

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

Interim Final

Date of Report 06/12/2020

Auditor Information

Name: Robert Manville Email: robert.manville@nakamotogroup.com

Company Name: The Nakamoto Group, Inc.

Mailing Address: 118 Parklawn Dr., Suite 240 City, State, Zip: Rockville, MD 20852

Telephone: 301-468-6535 Date of Facility Visit: May 19- 21, 2020

Agency Information

Name of Agency: The GEO Group, Inc. Governing Authority or Parent Agency (If Applicable):

Physical Address: 4955 Technology Way City, State, Zip: Boca Raton, FL 33431

Mailing Address: P.O. Box 19277 City, State, Zip: Springfield, IL 62794

The Agency Is: Military Private for Profit Private not for Profit
 Municipal County State Federal

Agency Website with PREA Information: <https://www.geogroup.com/prea>

Agency Chief Executive Officer

Name: George C. Zoley

Email: gzoley@geogroup.com Telephone: 561-893-0101

Agency-Wide PREA Coordinator

Name: Ryan Seuradge

Email: seuradge@geogroup.com Telephone: 561-999-5875

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

Facility Information

Name of Facility: Eagle Pass Correctional Facility

Physical Address: 742 State HWY 131

City, State, Zip: Eagle Pass, Texas 78852

Mailing Address (if different from above):

City, State, Zip:

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

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

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

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

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

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

Warden/Jail Administrator/Sheriff/Director

Name: Waymon Barry

Email: wbarry@geogroup.com

Telephone: 830-971-6500

Facility PREA Compliance Manager

Name: Armando Reyes

Email: areyes@geogroup.com

Telephone: 830-971-6500

Facility Health Service Administrator

Name: Alberto Banda

Email: albanda@geogroup.com

Telephone: 830-971-6500

Facility Characteristics

Designated Facility Capacity:	650	
Current Population of Facility:	610	
Average daily population for the past 12 months:	650	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19-78	
Average length of stay or time under supervision:	Varies	
Facility security levels/inmate custody levels:	Medium	
Number of inmates admitted to facility during the past 12 months:		39
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		39
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		39
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)		<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: N/A	

Number of staff currently employed by the facility who may have contact with inmates:	171
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	70
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	5
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	6
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	42
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	5
Number of single cell housing units:	1
Number of multiple occupancy cell housing units:	16
Number of open bay/dorm housing units:	3
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	46
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:

Investigations

Criminal Investigations

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

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	4
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component

Other (please name or describe:

N/A

Audit Findings

Audit Narrative

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

Before the on-site visit, Agency PREA staff conducted an on-site "pre-audit" of the facility to assist with PREA audit preparation. Before the on-site visit, the PREA Coordinator and facility staff forwarded agency and institution policies and supporting documentation, including the completed Pre-Audit Questionnaire, administrative reports, contracts, incident reports, memorandums, brochures, staff rosters, staffing plans, training information and other reference materials for examination. Policies and documentation were in the form of agency directives and policies. Updates of the Pre-audit questionnaire, investigations, and Institutional Supplements were also discussed before the beginning of the audit. The facility was provided with facility notices in English and Spanish six weeks before the onsite audit, informing offenders of the scheduled audit date, as well as the auditor's name and mailing address, if they wished forward correspondence relative to PREA concerns. Offenders were also informed their correspondence would remain confidential. The PREA auditor received correspondence from one offender.

The on-site visit for the Prison Rape Elimination Act (PREA) audit of the Eagle Pass Correctional Facility was conducted by certified auditor Robert Manville from May 19 through May 21, 2020.

Notices of the upcoming audit and the auditor's contact information were posted throughout the institution on March 17, 2020. The original audit date was April 14, 2020, but it was postponed due to an order by the Governor of Texas, limiting travel into Texas, because of the Coronavirus and the Center for Disease Control's recommendation on non-essential travel. This is the first PREA audit for this facility. The facility was previously a county detention center that was purchased by the GEO Group. The facility began accepting inmates on September 10, 2018, from Idaho Department of Corrections, through a contract with the GEO Group. Upon arrival at the facility, an in-briefing meeting was held with the Warden, several department heads and support staff, the facility PREA Compliance Manager and Agency PREA Coordinator. The standards used for this audit became effective on August 20, 2012.

The tour of the facility included the intake processing areas, all housing units, the Special Housing Unit, the Health Services Department, Recreation, Food Service, facility support areas, Education, Visiting Rooms, industry shops, and programming areas.

During the tour, it was noted that there was sufficient staffing to ensure a safe environment for inmates and staff. Signs were posted (in English and Spanish) that indicated employees of the opposite gender were present in the housing units. Inmates can shower, dress, and use the toilet without exposing themselves to employees of the opposite gender. Postings, regarding PREA violation reporting and the agency's zero-tolerance policy toward sexual abuse and sexual harassment, were prominently displayed in all housing units, meeting areas, and throughout the facility. Audit notice postings with the PREA auditor's contact information were located in the same areas. The auditor did receive one piece of correspondence from an inmate.

Twenty-one (21) randomly selected correctional staff members were interviewed. Correctional officers and Lieutenants from all shifts were included in the interview process. This included correctional staff who were assigned to supervise the housing units, utility staff, escort staff, and crisis response team members. A total of eight (8) random staff members, including maintenance, secretarial, and administrative, were also interviewed. All were aware of the agency's zero-tolerance and could explain their new employee and annual PREA training and their duties as first responders, as part of a coordinated response. The Agency Director, Agency PREA Coordinator and Agency Contract Administrator had been previously interviewed (the auditor receives the completed interview questionnaires). Specialized staff members were also interviewed. This included the Warden, IPCM, two (2) Investigators, the Human Resource Specialist, Restricted Housing Supervisor, Retaliation Monitor, Medical Administrator, Mental Health Director, Case Manager Supervisor, Case Manager, Chaplain (volunteer supervisor), a local Emergency Room Nurse at Val Verde Regional Medical Center and a victim advocate from Behavioral Care and Family Services Health and Human Services, located in Del Rio, Texas. All interviewed staff and contractors demonstrated an understanding of the PREA and their responsibilities under this program, relative to their position or role with the organization and employment status. Telephone interviews were also conducted with the Idaho Department of Corrections' PREA Coordinator.

A total of thirty-one (31) inmates were selected to be interviewed. The interviewed inmates were of various ages, nationalities, and ethnic backgrounds. Random interviews included inmates from every dormitory in the facility, except for B4. B4 was on cohort status due to an inmate being tested for possible the Coronavirus.

Targeted population

Populations	Targeted population	Total Available on date of the audit	Total Interviewed
Transgender	0	0	0
Allegation of Sexual Abuse	3	3	2 (1 declined to be interviewed.)
Allegation of Sexual Harassment	0	0	0.
Victimization	3	3	3
Gay	3	3	2 (one declined to be interviewed)
Segregation for PREA	0	0	0

Physically Disabled	1	1	1
Deaf	1	1	1
Cognitively Disabled	1	1	1
LEP	3	3	3
Total Random Inmates	15	15	13

There were no inmates in Protective Custody for any PREA related issue. Overall, all inmates interviewed demonstrated a good understanding of the PREA compliance program, the intake screening process, the prevention and protection process, and reporting mechanisms. The inmates further stated that staff members were responsive to their needs and that they felt safe at the facility.

Investigations

From January 1, 2019, through May 19, 2020, there were a total of three (3) reported allegations of sexual abuse/sexual harassment. All cases were investigated. There were also three (3) allegations of sexual abuse. No inmates were transported to outside medical facilities for forensic examinations. A review of the investigative packets revealed that the investigations were complete and met the requirements of the standard. Two (2) cases were determined to be unfounded and one (1) case was found to be unsubstantiated. Two cases were referred to local law enforcement; however, it was determined there was not enough evidence to support a criminal investigation. These cases were referred back to the facility for investigation. Inmates were notified of the outcome of the investigations promptly. Retaliation monitoring was completed on each substantiated or unsubstantiated allegation of the sexual abuse case. The Mental Health Director is responsible for retaliation monitoring and conducts weekly interviews with inmates with concerned inmates. No inmate whose case was determined to be unfounded received a disciplinary hearing due to Mental Health Staff deciding of mental health concerns.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics, and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Eagle Pass, a medium-security facility located in rural southwestern Texas, houses only male offenders. The facility is comprised of one building. There are four housing units, each with four dormitories. Three of the unit's dormitories are partially open beds. Each of the housing units has showered on each floor. The restrictive housing unit includes segregation and protective custody. The restrictive housing units have showers and dressing areas located on each floor and also located in some of the individual rooms.

The facility also has a medical wing located in the medical area that includes observation rooms. There is a private shower area located in the medical wing.

New arrivals receive printed information regarding the facility's PREA 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 inmates to shower, change clothes, and use toilet facilities with an adequate degree of privacy and avoid cross-gender viewing. Inmates requiring health care beyond the scope of services provided in the facility are transported to local providers or a hospital in the community. Following allegations of sexual abuse/assault, examinations and forensic evidence collection are conducted by certified SANE/SAFE providers at the Val Verde Regional Medical Center. Follow up medical and mental health care services, including testing and treatment, are delivered by providers at the Eagle Pass Correctional Facility.

The Receiving/Discharge area has holding cells with partitions for inmates to use restrooms in privacy. There is also an area for strip searches and for inmates 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 inmates can utilize to access learning programs. Zero-tolerance posters are located throughout the recreation 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 Education Department contains classrooms and supports services. The Education Department provides various programs for the inmates, including:

- General Educational Development (GED)
- Adult Continuing Education (ACE)
- English as a Second Language
- Release Readiness Program
- Law Library
- Leisure Library

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.

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. There were no blind

spots noted in the laundry. The laundry area had PREA information posted, including zero-tolerance and PREA audit notices.

Idaho Department of Corrections contracts with the GEO Group to house up to 650 long term inmates. The majority of the inmates housed at EPCF are serving time for a Sex offense.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 2

List of Standards Exceeded:

Standard 115.21: Evidence protocol and forensic medical examinations

Standard 115.61: Staff and agency reporting duties

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: N/A

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in formulating compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
Agency Organization Chart

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention and a facility organizational chart meet the requirements of this standard. The agency's zero-tolerance against sexual abuse is established and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. GEO employs an upper-level, Agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts her position within the agency. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all of GEO's facilities. GEO ensures that all of its facilities have a PREA Compliance Manager with

sufficient time and authority to coordinate the facility's PREA efforts. The facility's organizational chart illustrates the PREA Compliance Manager's position within the facility.

Both the Agency PREA Coordinator and Facility Compliance Manager advised they have sufficient time and authority to coordinate efforts to comply with PREA standards. The PREA Compliance Manager (IPCM) was extremely knowledgeable and enthusiastic about the PREA. Between the Case Manager Supervisor and the IPCM, the facility staff and inmates have been provided ample training and systems for compliance with the PREA.

The agency and institution policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Inmates 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 Spanish. Additional program information is contained in the Offender 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 inmates who do not speak or read English. Both institution staff and inmates 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 inmates and staff members understand its position on zero-tolerance. Compliance was determined by review of the agency organization chart, agency and facility policies, both staff and inmate training orientation PowerPoint presentations, posters, and the offender manual. Interviews with staff, contractors, volunteers, and inmates further provided compliance with this standard.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in formulating compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
Idaho Department of Corrections (IDOC) Contract Agreement

The facility does not contract with other entities to house inmates. A review of the documentation submitted substantiates that the Idaho Department of Corrections requires the entities which they contract for the confinement of inmates (privatized prisons or residential reentry centers or “halfway houses”) to adopt and comply with the PREA standards. All Idaho contractual agreements were modified effective March 14, 2014, to incorporate the language requiring contractors to adopt and comply with the PREA standards. Compliance was determined by a review of the IDOC website for PREA standards and the facility contract agreement, as well as interviews with the Agency PREA Coordinator and IDOC PREA Coordinator.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?
 Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in formulating compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
 Eagle Pass Correctional Facility (EPCF) Staffing Plan
 PREA Annual Facility Assessment
 Staff Rosters
 EPCF Schematics
 IDOC Contract

GEO Group and EPCF policy and the IDOC contracting agreement require the facility to review the staffing plans on an annual basis. Interviews with the Warden and executive staff revealed compliance with the PREA and that other safety and security issues are always a primary focus when they consider and review their respective staffing plans. The facility has a Staffing Report that is developed for each pay period. The facility provides the bi-monthly reports that include mandatory posts 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 her executive staff, including the Chief of Security, a Lieutenant, and the Human Resource Manager (HRM) to address staffing issues as they relate to the PREA. The latest staffing plan dated 3/19/2020 includes a total of 194 Full-Time Staff, to include thirteen (13) security supervisors and 123 detention officers.

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 the review of rosters. Supervisory and Administrative staff members routinely make unannounced rounds. These rounds are 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.

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 weekends. The IDO documents the visits in logbooks located in the housing unit control room. Staff members are prohibited from alerting other employees regarding unannounced rounds. Interviews with inmates and housing unit officers also confirmed that random, unannounced rounds are conducted by Institution Duty Officers daily, including nights and weekends. An examination of policy and supporting documentation and all interviews confirm compliance with this standard.

Compliance was further determined by staff interviews conducted during the tour of all areas of the facility and interviews with the Chief of Security, Warden, IPCM, Human Resource Manager and correctional staff; the review of documented staffing rosters; daily supervisory checks and facility workforce meeting records; pay period staffing reports; and the examination of the video monitoring system. A comprehensive tour of the facility was conducted during the audit that included looking for blind spots, reviewing camera coverage, and available staff in areas that inmates are assigned. The facility has updated cameras in response to a PREA after-action team review. All areas of the facility were observed while going throughout the facility to meet with staff on the first, second, and third shifts and to interview inmates.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in formulating compliance with this standard:

Memorandum
IDOC Contract

The facility does not house youthful inmates.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No

- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
EPCF Staff Training Lesson Plan
EPCF Staff Training Rosters

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention mandates that cross-gender strip or cross-gender body cavity searches be prohibited, except in emergencies or when performed and documented by a medical practitioner. Officers would be required to document all cross-gender strip searches and cross-gender visual body cavity searches. All security staff of the Eagle Pass Correctional Facility received training on how to conduct cross-gender pat searches and searches of transgender and intersex offenders professionally and respectfully. Staff members receive Limits to Cross-Gender Viewing & Searches training. The lesson plan for this training was provided for review. Staff members sign a PREA Basic Acknowledgement Form acknowledging receipt and understanding of the training received. Review of random staff training records and interviews with security staff revealed staff is receiving this training at pre-service and annually. Interviews with staff confirmed that they were aware of the prohibition of a visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances.

Staff interviews indicated they received cross-gender pat search training during initial and annual training. The auditor observed that each unit has individual shower curtains for privacy. The facility has implemented a policy that all opposite gender staff working the units will announce themselves before walking the range to allow inmates the opportunity to prepare themselves from a privacy perspective. Inmates interviewed acknowledged they were allowed to shower, dress, and use the toilet without being viewed by a staff of the opposite gender. Postings are located throughout the living units citing that female staff members are assigned to work in housing units.

Staff and most of the inmates interviewed indicated employees of the opposite gender announce their presence before entering a housing unit. Unit staff members also announced the possibility of opposite gender staff entering the housing units at the beginning of each shift. Additionally, the auditor observed written notifications which clearly stated the possibility of opposite gender staff routinely entering the units posted in the unit common areas. The postings were written in both English and Spanish. Staff members were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. During the past 12 months, there were no exigent circumstances that required cross-gender viewing of an inmate by a staff member at EPCF. The living areas have showers with curtains that provide for inmate privacy while showering. Toilet areas have partitions with the door to allow inmates to use the restroom without being viewed by staff. 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 inmates, it has been determined that Eagle Pass Correctional Facility complies with this standard.

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

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

115.16 (a)

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

limited reading skills? Yes No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
Language Line Contract
IDOC Contract
Inmate Handbook

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention mandates that the Department shall not discriminate against offenders with known disabilities and shall provide reasonable accommodations to ensure their access to programs, activities, and services, under the Americans with Disabilities Act and the provisions established in this Policy.

Through policy and practice, the facility staff members ensure that inmates 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 ESL inmates 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. The facility has access to translation services in other languages. Staff also may read information to inmates, when necessary. Agency and facility policies prohibit offenders from being relied on as readers or any type of assistant, except in limited circumstances, where an extended delay in obtaining an effective interpreter could compromise the offender's safety. The use of offenders under these circumstances must be justified and documented in a written investigative report. In the past 12 months, offenders have not been used for this purpose. Staff interviewed knew offenders were not to be used for this purpose. Interviews with first responders, medical, mental health, and investigative staff confirmed their awareness of the prohibition of using inmate interpreters for PREA compliance functions. Interviews with three non-English proficient inmates confirmed the availability and use of the staff interpreters and telephonic interpretive services. Interviews with staff and inmates and an examination of policy/supporting documentation also confirm compliance with this standard. The majority of the staff members are bi-lingual in languages other than English. Compliance of this standard was confirmed by review of agency policy and contracting services for language interpretation services and interviews with IPCM, Case Manager, Mental Health Director, Medical Administrator, and ESL inmates.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent

or was unable to consent or refuse? Yes No

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

115.17 (b)

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

115.17 (c)

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

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

115.17 (d)

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

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a

system for otherwise capturing such information for current employees? Yes No

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
Initial and Yearly Background Checks
IDOC Contract
Personnel Records

All employees, contractors, and volunteers have had criminal background checks completed before being employed by EPCF. The facility does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor or volunteer that may have contact with inmates, 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 with inmates. Employees must disclose such misconduct. 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. By contract agreement, all staff members at EPCF receive a background check each year. Karnes County Sheriff's office conducts NCIC background checks for the EPCF.

The Human Resource Manager confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. Interviews with staff and a review of documentation (PREA Screening Form) confirm compliance with this standard. Ten new staff members and ten promoted staff personnel files were reviewed and revealed all requirements were met, under the policy, before initial employment or promotion. The facility has been operational for less than five years; therefore, five years of reviews have not been conducted.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or

other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
Facility Camera System

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention requires the facility to consider what effect new or upgraded design, acquisition, expansion, or modification of physical plant or monitoring technology might have on the facility's ability to protect offenders from sexual abuse. Interviews with the PREA Coordinator and Warden verified that the agency has upgraded cameras in response to Incident Review recommendations and continues to monitor camera coverage annually. An earlier interview with the Agency Head Designee confirmed the agency uses technology to assist the facilities in keeping inmates safe from sexual abuse. If new facilities are designed or there are modifications to existing facilities, the Agency's PREA Coordinator works closely with the project development team to ensure the safety of inmates. Compliance was determined by a review of facility camera coverage and interviews with the Agency Head Designee, GEO Group PREA Coordinator, Warden, and Chief of Security.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
AD 112112 National Protocol for Sexual Assault Medical Forensic Examinations
PREA Response Plan
Eagle Pass MOU with BCFS Health and Human Services
Eagle Pass MOU with Val Verde Regional Medical Center

EPCF investigators conduct administrative investigations and the Maverick County Sheriff's Office conducts criminal investigations. During the audit post onsite documents review of policy and documentation, the facility emailed and followed up with a meeting with the Maverick Sheriff to request the sheriff utilize a trained sexual abuse investigator when investigating PREA Sexual Abuse allegations. The agency follows a uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". Victims of sexual assault are referred to health services for initial examination and treatment. Such treatment would be for life preservation only and the victim would be transported to a local hospital for examination, treatment, and forensic evidence gathering by a Sexual Abuse Nurse Examiner (SANE). All sexual abuse advocacy, examinations, treatment, testing, and follow-up care are provided without cost to the victim.

The facility has access to BCFS Health and Human Services, a local rape crisis center organization, which provides victim advocacy services. Follow up mental health services are provided by the facility mental health staff. Post SANE testing and treatment is provided by facility medical and mental health care personnel when indicated. Inmates that claim a history of victimization before and during incarceration are interviewed and offered services from facility mental health staff and the victim advocacy services staff. The facility mental health staff advised that several of the inmates have asked for and received services from mental health staff.

A review of training records confirmed that internal investigative unit staff have received appropriate investigator training on the investigation of sexual abuse and harassment in a confinement setting. Interviews with staff, a local SANE nurse, a local rape crisis center advocate, and an examination of documentation confirmed compliance with this standard. Correctional and medical staff members were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence when sexual abuse is alleged.

All forensic medical examinations are conducted by Val Verde Regional Medical Center. An interview with the SAFE/SANE representative verified that the Hospital has access to trained staff to conduct forensic examinations. The representative indicated that a SAFE/SANE is available 24 hours a day, seven days per week. The hospital representative also indicated (in a telephone interview) that the hospital works with a victim advocacy group that is part of the

Maverick Coalition of Sexual Assault/Abuse at the hospitals. There were no forensic examinations conducted during the past 12 months.

The representative from BCFS Health and Human Services stated that all staff members have been trained in providing advocacy services and have had background checks completed to provide services in the facility. BCFS and Val Verde Regional Medical Center are part of the County Sexual Abuse Response Team, which incorporates law enforcement, the prosecutor, correctional facilities, and other county stakeholders, in response to sexual assaults.

Compliance was determined by a review of the MOU with BCFS Health and Human Services and the MOU with Val Verde Regional Medical Center. Compliance was also determined by interviews with the Victim Advocate Program Representative, Val Verde Regional Medical Center, and the IPCM.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
Monthly PREA Tracking Report
Statement of Fact
GEO Website

Administrative and criminal investigations are completed on all allegations of sexual abuse/sexual harassment. All allegations of sexual abuse or sexual harassment shall be investigated by trained investigators, under EPC Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention. When notified, the Warden shall notify the respective Regional Director and the corporate PREA Administrator. For reports of sexual abuse, the crime scene shall always be protected and the investigators shall collect and tag evidence from the scene, under established procedures.

When required, the facility investigators refer to sexual abuse investigations (criminal violations) to the Maverick Sheriff's office, which follows the requirements of the standard.

Facility investigators are trained in conducting sexual assault investigations in confined settings/prisons. A review of documentation and staff interviews confirmed compliance with this standard. A review of training documents confirmed that all investigators received instruction in conducting sexual assault investigations in confined spaces/prisons.

Two facility staff were interviewed and proved to be very knowledgeable concerning the

protocols for conducting investigations of alleged sexual abuse/sexual harassment. A review of the investigative packets revealed that the investigations were completed and met the requirements of the standard. The documentation related to the investigation was contained in the investigation files and was reviewed by the auditor. A review of training documents confirmed that all investigators received training in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff and the investigator, as well as an examination of supporting documentation, confirm the facility's compliance with this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
 Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
PREA Training PowerPoint and Video
Staff Attendance Records

All staff is provided an Employee Manual which includes information on all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, protecting the inmates, and preserving the possible crime scene. Training includes:

- A 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.
- Inmates' right to be free from sexual abuse and sexual harassment.
- Employees' right to be free from retaliation for reporting sexual abuse and sexual harassment.
- Dynamics of sexual abuse and sexual harassment in confinement.
- Common reactions to 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 inmates.
- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Newly hired employees receive training relative to the PREA standards during their initial training in a classroom setting. Yearly refresher training is required for all staff, utilizing a Computer-Based PREA training program. Contractors and volunteers are provided training relative to their duties and responsibilities by the facility PREA Compliance Manager. A review of the training curriculum, training sign-in sheets, and other related documentation, as well as staff interviews, confirmed staff is required to acknowledge, in writing, not only that they received PREA training, but that they understood it. A review of documentation and staff interviews confirmed that the facility is compliant with this standard. Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention recognizes that the facility houses male adult offenders. Policy mandates that the facility will be required to modify training to meet the needs of a different population.

A sampling of staff annual training files (15) was reviewed and found to contain documentation supporting compliance with this standard. All staff interviewed indicated that they had received the required PREA training initially and annually. Officers receive additional PREA training/updates when needed and officers assigned to the restrictive housing unit also receive additional training. The extensive training provided and the staff's knowledge of the PREA requirements confirmed that the facility is compliant with this standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
Contractors’ Personnel files
Volunteer files
Contractor Signed Acknowledgement
Volunteer Signed Acknowledgement

Contractors and volunteers are provided training relative to their duties and responsibilities. The agency contracts with six professional staff. Training for professional staff is conducted by

the facility training officer. The facility utilized 42 volunteers. All volunteers are required to receive PREA training annually. Volunteer training is conducted by the chaplain. The chaplain provided files for volunteers that documented the annual training. The chaplain indicated the facility did update training quarterly which included training for volunteers after their background checks are cleared and before them having contact with inmates. A review of documentation and staff interviews, including the chaplain and IPCM, confirmed that the facility is compliant with this standard. The volunteer program has been discontinued during the pandemic.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
 PREA Information and Signed Acknowledgement Provided to Inmates

Acknowledgment of Rights and Procedures

The roster of Inmates Received PREA Education

Inmates receive information during the intake process that includes a PREA handout and Offender Handbook, printed in both English and Spanish. There are PREA posters throughout the facility and in each housing unit, and a PREA "Report Line" telephone number which may be called to report sexual abuse or sexual harassment, posted on the unit bulletin boards. There is an interpretive language service available for limited English proficient inmates. A review of the A&O manual verified that inmates received Sexual Assault/Sexual Abuse Prevention & Intervention education and relevant written materials. All inmates are required to acknowledge in writing they have received PREA education. A staff member conducts an additional education program regarding the PREA for all inmates within 30 days of their arrival at the facility. If an inmate is transferred to another facility, the policy requires that this training process be repeated at the new institution, as confirmed through interviews with newly arrived inmates. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies, and reporting modalities.

The auditor reviewed a random sampling of fifteen (15) A&O Checklists/Signature Sheets to verify that inmates received the PREA education including relevant written materials. All inmates are required to acknowledge the completion of PREA education. During the interview process, randomly selected inmates indicated they received information about the facility's rules against sexual abuse/sexual harassment when they arrived at the facility. They further indicated they were advised about their right not to be sexually abused/sexually harassed, how to report sexual abuse/sexual harassment, and their right not to be punished for reporting sexual abuse/sexual harassment. Inmates were aware of available services outside of the facility for dealing with sexual abuse. The facility provides a video on the television that is played a minimum of once a week. Compliance was determined by the review of documentation relative to inmate PREA education and the training curriculum, as well as observation of the training and interviews with Case Managers and inmates.

Standard 115.34: Specialized training: Investigation

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative.

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
Investigative Training Curriculum
List of Facility Investigators
Specialized Training Certificates

The above policy and directives meet the mandates of this standard. The auditor reviewed specialized training documentation to include the Investigator Training Instructor Guide and the Course Completion List for Investigating Sexual Abuse in a Confinement Setting Training and the PREA Criminal Investigator Certification Training List. The facility investigators have completed investigating sexual abuse in a confinement setting and additional online training on investigating sexual abuse. When criminal investigations are indicated, they are conducted by the Maverick Sherriff's Office. Interviews with staff and the sexual abuse/sexual harassment investigators, as well as an examination of policy, documentation, and the investigative files, confirm compliance with this standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention Employee Training

Medical and Mental Health Training
EPCF Medical and Mental Health Care Roster
Certificate of Completion

The facility has full-time medical and mental health care staff on site. The agency requires that all mental health staff receive training beyond the initial PREA requirement. In compliance with the requirements, the GEO Group has developed and implemented specialized training for mental health and medical staff. This training included basic PREA and additional specialized training for medical and mental health staff. All mental health and medical staff have received the required specialized training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment, as well as victim identification, interviewing, reporting and clinical interventions. Medical and mental health care staff acknowledged, in writing, that they both received and understood the training as it relates to the PREA. Interviews with both the Medical and Mental Health Directors confirmed the requirement for additional PREA specialized training for the medical and mental health staff and also the completion of that training during the last 12 months. Compliance was determined by the review of the training curriculum and interviews with both Medical and Mental Health Directors.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?

Yes No

115.41 (d)

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

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening

consider, as known to the agency, prior acts of sexual abuse? Yes No

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

**Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
PREA Assessment Tool**

All offenders are assessed during the intake screening process for their risk of being sexually abused or being sexually abusive. The Screening instrument is used to determine the offender's risk of vulnerability and the risk of predatory behavior. The screening is conducted by intake staff. The screening occurs within twenty-four hours after the inmate's arrival. Policies and procedures require the use of a screening instrument (reviewed by the auditor) to determine proper housing, bed assignment, work assignment, education, and other program assignments, to keep inmates at high risk of being sexually abused/sexually harassed separate from those inmates who are at high risk of being sexually abusive. A medical staff member conducts an initial medical screening, to include questions of prior sexual abuse. Additional screening is conducted by the Mental Health Director, utilizing a mental health screening instrument. The policy requires an inmate's risk level to be reassessed within thirty days or when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The facility screening tool addresses all elements required for this standard. Agency policy prohibits inmates from being disciplined for refusing to answer or for not disclosing complete information in response to questions regarding their mental/physical health, developmental disability, sexual preferences, sexual victimization history and perception of vulnerability. Housing and program assignments are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status. All screenings are referred to mental health staff for follow up if the offender claims history of sexual victimization, a history of predatory sexual actions or if the inmate self admits to being transgender. A review of 15 screenings and 15 re-screenings revealed that all inmates were screened and re-screened as required by the PREA standards. Interviews with the Case Manager Supervisor, Mental Health staff, the Medical Administrator, a Case Manager, and offenders, including those on the target population list, support the findings of this review. The facility has not had an inmate admitted into the facility for over 12 months.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety and whether a placement would present management or security problems? Yes No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
Statement of Search/Shower Preference Form
IDOC Policy 325.02.01.001 Prison Rape Elimination

EPCF houses inmates on behalf of the Idaho Department of Corrections. At the time of the reception of inmates, no transgender inmates were chosen for transfer to EPCF. IDOC Policy 325.02.01.001 Prison Rape Elimination Section, Placement of Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Inmates, mandates that the Department does not place lesbian, gay, bisexual, transgender or intersex inmates in dedicated facilities, units, or wings solely based on such identification or status. The IDOC individually considers the management and placement of transgender or intersex inmates. Considerations on a case-by-case basis include the inmate's health and safety, operational management, security, and mental health needs. Serious consideration is given to the inmate's views regarding safety. Placement and programming assignments for each transgender or intersex inmate must be reassessed using processes outlined in Gender Dysphoria: Healthcare for Inmates with, SOP 401.06.03.501, and, where relevant, under the inmate's treatment plan. Eagle Pass, by contract, is required to comply with all PREA mandates.

The Case Manager Supervisor or Designee, Mental Health Director and Chief of Security review the inmate history, program assignments and risk screening information to determine housing, bed, work, education, and program assignments, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Determinations for these assignments are made on a case-by-case basis. Staff members assigned to conduct intake screening have been provided additional training and resource materials to complete this task.

By policy the facility determines other housing and programming assignments for transgender or intersex inmates on a case-by-case basis, to include whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months. The policy states that a transgender or intersex inmate's own view with respect to his own safety should be given serious consideration when making these assignments. EPCF utilizes a form for inmates to request to shower by themselves and to determine appropriate staff to conduct pat-down searches.

The Case Manager Supervisor and Medical and Mental Health personnel meet weekly to assess the status of an inmate who has made allegations of sexual abuse or sexual assault or who may be exhibiting adjustment problems. The facility maintains an at-risk log for all inmates

who are subject to victimization or predators. The interview with the Agency's PREA Coordinator confirmed that a transgender inmate's genital status is not the sole criterion for placement in a specific facility. Review of Idaho Department of Corrections and EPCF policies provides documentation to support compliance with this standard. Further compliance was determined by interviews with the Agency PREA Coordinator, IDOC PREA Coordinator, the Case Manager Supervisor, and the IPCM.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
IDOC Policy 319.02.01.004 Protective Custody
Statement of Fact

The facility is contractually required to implement IDOC Policy 319.02.01.004 Protective Custody Policy that requires inmates at high risk for sexual victimization shall not be placed in involuntary status unless an assessment of all available alternatives has been made and there is no available means of separating the victim from the abuser. Two inmates who made allegations of sexual assault were interviewed in the restrictive housing unit. Both cases were investigated and determined to be unfounded. Both inmates stated they were not placed in the restrictive housing unit against their will, but wanted to go into that status. During the review of this area and interviews with the offenders and staff, it was determined that the offenders are offered the same opportunities as the general population inmates. EPCF policy, as well as IDOC policy, mandates that inmates in protective custody receive all of the services provided inmates in the general population.

All inmates are reassessed by a committee every seven days, after entering the restrictive housing unit. Interviews with unit officers and the unit supervisor confirm that, to the extent possible, access to programs, privileges, education, and work opportunities are not limited to inmates placed in the restrictive housing unit for separation from an offender, except when there is a safety or security concern. The facility would document the reasons for restricting access and the length of time the restriction would last. There have been no inmates placed in involuntary Protective Custody for a PREA allegation during the last 12 months. Compliance was determined by the review of policy, documentation, and investigative files, as well as interviews with unit correctional staff, inmates, Case Manager Supervisor, IPCM, and the Warden.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual

harassment to a public or private entity or office that is not part of the agency? Yes No

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention

PREA Reporting Posters for Inmates
PREA Reporting Poster for Staff
Inmate Handbook

Eagle Pass Correctional Facility offers multiple ways to report sexual abuse and sexual harassment, including anonymously. The following are ways for inmates, staff, volunteers, and contractors to report allegations of sexual abuse/sexual harassment or retaliation:

- Report to any staff, volunteer, contractor, or medical or mental health staff
- BCFS Health and Human Services Crisis Hotline: 830-768-2755 or Dial #777
- PREA Compliance Manager: Dial #9
- Anonymous Crime Tip: Dial #8
- Global Tel-Link Toll-Free Number 1-888-288-9879
- Write to Global Tel-Link, PO Box 2868 Mobile, Alabama 36652
- Send a note, request slip or file a grievance and place into the facility mail
- Report to the Corporate PREA Office at (561) 999-5827

Staff members promptly accept and document all verbal, written, anonymous, private, and third-party reports of alleged abuse/sexual harassment. The PREA hotline was contacted and verified that it is operational. All interviewed inmates confirmed awareness of the multiple methods of reporting sexual abuse/sexual harassment allegations. Inmates at the facility are not detained solely for civil immigration purposes. Interviews with staff and inmates and the observation of posters addressed reporting methods. The IDOC PREA website and GEO Group website, which also provide reporting opportunities, were reviewed. Further, an examination of policy and support documentation confirms the facility's compliance with this standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any

portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

Yes No NA

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
IDOC Policy 316.02.01.001 Grievance and Informal Resolution Procedure for Offender
Inmate Handbook
Statement of Fact

The Eagle Pass Correctional Facility contract with the Idaho Department of Corrections requires the facility to adopt and implement the IDOC Grievance and Informal Resolution Procedures. A review of the IDOC policy found that the agency complies with all areas of the Exhausting of Administrative Remedies standard. EPCF Policy captures the same requirements of EPCF policies.

All allegations of sexual abuse/sexual harassment, when received by staff, will immediately be referred for investigation. Inmates are not required to use an informal grievance process and procedures also allow an inmate to submit a grievance alleging sexual abuse/sexual harassment, without submitting it to the staff member who is the subject of the complaint. Additionally, the policy also prohibits the investigation of the allegation by either staff alleged to be involved in the incident or any staff who may be under their supervision. The policy states that there is no time frame for filing a grievance relating to sexual abuse/sexual harassment. The policy also addresses the filing of emergency administrative remedy requests. If an inmate files the emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse, the agency immediately forwards the grievance to a level of the review where immediate corrective action may be taken. No prohibition limits third parties, including fellow inmates, staff members, family members, attorneys, and outside victim advocates in assisting inmates in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of inmates. There were no grievances filed involving PREA related issues during the past 12 months. No grievances were alleging sexual abuse that involved an extension due to the final decision not being reached within 90 days. Additionally, no grievances were alleging sexual abuse filed by inmates in which the inmate declined third-party assistance. Inmates are held accountable for manipulative behavior and false allegations. Disciplinary action would generally be taken if a grievance was filed in bad faith.

Compliance was determined by the review of policies and grievance logs, as well as interviews with the Grievance Officer and IPCM.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
MOU with BCFS Health and Human Services, Del Rio, Texas
Inmate Handbook

The facility does not house inmates who have immigration detainers. EPCF policy mandates that if inmates are placed at the facility for immigration purposes or have an immigration detainer, the facility would provide mailing addresses and telephone numbers, including toll-free hotline numbers, where available, of local, State, or national immigrant services agencies. The facility has successfully agreed with BCFS Health and Human Services, a local advocacy group to provide emotional support services related to sexual abuse (confirmed through a telephone interview with a victim advocate from the agency), located in Del Rio, Texas. Inmates are informed, as part of their orientation process, all telephone calls (except properly placed legal calls) are subject to monitoring and recording and that all mail, except for legal mail, is subject to monitoring as well. The Offender Handbook covers reporting procedures, provides advocacy group phone numbers, and outlines the steps on how inmates may report PREA violations and who and where to report, along with the PREA report line number. The Offender Handbook also provides information to inmates on the limits of confidentiality. Interviews with Mental Health staff and the Advocacy Representative confirmed that before the provision of services; inmates are advised of the limits of confidentiality. The facility enables reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. Interviews with staff, inmates, and the local victim advocates, auditor observation of postings in the housing unit, and an examination of policy/documentation confirm compliance with this standard.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
PREA Reporting Poster
GEO Website
Inmate Handbook

PREA Reporting Posters and the GEO website meet the requirements of this standard. PREA Reporting Posters are visible in the visitation room and is found in the Offender Handbook. GEO provides a reporting system on the GEO Website: <https://www.geogroup.com/prea> or www.reportlineweb.com/geogroup. The system provides information on third party reporting and anonymous reporting. The inmates interviewed indicated they were aware of third-party reporting. Compliance was determined by a review of policy, posters, and the GEO website and interviews with inmates, staff, and the PREA Coordinator.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

an incident of sexual abuse or sexual harassment? Yes No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention

Employee Handbook (Reporting Sexual or Workplace Harassment)

Training Curriculum (Reporting Slideshow)

Staff, contractors, and volunteers must report and respond to allegations of sexually abusive behavior, regardless of the source of the report. Interviewed staff members were aware of their duty to immediately report all allegations of sexual abuse, sexual harassment, and retaliation relevant to the PREA standards. The reporting is ordinarily made to the security supervisor on-site or the IPCM but could be made privately or to a third party. The policy requires the information concerning the identity of the alleged inmate victim and the specific facts of the case to be shared with staff on a need-to-know basis, because of their involvement with the victim's welfare and/or the investigation of the incident. Staff members were aware of the many ways to receive reports from offenders, their families, friends, or other third parties. Staff members were also aware of the several ways they may report this information to the GEO Group or the facility. GEO has developed several methods for staff to make anonymous reports; the GEO website has specific instructions for employees to report directly to the GEO PREA Coordinator or outside resource for anonymous reporting. The facility does not house inmates under the age of 18. A review of established policy and agency and IDOC websites, as well as staff interviews, support the finding that the facility exceeds the requirements for this standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention PREA Sexual Abuse Investigations

Policies and operating procedures address the mandates of this standard. Any offender who alleges to be a victim of sexual abuse or any offender who alleges to be a victim of sexual harassment shall be offered protection and an incident report will be completed and an investigation conducted. Before placing a victim in the restrictive housing unit, the security needs of the individual persons shall be reviewed by the Warden or facility duty officers. If an inmate is placed in involuntary self-protection, accommodations and essential services shall be comparable to those provided for the general population. Interviewed staff members were aware of their duties and responsibilities when they become aware or suspect an inmate is being or has been sexually abused or sexually harassed. All staff indicated they would act immediately to protect the victim, including separating the victim/predator, securing the scene to protect possible evidence, preventing the destruction of potential evidence, and contacting the Lieutenant and medical staff. In the past 12 months, there were no instances in which institution staff members determined that an inmate was subject to a substantial risk of imminent sexual abuse. A review of the investigations and interviews with the inmate and staff confirm that, according to the requirements of the standard, facility staff protected the inmate victim by separating him from the alleged predator. Compliance was determined by a review of the investigative files and interviews with the IPCM, investigators, and the two inmates who made allegations of sexual abuse.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention

The policy requires that any inmate allegation of sexual abuse that occurred while confined at another facility be reported to the head of the facility where the alleged abuse occurred within 72 hours of the receipt of the allegation. Procedures are in place requiring the Warden to immediately notify the Warden or Director of the other confinement facility, in writing, of the nature of the sexual abuse allegation. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. The policy also requires that an investigation be initiated. All offenders will be referred to mental health and investigative staff for follow up and investigation. Compliance was determined through the review of agency policy and interviews with the IPCM and Warden. The facility has not had any new intakes for the last 12 months.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and

Intervention
PREA Response Plan
First Responder Reference Cards

EPCF policies and directives establish mandates for staff, volunteers, and contractors relative to their response to inmate allegations of sexual abuse. Policy and several documents, such as the PREA reference card issued to all staff on how to respond to allegations of sexual assaults), provide initial guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse/sexual harassment. Eight randomly interviewed staff members, including administrative, program, and support personnel, indicated they would advise the inmate not to destroy any evidence, would remain with the inmate, and would notify the nearest correctional staff. Compliance was determined by a review of the policy and interviews with non-correctional staff. There have been no allegations of sexual abuse or sexual harassment reported to non-correctional staff.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and

Intervention EPCF Coordinated Response Plan

The agency policy and facility directives specify the guidelines and procedures that prevent sexual abuse/sexual assault and provide for prompt and effective intervention, in the event a case of abuse or assault occurs. The Coordinated Response Plan includes procedures for reporting, protecting, physical care, psychological crisis intervention, crime scene preservation, and after-action review. The Coordinated Response Plan provides direction to security staff, medical/mental health practitioners, investigators, staff members, community victim advocates, the forensic examination service providers (SANE), and facility leadership. When interviewed, staff and community service providers confirmed that they were knowledgeable regarding their responsibilities in the coordinated response. During the last 12 months, three inmates have made allegations of sexual abuse. In each case, correctional staff personnel was the first responders. A review of the investigation files and interviews with medical staff revealed that there were no cases that allowed time for the collection of evidence. All offenders that made an allegation of sexual abuse were immediately seen by the medical staff and seen by mental health staff within 24 hours. The staff took appropriate action to protect the inmate and notify medical and mental health personnel. No offenders were transported to the hospital to be examined by a SANE. In all cases, the staff separated the inmate and accused predators. Compliance was determined by a review of policy and investigative files and interviews with the first responders, the SANE staff at the local hospital, IPCM, Warden, and the inmates who made the allegations of sexual assault.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention

Memorandum of Agreement between the GEO Group, Inc. and the International, Union, Security, Police and Fire Professionals of America (SPFPA) and Its Amalgamated Local Union No: 725

The GEO Group Inc. MOA provides that, subject to the provisions of this Agreement, management has the right to determine its policies, budget, and operations, the manner of exercise of its statutory functions and the direction of its working forces, including, but not limited to, the right to hire, promote, demote, transfer, allocate, assign and direct employees; to discipline, suspend and discharge for just cause. The Warden and Human Resource Manager were interviewed and verified information provided during the Pre- Audit Questionnaire. There was one incident that required an inmate to be protected from staff during the last 12 months. The staff member was placed on administrative leave pending an investigation. Compliance was confirmed through a review of the Collective Bargaining Agreements and interviews with administrative staff and the IPMC.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers

for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention Retaliation Monitoring Log

The policy prohibits any type of retaliation against any staff or inmates who report sexual abuse or sexual harassment or cooperate in related investigations. The monitoring of any type of retaliation is conducted for at least 90 days or longer if warranted. The policy outlines the protection measures available and requires the prompt remediation of any type of retaliation. The agency has developed and implemented a form for documenting retaliation. The facility has designated the Mental Health Director as the Retaliation Monitor. A review of the retaliation monitoring measures included an interview with the Retaliation Monitor and a review of the documentation, after the 90 days of monitoring had concluded. There was ample documentation from Case Manager interactions, mental health referrals and mental health follow up. Compliance was determined by a review of agency policy and accompanying forms, interviews with the retaliation monitor, Warden, IPCM, and an inmate who had been monitored by the Retaliation Monitor for 90 days. The monitoring documentation provided evidence that the Retaliation Monitor met with the inmate weekly.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
IDOC Policy 319.02.01.004 Protective Custody Policy

The facility is contractually required to implement IDOC Policy 319.02.01.004 Protective Custody. The policy that mandates inmates at high risk for sexual victimization shall not be placed in involuntary Protective Custody status unless an assessment of all available alternatives has been made and there is no available means of separating the victim from the abuser.

IDOC and EPCF policies mandate, that to the extent possible, access to programs, privileges, education, and work opportunities are not limited to inmates placed in the restrictive housing unit. There were no inmates placed in Post-Allegation Protective Custody status within the last twelve months. Compliance with this standard was determined by a review of policies and documentation, as well as staff interviews, to include the Shift Supervisor, Restrictive Housing Unit Supervisor, inmates housed in the restrictive housing unit, and the IPCM and Warden.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention Investigation Log

The facility investigators conduct investigations at EPCF unless the action appears to be criminal. The Maverick Sheriff's Office is requested to conduct Criminal Investigations. During the previous 12 months, there were two referrals for criminal investigations. The Maverick Sherriff's Office declined to conduct the investigations. The facility contacted the Sheriff's Office during the audit to request the sheriff's office utilize sexual abuse trained investigators. A trained sexual abuse investigator conducted these investigations. Two of the cases were determined to be unfounded and one was found to be unsubstantiated. Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention mandates that the facility ensures that the departure of an alleged sexual abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation. Investigations into allegations of sexual abuse and sexual harassment shall be promptly, thoroughly, and objectively completed. The agency conducts such investigations for all allegations, including third party and anonymous reports. Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators are required to interview alleged victims, suspected perpetrators, and witnesses. Further, policy mandates that the agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Additionally, administrative investigations include a description of the physical evidence, testimonial evidence, the reasoning behind credibility assessments, and the investigative facts and findings.

The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation. The review of the completed case files of inmates alleging

sexual abuse/sexual harassment revealed that all investigations were completed promptly, thoroughly, and in compliance with the policy. One staff member involved in an allegation of sexual abuse was terminated for a non-PREA related incident. The facility investigators utilized statements from the staff as part of the process and completed the investigation. The facility has four (4) trained investigators. An interview with two of the investigators, documentation supporting the facility's request to the Sheriff's Office to conduct investigations, and a review of the three investigative files confirmed compliance with this standard.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
Investigator Training
PREA Investigative Reports

The evidence standard is a preponderance of the evidence in determining whether administrative allegations of sexual abuse or sexual harassment are substantiated. Investigator training programs provide in-depth clarification of this standard. When interviewed, the investigators were aware of the evidence standard. The evidence standard

was utilized in the cases reviewed by the auditor. Compliance was determined by a review of policy and the investigator training curriculum, as well as interviews with the investigators and the IPCM.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy Abuse/Assault Prevention and Intervention
 Notice of Outcome Memo to Offender

The PREA Investigation Finding Notification Memo addresses the mandates of this standard. The agency has a policy requiring any inmate who alleges that he suffered sexual abuse at the EPCF be informed, in writing, whether the allegation has been determined to be unsubstantiated, substantiated, or unfounded after the investigation. When an allegation involves staff, the inmate would be informed if the staff member is no longer posted within

their housing unit, is no longer employed at the facility, if the staff member was indicted related to sexual abuse within the facility or the agency learned that the staff member was convicted on a charge related to sexual abuse. These findings would also be communicated to the inmate if the investigation was completed by an outside agency. When an inmate makes an allegation that he suffered sexual abuse in an agency facility, the agency will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. When the agency does not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, the agency requests relevant information from the investigative agency in order to inform the inmate. When an inmate's allegation that he has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility. When an inmate's allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. When the allegation involves staff, the inmate would be informed if the staff member is no longer posted within their housing unit, is no longer employed at the facility, if the staff member was indicted related to sexual abuse within the facility or the agency learned that the staff member was convicted on a charge related to sexual abuse. During this auditing period, there were three administrative investigations of alleged sexual abuse or sexual harassment that required notification, under this standard. No investigation involved an outside agency. The inmates were provided notifications of the investigative outcomes. One of the memos was required to be updated to notify an inmate of the appropriate outcome of the investigation. The documented notifications and inmate interviews support the finding that the facility meets this standard. Compliance with this standard was further determined by a review of policy and staff interviews.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention Statement of Fact

Staff members are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. Discipline would be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The Memorandum of Agreement (MOA), examined by the auditor, allows for disciplinary sanctions against staff, including termination. One staff member was placed on administrative leave pending an allegation of sexual abuse during this audit period. Compliance with this standard was determined by a review of policy and the Statement of Fact and interviews with the Warden and Agency PREA Coordinator.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
Volunteer Services Training

Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to the appropriate investigator and law enforcement or relevant professional licensing/certifying bodies unless the activity was not

criminal. In cases that were not criminal, the facility would take appropriate remedial measures and consider whether to prohibit further contact with inmates. During the previous year, there were no incidents where a contractor or volunteer was accused of, suspected, or found guilty of sexual abuse or sexual harassment at the EPCF. Compliance with this standard was determined by a review of policy and volunteer/contractor training files and volunteer supervisor (Chaplin) interviews.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to

substantiate the allegation? Yes No

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
IDOC Policy 319.02.01.004 Disciplinary Procedures for Inmates
Statement of Fact

Eagle Pass contractually is required to implement IDOC Disciplinary Procedures for Inmates. A review of IDOC and EPCF policy confirms the facility meets the mandates of this standard. Information on inmate disciplinary sanctions is provided as part of the orientation process upon entry into the facility. Inmates interviewed indicated a good understanding of their freedom to make allegations without consequences for making good faith allegations. The Inmate discipline program defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The program identifies inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, along with the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories.

Inmates are subject to disciplinary sanctions under the formal disciplinary process defined in

the Inmate Discipline Program. Based on the review of the incident, review by mental health personnel, and administrative staff, no inmate was disciplined for a sexual-related offense. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. Before a disciplinary hearing, mental health staff members complete an agency forms to access the above information. The facility considers the offer of therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The institution does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. There were no disciplinary actions regarding PREA violations. One inmate whose allegation of sexual abuse was determined to be unfounded was referred to the Mental Health Director. The Mental Health Director found that the inmate's mental health status was such that a disciplinary hearing was inappropriate. Compliance with this standard was determined by a review of policy/documentation and the inmate discipline process, as well as interviews with the Mental Health Director, other staff, and inmate interviews.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention Reassessment Questionnaire

Interviews with medical and specialized staff confirm the institution has a very thorough system for collecting medical and mental health information and can provide continued reassessment and follow up services. Inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner.

Additionally, inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. Treatment services are offered without financial cost to the inmate. This was confirmed by observation and a review of intake screening documents. Screening for prior sexual victimization in any setting is conducted by medical, mental health, and case management staff during - processing procedures. In-processing procedures also screen for previous sexually assaultive

behavior in an institutional setting or the community. During the intake process, a mental health staff member and a medical provider separately interview the incoming inmate. During this process, mental health staff offer follow-up meetings with inmates who have a history of sexual abuse or who are identified as being a sexual predator. Staff members ensure the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for treatment plans, security, housing, work, program assignments, and management decisions. Signed and dated informed consent are obtained from inmates before reporting prior sexual victimization which did not occur in an institutional setting.

The institution does not house inmates under the age of 18. All screenings are recorded in the inmate's medical and mental health records. All information is handled confidentially and interviews with intake screening staff support a finding that the facility complies with this standard. Compliance was further confirmed by a review of policies and intake screening documents, as well as interviews medical and mental health personnel and three inmates who self-identified as having experienced prior victimization during intake.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

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

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the

incident?
 Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
PREA Investigation Mental Health and Medical Health Evaluation

The facility medical and mental health personnel provide emergency medical services to inmates. Medical personnel is on duty 24 hours a day, seven days a week. Mental health providers are on-site five days per week and are also available for call-back during off duty hours. Agency policy prohibits inmate co-pays for medical treatment for victims of sexual abuse and all treatment is offered at no financial cost to the inmate. Inmate victims of sexual abuse, while incarcerated, are offered information about and timely access to information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Compliance with this standard was determined by a review of policy/documentation and interviews with SANE medical staff, the Mental Health Director, and mental health providers.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

**Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
Mental Health PREA Follow up Documentation**

The facility provides sexually abused victims with medical and mental health services consistent with the community level of care. Inmate victims of sexual abuse, while incarcerated, will be offered tests for sexually transmitted infections, as medically appropriate. All treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility will attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Health services include medical and mental health aftercare plans to be developed no later than 30 days before the anticipated date of release for inmates subjected to sexual abuse. The facility would assist in the arrangement of referrals for continued care following their transfer to or placement in other facilities or after their release from custody if needed. Victims would also receive timely and comprehensive information about and timely access to all necessary medical services. Compliance with this standard was confirmed through a review of policy, mental health PREA allegation follow up interviews, and interviews with both the Medical and the Mental Health Directors.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

AD 04. Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention
PREA Investigation Follow up Log
Incident Review Team Report

The policy requires the following:

- (a) Within 30 days of the conclusion of the investigation, unless the allegation was determined to be unfounded, a review team, designated by the Chief Administrative Officer, shall review the case and:
- (b) Determine what may have been the motivation for the incident or allegation such as, but not be limited to, race, ethnicity, gender, gender identity, sexual orientation, transgenderism, intersex identification, gang affiliation, etc.
- (c) Determine if there is a need for changes to policy or procedure; or if factors such as physical barriers or staffing may have enabled the abuse.
- (d) Assess whether monitoring technology should be deployed to supplement staff supervision.
- (e) The review team to prepare and submit to the Chief Administrative Officer and facility PREA Compliance Manager a written report of their findings and any recommendations for improvement.
- (f) Documentation for any recommendation not implemented shall be maintained.

The EPCF Warden identified staff members who are part of the core Incident Review team. The auditor substantiated the Incident Review Met and reviewed the one allegation of sexual abuse or sexual harassment that was found to be unsubstantiated. Based on the recommendations of the Incident Review Team, the facility placed additional cameras in the food service area. Compliance was determined by a review of the Incident Review Team meeting minutes and interviews with several Incident Review Team members and the facility Warden.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention Investigation Log
GEO Website (2018 Annual Compliance Report)

A review of documentation supports the finding that GEO has collected accurate, uniform data for every allegation of sexual abuse at facilities under its direct control (including two contract facilities), using a standardized instrument and set of definitions. The incident-based data collected includes information required to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency data has been aggregated at least annually for the last two years. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30. The facility provides the required data for the preparation of the report. A review of documentation and staff interviews confirmed compliance with this standard. The Idaho PREA Coordinator and Idaho IDOC Website confirmed that EPCF data is provided to the IDOC monthly and is part of their annual reporting for contract facilities. Compliance with this standard was also determined by a review of policy/documentation and an interview with the IPCM, Agency PREA Coordinator, and Idaho Department of Corrections PREA Coordinator.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?
 Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention Investigation Log
GEO Log of Incident in 2018

The agency and facility review and assess all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection, and response policies, to identify any trends, issues or problem areas and to take corrective action, if needed. The PREA Compliance Manager forwards data to the Agency PREA Coordinator. A review of the Eagle Pass Correctional Facility report confirmed the inclusion of all allegations of sexual abuse or sexual harassment and the investigative findings of each allegation. There

were three (3) allegations of sexual abuse. There were two (2) allegations of sexual harassment that were determined to be unfounded and one (1) that was found to be unsubstantiated. The Annual Report was reviewed by the auditor. Compliance with this standard was determined by a review of policy/documentation and interviews with both the IDOC and GEO Group PREA Coordinators.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following policies, directives, and documentation were reviewed in determining compliance with this standard:

Eagle Pass Correctional Facility Policy 11.1.4 Sexual Abuse/Assault Prevention and Intervention Website Page Data

All PREA files and related data are retained in a secure filing system. The final report does not contain any personal identifiers and policy requires that the statistical data be retained for no less than 10 years unless federal, state, or local law requires otherwise. The agency makes the information available on the GEO website. The reports cover all data required in the elements of this standard. The required reports cover all data required in this standard and are retained in a file. Compliance with this standard was determined by a review of policy/documentation and interviews with the IPCM, staff, and the Warden.

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This is the first audit of this facility. The facility became operational in September 2018. The PREA audit was originally scheduled for March 2017; however, it was postponed due to the Coronavirus and until CDC guidelines allowed entry into the facility. A staff member had tested positive before the audit. The auditor was allowed access to all areas of the facility and had access to all required supporting documentation before and during the audit. The auditor was able to conduct private interviews with both inmates and staff. Notifications of the audit (posted throughout the facility) allowed inmates to send confidential letters to the auditor before the audit. One letter was received by the auditor from an inmate.

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28

C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The institution has fully implemented all policies, practices, and procedures outlined in the PREA standards. The auditor reviewed applicable standards and, through the review of supporting documentation, interviews with staff and inmates, and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. The agency and facility's leadership are fully committed to eliminating sexual abuse/sexual harassment, as evidenced in the realistic staffing analysis and the recommendations for enhanced supervision techniques. Allegations of sexual abuse or sexual harassment are processed, under the standards, to include incident reviews, disciplinary actions, if required, and outcome notifications.

PREA training for staff and inmates is documented and all stakeholders receive the appropriate level of training and are knowledgeable of the intent of the PREA and the tools available to ensure prevention, detection, reporting, and response to sexual abuse incidents. Sexual abuse and victimization propensity screening is well established and tracked in an organized fashion. Referrals for mental health counseling are integrated into the intake and allegations of sexual abuse processes. Medical networks for the inmates are established in the community. The public has access to reporting mechanisms and PREA trends data via the website. The Eagle Pass Correctional Facility currently meets or exceeds all applicable PREA standards.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

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

Robert Manville

6/12/2020

Auditor Signature

Date