantial risk of sexual abuse. The facility administrator stated that if it was suspected a detainee was at substantial risk of sexual abuse, he would immediately move the offender and investigate. Staff interviewed was aware of their responsibilities if they felt a detainee was at risk for sexual abuse. Random staff and shift supervisor indicated the detainee that was in imminent danger would be separated from the accuser and would be moved to the observation room in medical and placed on one on one status until it could be investigated and determine if the detainee can be placed in another dormitory, if the staff needed to be placed on administrative leave, if the predator needed to be moved off the campus or if the victim needed to be moved pending the investigation. The facility administrator indicated this decision would be made in concert with US Marshall Services office. There has been no incident when a detainee was moved to another facility.</p> <p>Compliance was determined by review of policy and interviews with the GEO agency head, PREA coordinator, facility administrator, random staff and Major.</p>

115.63	Reporting to other confinement facilities
	<p data-bbox="326 369 972 401">Auditor Overall Determination: Meets Standard</p> <p data-bbox="326 436 594 468">Auditor Discussion</p> <p data-bbox="326 506 1365 573">The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p data-bbox="326 611 695 642">GEO Corporate Policy 5.1.2-A</p> <p data-bbox="326 674 583 705">EPDF Policy 1300.05</p> <p data-bbox="326 737 386 768">PAQ</p> <p data-bbox="326 800 553 831">Statement of Fact</p> <p data-bbox="326 869 1414 1157">115.63 (a)-(c): GEO Corporate Policy 5.1.2-A and EPDF Policy 5.1.2 mandates on receiving an allegation that a detainee was sexually abused while confined at another facility, the incident will be reported to the PREA Compliance Manager. The facility administrator will notify the agency or facility head where the abuse is alleged to have occurred. but no later than 72 hours of receiving the allegation. The PREA Compliance Manager will maintain documentation that notification was made and include all actions taken regarding the incident. Copies of this documentation will be forwarded to the GEO PREA Coordinator.</p> <p data-bbox="326 1194 1414 1482">115.63 (d): Interview with the facility administrator and PREA compliance manager indicated along with notification to the sending facility administrator the facility administrator will notify US Marshall Services, Eagle Pass Sheriff's office and GEO PREA coordinators and will document notification of an allegation of sexual abuse or sexual harassment and offer to provide whatever services needed by the facility investigator during the investigative process. According to the statement of fact there have been no allegation of detainee being sexually abused while confined at another facility.</p> <p data-bbox="326 1520 1403 1587">Compliance was determined by review of the policy and interviews with intake staff, PREA compliance manager, agency head PREA coordinator and facility administrator.</p>

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>PREA Allegation Memo with First Responder and Separation</p> <p>PREA First Responder Card</p> <p>PREA First Responder Staff Training</p> <p>Volunteer Training Contractor Training</p> <p>PAQ Statement of Fact</p> <p>115.64 (a): GEO Corporate Policy 5.1.2-A, EPDF Policy 1300.05, and staff training requires that correction staff that are the first responders of a sexual assault shall: Separate the alleged victim and abuser, Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, 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, 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. Notify the shift supervisor by telephone or in person and tell only those staff need to know in assisting you in carrying out these responsibilities. Staff are issued a card that includes steps to take as first responders. All random staff were able to articulate their responsibilities and have received training on preserving and protecting the crime scene.</p> <p>115.64 (b): GEO Corporate Policy 5.1.2-A, EPDF Policy 1300.05, and staff training requires that non correctional staff that are first responders are required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. All contracting and non-contact staff that were interviewed knew their duties and reported they received the training during yearly in service and on reminder training that is sent out by the PREA compliance managers from time to time. During the last 12 months there was five allegations of sexual abused. Two the notification of the abuse was not made to a non-security staff member.</p>

Compliance was determined by review of the policies and training and by interviewing non-contact staff during the onsite audit. As an auditor I randomly tour

the administrative, classification area and educational areas and ask staff if I could ask them a question. After reminding them that they don't have the answer the questions I ask them, "what would you do if a detainee came to you and said they were sexual assaulted". All staff were able to articulate they would follow the above requirements.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following polices, directives and documentation was reviewed in formulating compliance with this standard:</p> <p>EPDF Policy 1300.05</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>Eagle Pass Detention Facility Coordinated Response Plan</p> <p>115.65 (a): GEO Corporate Policy 5.1.2-A mandates that facilities have a coordinated response plan. KCDC Coordinated Response 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. The Coordinated Response Plan includes action required after report of sexual abuse:</p> <ul style="list-style-type: none"> · Initial response · Shift supervisors Responsibility · Notifications · Facility Crime Scene · Evidence Protocol · Medical Requirements · Mental Health Requirements · Victim Advocacy Requirements · SANE staff requirements · Investigative Requirements <p>Each of the above responses includes but not limited to staff, contractors, victim advocates, Investigator and GEO Coordinator. The hospital staff indicated they have a Sexual Abuse Response Team that includes victim advocates to meet with rape victims prior to examination and interview with law enforcement. She indicated that were a detainee brought to the hospital following a sexual assault her team would treat the action as a rape and would activate their response team. 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. All staff carry a</p>

response plan card to use as a reference in notification of a sexual assault. The Chief of Security, the PREA Compliance Manager, the Investigator, and members of the

PREA team 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.

Compliance was determined by review of the Coordinated Response Plan and accompanying checklist and interviews with random staff, and specialized staff responsible for carrying out the response plan.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>GEO Secure Services and International Union, Security, Police and Fire Professionals of America (SPFPA) Local 725</p> <p>GEO policy states that GEO would not enter into a collective bargaining agreement or other agreements that would limit the agency's ability to remove an alleged staff sexual abuser from contact with any offender pending the outcome of an investigation. In interview with the agency head designee, he stated GEO would not enter into any collective bargaining agreement at any of its facilities that would limit the facility's ability to remove an alleged sexual abuser from contact with detainees pending the outcome of an investigation. Eagle Pass union agreement includes a just cause article that provides for the facility to place staff on administrative leave pending an investigation and the nature of the discipline would be appropriate to the conduct and need not begin with the least serious disciplinary action.</p> <p>Compliance was determined by review of GEO policies, Collective Bargaining Agreement and interviews with the agency head.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Protection from Retaliation Logs</p> <p>Statement of Fact</p> <p>115.67 (a): GEO has as policy to protect detainees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other detainees or staff. The policy provides procedures to protect individual in GEO facilities. The PREA compliance manager has been appointed with the responsibility to carry out these procedures.</p> <p>115.67 (b): The GEO procedure states the agency has multiple protection measures, such as housing changes or transfers for detainees, victims or abusers, removal of alleged staff or detainee abusers from contact with victims and emotional support services for detainees or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place.</p> <p>115.67 (c): Detainees who allege sexual abuse will be monitored by the PREA compliance manager and mental health staff who will meet weekly with the alleged victim beginning the week following the incident and continue monitoring for at least 90 days or longer if there is a continuing need. The Human Resource Manager will monitor conduct and treatment of employees who reported staff misconduct or employee witness who cooperate with these investigations every 30 days for 90 days. Retaliation monitoring of detainees is documented on the Protection from Retaliation Log. There were four monitoring logs reviewed by the auditor. The mental health staff indicated that he meets with the detainee that makes an allegation as soon as he is made aware of the allegations and discusses his role to provide emotional support and monitor him on a daily basis for retaliations.</p> <p>115.67 (d): GEO procedure also requires monitoring of detainees includes periodic status checks. The PREA compliance manager was interview and indicted she would review the monitoring logs on the data base on an ongoing basis and randomly will see the detainee during tour to check on his/her status.</p> <p>115.67 (e): Retaliation monitoring may be terminated if it is determined that the</p>

115.67 (e): Retaliation monitoring may be terminated if it is determined that the allegation was unfounded. The Retaliation monitor indicated while the official

monitoring will end, she would continue to check on the detainee for retaliation for making a report.

In interview with the PREA Compliance Manager and the Human Resource Manager and information provided on the Preaudit Questionnaire, in the past 12 months there were no incidents of retaliation that occurred.

Exceed Compliance was determined by review of the monitoring logs, agency policy and procedures, investigative files and interviews with the retaliation monitors, and facility administrator.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>EPDF Policy 1300.05</p> <p>Statement of Fact</p> <p>PAQ</p> <p>115.68 (a): GEO Policy 5.1.2-A requires involuntary segregated housing may be used only after an assessment of available housing alternatives has shown there is no other means of protecting the detainee. All use of segregated housing to protect a detainee who is alleged to have suffered sexual abuse subject to the requirements of § 115.43.</p> <p>The Eagle Pass Detention Center has not utilized voluntary or involuntary restrictive housing for a PREA related incident or for protection of detainees for sexual abuse in the last 12 months.</p> <p>Compliance was determined by review of the PAQ and interviews with segregation supervisor and facility administrator.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-E- PREA Investigation Procedure</p> <p>EPDF Policy 1300.05</p> <p>EPDF PREA Tracking Log</p> <p>Report of Investigation</p> <p>PAQ 115.71 (a): GEO Corporate Policy 5.1.2-E and EPDF Policy 1300.05 requires an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment at the Eagle Pass Detention Facility, promptly, thoroughly, and objectively, including third party and anonymous reports. In the past 12 months there were 6 allegations of sexual abuse or sexual harassment that were reported by detainees or third parties. All allegations were reported to US Marshall or Maverick Sheriff's office. One case is being investigated by US Marshall Services. The remaining investigation were referred to the facility for investigations.</p> <p>115.71 (b): The facility has five trained investigators and facility investigators have completed specialized training in the investigation of sexual abuse allegations in a confinement setting. The facility provided documentation of completion of specialized investigative training completed by facility investigators. Two of the investigators were interviewed and were extremely knowledgeable regarding conduct investigations in a confinement setting.</p> <p>115.71 (c): It is the responsibility of investigators to gather and preserve circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators will interview alleged victims, suspected perpetrators and witnesses and review prior reports of sexual abuse involving the suspected perpetrator.</p> <p>115.71 (d): When the quality of evidence supports criminal prosecution, the agency will conduct compelled interviews only after consulting with prosecutors.</p> <p>115.71 (e): The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as a detainee or staff. A detainee who alleges sexual abuse is not required to submit to a polygraph examination.</p> <p>115.71 (f): The administrative investigation will include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative</p>

investigation shall be documented in a written report and include a description of the

physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.

115.71 (g): A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. The facility shall request a copy of completed investigative reports from the EPDF. Allegations will be tracked on the PREA Tracking Log.

115.71 (h): Substantiated allegations of conduct that appears to be criminal shall be referred for criminal prosecution. On information reported on the Pre-Audit Questionnaire and in interview with facility investigators, since the last PREA audit there no allegations of sexual abuse referred for prosecution. Criminal investigations are conducted by the Maverick Sheriff Office or US Marshall OIG. If an allegation involves staff, notification is made to GEO's Office of Professional Responsibility for investigation. There is presently one allegation of sexual abuse that is being investigated by the US Marshall.

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

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

115.71 (k): 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 14 days and document that contact was made to ensure that requirements such as retaliation monitoring and notices of outcome of investigations are completed as required. 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. The facility has a MOU with Maverick County Sheriff's Office to conduct all criminal investigations.

Compliance was determined by review of policy, training curriculum, investigative reports and interview with trained investigators.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-E.</p> <p>EPDF Policy 1300.05</p> <p>Report of Investigation</p> <p>Investigator training curriculum</p> <p>115.72 (a): Based on GEO policy and Investigator training 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.</p> <p>Compliance was determined by review of policy, training curriculum, investigative reports and interview with trained investigators.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Investigative Reports</p> <p>Notice of Outcome of Investigations</p> <p>115.73 (a): GEO policy 5.1.2-E, and EPDF Policy 1300.05 indicate that following an investigation of sexual abuse of a detainee, the detainee shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PREA Compliance Manager is responsible for preparing the Notification of Outcome of Allegation form and presenting it to the alleged victim for his signature. The detainee receives a copy of the form, a copy is placed in the investigative file and a copy is forwarded to the PREA Coordinator office.</p> <p>115.73 (b): According to policy and PREA compliance manager if the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the offender.</p> <p>115.73 (c): GEO policy and procedure requires following an offender's allegation that an employee has committed sexual abuse against the offender; the facility is required to inform the offender of the outcome of the investigation. The detainee is to be informed if the staff member is no longer posted within the detainee's unit, if the staff member has been indicted on a charge related to sexual abuse within the facility or if the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p>115.73 (d): GEO policy and procedure requires following an offender's allegation that he has been sexually abused by another offender, 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.</p> <p>115.73 (e): All Notification of Outcome of Allegations or attempted notifications are documented and filed in the corresponding investigative file. There have been five (5) notification provided to the detainees. In interviews with the PREA compliance manager he meets with the detainee and explains the outcome of the investigation. This helps detainees know what an unsubstantiated allegation means in layman</p>

terms.

Compliance was determined by review of the investigative files, agency and facility

policy and interviews with PREA compliance managers, investigators, and facility administrator.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Staff Handbook Staff Discipline</p> <p>Reports to Law Enforcement</p> <p>115.76 (a): GEO Corporate Policy 5.1.2-A and EPDF Policy 1300.02 establishes the standard that employees shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy.</p> <p>115.76 (b): Based on GEO policy termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>115.76 (c): Based on GEO policy and facility director and human resources staff disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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.</p> <p>115.76 (d): All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignations, shall be reported to law enforcement and licensing agencies unless the activity was clearly not criminal. In interview with the facility director the information provided on the Pre-Audit Questionnaire was incorrect and in the past 12 months, no staff member resigned prior to the investigation of sexual abuse. There was one contractor that resigned prior to the investigation. The investigation continued and was determined to be substantiated.</p>

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-E</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Statement of Fact</p> <p>115.77 (a): Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with detainees and would be reported to the appropriate investigator and law enforcement or relevant professional licensing/certifying bodies unless the activity was clearly not criminal in nature. Any contractor or volunteer who engages in sexual abuse even though it was not criminal will be reported to professional licensing/certifying bodies.</p> <p>115.77 (b): In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with detainees. During the previous year, there was one (1) incident where a contractor or volunteer was accused of, suspected, or found guilty of sexual abuse or sexual harassment at EPDF. The action was referred to local law enforcement. However, they did determine it was not criminal in nature and did not investigate. The center notified the contracting agents of the allegation and barred her from the facility.</p> <p>Compliance was determined by review of the volunteer and contractor training and statement acknowledging violation of PREA standards. Also interviews with volunteer and PREA compliance manger and facility administrator confirm compliance with this standard.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-E</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Detainee Handbook</p> <p>PREA Posters of Zero Tolerance</p> <p>Statement of Fact</p> <p>Conduct for Offender-on-Offender Sexual Activity</p> <p>115.78 (a): According to GEO policy 5.1.2-E, and facility policy 1300.05, if a detainee is found guilty of engaging in sexual abuse involving another detainee, either through administrative or criminal investigations, the offender will be subject to formal disciplinary sanctions. There was no disciplinary action during the last 12 months. All detainees interviewed indicated they were told it was against the rules to participate in any sexual abuse, sexual harassment or sexual activity while at the facility. The detainees are provided a handbook that clearly identifies the facility's rules against sexual activity including consensual activity.</p> <p>115.78 (b): Sanctions will be commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history and the sanctions imposed for comparable offenses by other detainees with similar histories.</p> <p>115.78 (c): Based on GEO policy 5.1.2-E, and EPDF policy 1300.05, 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.</p> <p>115.78 (d): GEO policy 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. The referring agency will determine if the detainee will be required to participate in counseling or other interventions designed to address the reasons or motivations for the abuse. In interview of the HSA and the Mental Health Provider, they confirmed the facility does not provide counseling service or other interventions designed to address the reason or motivations for the abuse. They do provide mental health services and would review</p>

the mental health status of a detainee prior to a disciplinary hearing.

<p>115.78 (e): GEO policy provides that disciplining a detainee for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact.</p>
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<p>115.78 (f): GEO policy includes the provision that 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.</p>

<p>115.78 (g): The agency prohibits all sexual activity between detainees. Facilities may not deem that sexual activity between detainees is sexual abuse unless it is determined that the activity was coerced.</p>
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<p>Compliance was determined by review of the facility and GEO policy, review of investigator files, and interviews with the investigator, PREA compliance manager, mental health staff and facility administrator.</p>

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Facility Intake SAAP</p> <p>Risk Assessment Referral to MH</p> <p>115.81 (a): If during initial PREA screening, the detainee reports prior sexual victimization, whether in an institutional setting or in the community, staff will ensure the detainee will be referred to mental health for further evaluation within 14 days. In review of the 30-day follow-up assessments the offender discloses prior victimization not reported during initial screening, the PREA Compliance Manager will refer the detainee to mental health for further evaluation. Medical and the Mental Health Provider, according to their professional judgement, determine the nature and scope of these services. In information reported on the Pre-Audit Questionnaire, 100% of the detainees assigned to the facility in the past 12 months who disclosed prior victimization were offered a follow-up meeting with the Mental Health Provider.</p> <p>At the time of the audit, there was one (1) detainees that claimed prior victimization. The auditor reviewed 18 resident screening files and referrals were documented on all detainees that claim prior victimization or were considered to be at risk of victimization.</p> <p>115.81 (b): Any detainee who reports during initial PREA screening or in follow-up screenings he has previously perpetrated sexual abuse in an institutional setting or in the community will be offered a follow meeting with medical or mental health within 14 days of the screening. There was no detainee that claims he perpetrated a sexual abuse.</p> <p>115.81 (d): Information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform treatment plans, security and management decisions or otherwise federal, state or local law.</p> <p>115.81 (e): Medical and mental health providers obtain consent from detainees before reporting information about prior sexual victimization that did not occur in an institutional setting unless the victimization occurred when the detainee was a minor.</p>

Based on interview with medical provider that coordinates for mental health services

detainees who report prior sexual victimization and those who disclose previously perpetrating sexual abuse are being referred for evaluation and consent forms or refusals are being obtained.

The Mental Health provider indicated that he makes himself available when new intakes arrive at the facility and tries to see each of the new intakes. He indicated that if any resident claims prior victimization or are considered at risk by the screeners, he see them when they arrive and speaks with them in private and offers follow up meeting the same or following day.

Compliance with this standard was based on policies, mental health referrals, interview with the medical administrator, intake staff and PREA compliance manager.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Coordinated Response Plan</p> <p>Val Verde and Methodist Specialty and Transplant Center</p> <p>Statement of Fact</p> <p>115.82 (a): GEO Corporate Policy 5.1.2-A,</p> <p>EPDF Policy 1300.05 and the coordinated response plan provides a procedure for Victims of sexual abuse to receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Medical and mental health providers, according to their professional judgement, determine the nature and scope of these services. At EPDF there are full time medical and mental health at the facility. The facility would transport the detainee to Val Verde for emergency care and Methodist Specialty and Transplant Center SANE services as indicated.</p> <p>115.82 (b): All staff first responders are trained to take preliminary steps to protect the victim and notify medical and mental health practitioners. Both security and non-security staff interviewed knew their first responder duties. Forensic exams are not performed by facility medical staff. Detainee victims of sexual abuse are referred Methodist Specialty and Transplant Center for SANE exams.</p> <p>115.82 (c): Detainee victims of sexual abuse while incarcerated are 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. Medical staff indicated that is part of the SANE process and she would follow up when the offender returns to the facility.</p> <p>115.82 (d): Based on review of GEO policy and in interviews with PREA compliance manager 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.</p> <p>During the last 12 months there was one detainee that was transported to Val Verde for medical treatment following a fight. He later claimed that he was sexual abuse during a court hearing. The detainee was transported to Methodist Specialty and</p>

Transplant Center for a complete forensic examination. The investigation and the outcome of the examination are ongoing.

Compliance was determined by review of the coordinated response plan, interview with Methodist Specialty and Transplant Center and Val Verde Medical Center and random staff, PREA compliance manager and facility administrator.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Mental Health evaluations</p> <p>Detainee Handbook</p> <p>115.83 (a): The facility offers ongoing medical and mental health care to all detainees who have been victimized by sexual abuse. The facility utilizes telepsychology services. There is a private office for zoom conferences with patient.</p> <p>115.83 (b): The facility provides victim with medical and mental health care consistent with the community level of care, which was confirmed by interview of the nurse. The facility has full time medical staff and 12 hours of mental health services with on call mental health staff as needed.</p> <p>115.83 (c)(d): The facility no longer houses females</p> <p>115.83 (f): According to interview with the nurse, detainee victims will be offered tests for sexually transmitted infections as medically appropriate.</p> <p>115.83 (g): The referrals for mental health or medical service would be initiated by medical and thus would be no charge. The facility administrator provided a statement of fact that there are not charges for detainees that are seeking treatment for victimization, sexual abuse, or sexual activity.</p> <p>115.83 (h): GEO policy and practice is for the facility to attempt 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. The center would provide follow up treatment with detainee that had a history of victimization or were victims of sexual abuse until they were transferred to an appropriate facility if indicated by the mental health staff.</p> <p>Compliance was determined by review of the GEO policy, interviews with HSA, PREA compliance manager and facility administrator.</p>

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>Report of Investigation</p> <p>After Action Reviews</p> <p>PAQ 1</p> <p>15.86 (a): GEO policy 5.1.2-A, requires facility 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. At the time of the PAQ there was one closed investigation that included an incident review team meeting. The After-action reports contains all the element of an incident review team meeting.</p> <p>115.86 (b): The review is conducted within 30 days of the conclusion of the investigation.</p> <p>115.86 (c): The Incident Review Committee consists of the facility director, Chief of Security, PREA Compliance Manager, Lead Investigator, Unit Manager, Classification Supervisor and the nurse, and the PREA Coordinator may attend via telephone or in person.</p> <p>115.86 (d): The team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area may have contributed to the abuse, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate. There were three after-action reports completed during the last 12 months.</p> <p>GEO has developed an after-action report that includes all areas of the standard.</p> <p>115.86 (e): The facility will implement the recommendations for improvement or documents the reasons for not doing so. The facility was found to exceed compliance with this standard This compliance was based on review of after-action reports (IRT) and by interview with the PREA Compliance Manager, and other Incident Review team members. When interviewed, the members of the incident review team knew their responsibilities as they relate to the review of sexual abuse incidents. The facility</p>

does after action reports on Sexual harassment when substantiated or unsubstantiated.

Compliance was determined by interviews with incident team members, and review of after-action reports.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate Annual Report</p> <p>PREA Tracking Log</p> <p>GEO Corporate Policy 5.1.2-A</p> <p>115.87 (a): GEO policy 5.1.2-A mandates that all facilities under the GEO umbrella collects uniform data for every allegation of sexual abuse at all facilities under their control. GEO requires facilities to utilize a standardized instrument that includes clearly defined definitions. 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.</p> <p>115.87 (b): The PREA Compliance Manager ensures that the data is compiled and forwarded to the PREA Coordinator monthly on the Monthly PREA Incident Tracking Log. In addition to submitting the Monthly PREA Incident Tracking Log, the PREA Compliance Manager ensures 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, sexual activity and voyeurism. At least annually, the PREA Coordinator aggregates this data.</p> <p>115.87 (c): The data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). 115.287 (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.</p> <p>115.87 (e): This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of detainees.</p> <p>115.87 (f): Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. The facility provided a copy of the monthly log and annual log for review. The log contained all elements required by policy.</p> <p>The review of the log and interview with PREA compliance manager and PREA coordinator confirmed compliance with this standard.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate PREA Procedure 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>GEO Annual PREA Data Report</p> <p>Texas State Record Retention</p> <p>Annual PREA assessments.</p> <p>115.88 (a): GEO 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. This information is provided in the annual report.</p> <p>115.88 (b): The PREA Coordinator reviews the data collected and the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. This information is also captured in the annual PREA assessment completed by PREA coordinator's staff.</p> <p>115.88 (c): The PREA Coordinator forwards the annual report to the Senior Vice President of GEO Care and to the Senior Vice President, US Secure Services and International Operations for their signatures and approval. The report is made public on the GEO website at https://www.geogroup.com/prea.</p> <p>115.88 (d): Before making aggregated sexual abuse data public, all personal identifiers are redacted as stated on the last page of GEO's annual report. Exceed compliance of this standards was determined by reviewing annual reports for GEO, review the facility policy and interviews with the PREA coordinator and PREA compliance manager.</p> <p>The GEO annual report provides more information than is required and at the same time provides the person reviewing the report a detailed look at PREA in action in GEO facilities</p>

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO Corporate PREA Procedure 5.1.2-A</p> <p>EPDF Policy 1300.05</p> <p>GEO Annual PREA Data Report</p> <p>Texas State Record Retention</p> <p>115.89 (a): GEO policy 5.1.2-A ensures that data collected are securely retained for at least 10 years according to GEO policy 1.1.7-A</p> <p>115.89 (b): GEO makes all aggregated sexual abuse data from all its facilities made public annually on their website at https://www.geogroup.com/prea. A review of the website confirmed that the agency has PREA reports from 2017 until 2021 uploaded in the above website. The facility has password protected computer access and non-GEO staff are not allowed to utilize their computers. All staff at the facility interviewed indicated they must go to training of handling sensitive information.</p> <p>115.89 (c): Before making aggregated sexual abuse data public, GEO removes all personal identifiers. This was confirmed by reviewing past audits and GEO annual reports.</p> <p>115.89 (d): Corporate Policy: 5.1.2-A Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities ensures that data collected are securely retained for at least 10 years.</p> <p>Compliance was determined by review of three (3) annual report, corporate policy and interview with the Agency PREA Coordinator.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following policies, directives and documentation were reviewed in formulating compliance with this standard:</p> <p>GEO policy 5.1.2-C</p> <p>EPDF policy 1300.05</p> <p>115.401 (a): GEO policy 5.1.2-C -require during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO’s Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice audits each facility at least once. This is the initial audit for Eagle Pass Detention Facility which became operational under a contract with the United States Marshalls in December 2020. The facility was audited as Eagle Pass Correctional Facility under a previous contract in June 2020 by a DOJ certified PREA auditor. Both audits were conducted by certified PREA auditors. The present auditor certification is until December 2024.</p> <p>115.401 (b): According to GEO’s PREA Coordinator and the annual PREA report, 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. During the last cycle many audits were scheduled, rescheduled, and postponed due to the pandemic. However, each facility was audited during the last 3-year cycle. This is the first year of this cycle. According to GEO coordinator all facilities are scheduled to be audited during this cycle.</p> <p>115.401 (h): During the audit, I was allowed access to all areas of the facility. I was allowed to visit areas throughout the facility during the official tour and additional visits to different areas of the facility while interviewing and observing camera locations.</p> <p>115.401 (i): I requested personnel files, detainee files, training records, investigation files, logbooks, and pertinent forms utilized to carry out the requirement of the audit process. Each document was provided in a timely basis.</p> <p>115.401 (m): I interviewed specialized staff, random staff, random detainees and targeted detainees during the onsite audit. No detainee declined to be interviewed and the facility did not prohibit me from interviewing detainees selected for interview. Interviews were conducted in a private area of the facility.</p> <p>115.401 (n): Posting were displayed throughout the facility with the name and address of the PREA auditor. The auditor did not receive any correspondences from residents. The information was posted on January 6, 2023.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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. The report from 2020 located on the GEO website and reviewed and uploaded y the auditor.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na

115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or	yes

	standards?	
	In calculating adequate staffing levels and determining the need	yes
	for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	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.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.15 (f)	Limits to cross-gender viewing and searches	
	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
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes
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	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

115.17 (a) Hiring and promotion decisions		
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b) Hiring and promotion decisions		
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	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

115.21 (b) Evidence protocol and forensic medical examinations		
	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
	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
115.21 (c) Evidence protocol and forensic medical examinations		
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d) Evidence protocol and forensic medical examinations		
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from	yes

	Has the agency documented its efforts to secure services from rape crisis centers?	yes
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115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	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
115.21 (h)	Evidence protocol and forensic medical examinations	
	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.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does	yes

	not have one, made the policy available through other means?	
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to	yes

	mandatory reporting of sexual abuse to outside authorities?	
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115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that	yes

	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
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115.33 (a) Inmate education		
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b) Inmate education		
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c) Inmate education		
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d) Inmate education		
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
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115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	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.)	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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes

