

**PREA Audit: Subpart A
DHS Immigration Detention Facilities
Corrective Action Plan Final Determination**



**Homeland
Security**

AUDITOR INFORMATION

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PROGRAM MANAGER INFORMATION

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AGENCY INFORMATION

Name of agency:	U.S. Immigration and Customs Enforcement (ICE)
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FIELD OFFICE INFORMATION

Name of Field Office:	San Antonio
Field Office Director:	Corey A. Price
ERO PREA Field Coordinator:	Christopher Tarango
Field Office HQ physical address:	1777 NE Loop 410 San Antonio, TX 78217

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	South Texas ICE Processing Center
Physical address:	566 Veterans Drive Pearsall, Texas 78061
Telephone number:	830-334-2939
Facility type:	Contract Detention Facility
PREA Incorporation Date:	9/25/2015

Facility Leadership

Name of Officer in Charge:	Bobby Thompson	Title:	Facility Administrator
Email address:	bthompson@geogroup.com	Telephone #:	830-334-2939
Name of PSA Compliance Manager:	Rosa Dorado	Title:	PSA Compliance Manager
Email address:	rdorado@geogroup.com	Telephone #:	830-334-2939

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS

Directions: Please provide summary of audit findings to include the number of provisions with which the facility has achieved compliance at each level after implementation of corrective actions: Exceeds Standard, Meets Standard, and Does Not Meet Standard.

During the audit, the Auditor found South Texas ICE Processing Center met 32 standards, had 3 standards that exceeded, had 2 standard that were non-applicable, and had 4 non-compliant standards. As a result of the facility being out of compliance with 4 standards, the facility entered into a 180-day corrective action period which began on March 01, 2024, and ended on August 28, 2024. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

Number of Standards Initially Not Met: 4

- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.33 - Detainee education.
- §115.53 - Detainee access to outside confidential support services.
- §115.65 - Coordinated response.

Number of Standards Exceeded: 0

Number of Standards Met: 4

- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.33 - Detainee education.
- §115.53 - Detainee access to outside confidential support services.
- §115.65 - Coordinated response.

Number of Standards Not Met: 0

PROVISIONS

Directions: After the corrective action period, or sooner if compliance is achieved before the corrective action period expires, the auditor shall complete the Corrective Action Plan Final Determination. The auditor shall select the provision that required corrective action and state if the facility's implementation of the provision now "Exceeds Standard," "Meets Standard," or "Does not meet Standard." The auditor shall include the evidence replied upon in making the compliance or non-compliance determination for each provision that was found non-compliant during the audit. Failure to comply with any part of a standard provision shall result in a finding of "Does not meet Standard" for that entire provision, unless that part is specifically designated as Not Applicable.

§115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.

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

Notes:

(a)(b): STIPC policy 2.1.1 states, "STIPC shall ensure that detainees with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the facility's efforts to prevent, detect, and respond to Sexual Abuse and Assault. STIPC shall provide written materials to every detainee in formats or through methods that ensure effective communication with detainees with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. Methods to ensure effective communication shall include, when necessary, access to in person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation." Interviews with the PSA Compliance Manager, the Intake Supervisor, an Intake Officer, and six random COs indicated reasonable accommodations are made to ensure a detainee receives notification, orientation and instruction on the facility sexual abuse prevention and response, to include but not limited to, the use of a teletypewriter (TTY) or Telecommunication device for the deaf (TDD) phone, video remote interpreting via I-pad, hearing aid/amplifier, an ICE Effective Communication card for those detainees who are deaf or hard of hearing. Interviews with the PSA Compliance Manager, the Intake Supervisor, an Intake Officer, and six random COs further indicated detainees who have limited reading skills or are limited English proficient (LEP), staff will utilize the facility language line to interpret the information or a staff interpreter, who is proficient in the detainee's preferred language and if a detainee is blind, the staff would read the information to the detainee. In addition, interviews with the PSA Compliance Manager, the Intake Supervisor, an Intake Officer, and six random COs indicated if a detainee has intellectual, psychiatric, or other disabilities, staff will speak slowly to the detainee, to ensure the detainee is understanding the information being given and, in some instances, the staff would request the assistance of medical or mental health staff to establish effective communication. Interviews with the PSA Compliance Manager, the Intake Supervisor, an Intake Officer, and six random COs further indicated during the intake process detainees are provided a facility Handbook, the ICE National Detainee Handbook, and will review a PREA video. The Auditor observed the facility handbook and confirmed it is available in English and Spanish. The Auditor observed the ICE National Detainee Handbook, and confirmed it is available in 14 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese. In addition, the Auditor observed the PREA video playing in each intake holding cell. The video is available in English and Spanish and has closed captioning for the deaf. Interviews with the PSA Compliance Manager and the Intake Supervisor indicated the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet is included in the ICE National Detainee Handbook; however, they were not aware the handbook only provides eight of the 14 languages, specifically English, Spanish Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi. In an interview with the Intake Supervisor, it was indicated the additional seven languages could be printed from the computer system, if needed; however, the Intake Supervisor had difficulty in locating the pamphlet on the system. The PSA Compliance Manager immediately issued an email to all Intake staff, which states, "Detainees who enter the facility who speak the following languages, we must print out the SA-API pamphlets and give it to the detainee, Bengali, Romanian, Russian, Turkish, Ukrainian

and Vietnamese.” The email contained instructions on how to locate and print the pamphlets. In addition, the Auditor was provided documentation to confirm all intake staff had read and understood the email. In an interview with the PSA Compliance Manager, it was indicated detainees who speak a language other than English and Spanish, are provided the PREA information from the facility Handbook and the PREA video through a Script read to the detainee by staff utilizing telephone interpreter services. During the on-site audit the Auditor reviewed the facility language line log and confirmed its usage during the intake process; however, the Auditor reviewed the Script and confirmed not all written material related to sexual abuse available in the facility handbook and the video is included in the script interpreted to the detainee.

(c): STIPC policy 2.1.1 states, “In matters relating to allegations of sexual abuse, each facility shall provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation by someone other than another detainee unless the detainee expresses a preference for a detainee interpreter, and the facility determines that such interpretation is appropriate. Any use of these interpreters under these types of circumstances shall be justified and fully documented in the written investigative report. The provisions of interpreter services by alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse.” However, the standard requires “In matters relating to allegations of sexual abuse, the Agency and each facility shall provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and the Agency (ICE) determines that such interpretation is appropriate and consistent with DHS policy.” Interviews with six random COs confirmed they would not utilize a detainee for interpretation unless the detainee expressed a preference, and the facility determines the interpretation would be appropriate. Interviews with the PSA Compliance Manager and a facility Investigator indicated if the detainee requested another detainee to provide interpretation, during an investigation into an allegation of sexual abuse, the request would be documented within the investigative report. The Auditor reviewed 15 investigative files and confirmed there were no instances which included utilizing a detainee for interpretation during the sexual abuse allegation investigations.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. In an interview with the PSA Compliance Manager, it was indicated detainees who speak a language other than English and Spanish, are provided the PREA information from the facility Handbook and the PREA video through a Script read to the detainee by staff utilizing telephone interpreter services. During the on-site audit the Auditor reviewed the facility language line log and confirmed its usage during the intake process; however, the Auditor reviewed the Script and confirmed not all written material related to sexual abuse available in the facility handbook and the video is included in the script interpreted to the detainee. To become compliant, the facility must implement a practice that ensures all detainees have an equal opportunity to participate or benefit from all aspects of both the Agency and facility efforts to prevent, detect, and respond to sexual abuse to include all information available in the facility Handbook and the facility PREA video. Once implemented, the facility must submit documentation to confirm all Intake staff have received training on the implemented practice. In addition, the facility must submit 15 detainee files, to include if applicable, detainees whose preferred language is other than English or Spanish, who are received during the corrective action plan (CAP) period to confirm all detainees have an equal opportunity to participate or benefit from all aspects of both the Agency and facility efforts to prevent, detect, and respond to sexual abuse.

The facility is not in compliance with subsection (c) of the standard. STIPC policy 2.1.1 states, “In matters relating to allegations of sexual abuse, each facility shall provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation by someone other than another detainee unless the detainee expresses a preference for a detainee interpreter, and the facility determines that such interpretation is

appropriate.” However, the standard requires “In matters relating to allegations of sexual abuse, the agency and each facility shall provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and the Agency (ICE) determines that such interpretation is appropriate and consistent with DHS policy. The provisions of interpreter services by alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse.” To become compliant, the facility must implement a practice which requires “In matters relating to allegations of sexual abuse, the agency and each facility shall provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and the Agency (ICE) determines that such interpretation is appropriate and consistent with DHS policy.” Once implemented, the facility must submit documentation which confirms all applicable staff have received training on the implemented practice.

Corrective Action Taken:

(a): The facility submitted a revised Incoming Traffic Translator Log and the script of the PREA video. The Auditor reviewed the submitted Incoming Traffic Translator Log and confirmed the log will document the detainee receiving the facility handbook and PREA video in a manner all detainees can understand. In addition, the facility submitted a revised PREA Script. The Auditor reviewed the revised PREA script and confirmed the revised script contains all PREA Information provided to detainees whose preferred language is English and Spanish through the facility handbook and the facility PREA video. The facility provided an email to all staff, with read receipts, which confirmed all applicable staff have received training on the updated process. The facility submitted five detainee files whose preferred language is other than English or Spanish that received the facility handbook and PREA video in a manner that they understand. The Auditor reviewed the submitted documentation and confirmed the facility has implemented a practice to ensure all detainees have an equal opportunity to participate or benefit from all aspects of both the Agency and facility efforts to prevent, detect, and respond to sexual abuse; and therefore, does not require the facility submit an additional 10 detainee files, to include if applicable, detainees whose preferred language is other than English or Spanish, who are received during the corrective action plan (CAP) period to confirm all detainees have an equal opportunity to participate or benefit from all aspects of both the Agency and facility efforts to prevent, detect, and respond to sexual abuse. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a) of the standard.

(c): The facility submitted revised policy 2.1.1, which states, “In matters relating to allegations of sexual abuse, ICE and STIPC shall provide in-person or telephonic interpretation services that enable effective, accurate and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and ICE determines that such interpretation is appropriate and consistent with DHS Policy.” The facility submitted training Sign-In sheets to confirm all staff including the medical staff within the facility have been trained on the updated policy. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

§115.33 - Detainee education.

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

Notes:

(a)(b)(c)(f): STIPC policy 2.1.1 states, “During the intake process, the facility shall provide instruction to detainees on the facility's Sexual Abuse and Assault Prevention and Intervention Program and ensure that such instructions include (at a minimum): 1. Prevention and intervention strategies; 2. Definitions and examples of detainee-on-detainee sexual abuse, employee on detainee sexual abuse and coercive sexual activity; 3.

Explanation of methods for reporting Sexual Abuse, including any employee other than immediate point-of contact line officer (i.e. the PREA Compliance Manager or Mental Health Staff), the DHS Office of Inspector General, and the Joint Intake Center. 4. Information about self-protection and indicators of sexual abuse; 5. Prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the detainee's immigration proceedings and; 6. Right of a detainee who has been subjected to sexual abuse or assault to receive treatment and counseling. Detainee orientation shall be provided in formats accessible to all detainees, including those who are limited English proficient (LEP), deaf, visually impaired or otherwise disabled, as well as to detainees who have limited reading skills. During the intake process, detainees are provided a National ICE detainee handbook, facility handbook, SAAPI DHS pamphlet, and shown PREA video in languages (English/Spanish) predominately spoken by the detainee population. In the housing units, PREA video is played daily and documented in the housing logbooks. Staff will utilize the language line to communicate with detainees who speak a language (other than English/Spanish) not predominately spoken to properly orientate the detainee. All efforts will be made to locate appropriate education documents in the detainee's native language, if unable to locate such written material, the language line will be used to verbally orientate the detainee. STIPC shall maintain documentation of detainee participation in the intake process orientation which shall be retained in their individual files.” Interviews with the facility Intake Supervisor and an intake officer, indicated that during the intake process, the facility provides an orientation program which includes providing each detainee an ICE National Detainee Handbook, the facility Handbook and a PREA video. Detainees are required to sign a Detainee Orientation Acknowledgement and have their photograph taken, while holding up the handbooks, to confirm distribution. The Auditor reviewed the ICE National Detainee Handbook and confirmed the handbook includes information on the Agency’s zero tolerance policy, prevention and intervention strategies, definitions and examples of detainee-on-detainee sexual abuse, explanation of methods for reporting sexual abuse, information about self-protection, reporting sexual abuse will not negatively impact your immigration proceeding and the right to receive treatment and counseling if subjected to sexual abuse. In addition, the Auditor confirmed the handbook was readily available in 14 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese. The Auditor reviewed the facility Detainee Handbook and confirmed the handbook includes information on the facility’s zero tolerance policy, definitions and examples of detainee-on-detainee sexual abuse, avoiding sexual assault, how to report sexual abuse and assault, reporting sexual abuse will not negatively impact your immigration proceeding, and information regarding counseling through RAINN. The Auditor confirmed the handbook was readily available in English and Spanish. In addition, the Auditor observed the facility PREA video, and confirmed it was available in English and Spanish. Interviews with the PSA Compliance Manager, the Intake Supervisor, and an Intake Officer indicated reasonable accommodations are made to ensure a detainee receives notification, orientation and instruction on the facility sexual abuse prevention and response, to include but not limited to, the use of a teletypewriters (TTY) or Telecommunication device for the deaf (TDD) phone, video remote interpreting via I-pad, hearing aid/amplifier, an ICE Effective Communication card for those detainees who are deaf or hard of hearing. For those detainees who have limited reading skills or are limited English proficient (LEP), staff will utilize the facility language line to interpret the information or a staff interpreter, who is proficient in the detainee’s preferred language. If a detainee is blind, the staff would read the information to the detainee. If a detainee has intellectual, psychiatric, or other disabilities, staff will speak slowly to the detainee, to ensure that the detainee is understanding the information being given. In some instances, the staff would request the assistance of medical or mental health staff to establish effective communication. In an interview with the PSA Compliance Manager, it was indicated detainees who speak a language other than English and Spanish, are provided the PREA information from the facility Handbook and the PREA video through a Script read to the detainee by staff utilizing telephone interpreter services. During the on-site audit the Auditor reviewed the facility language line log and confirmed its usage during the intake process; however, the Auditor reviewed the Script and confirmed not all written material related to sexual abuse available in the facility handbook and the video is included in the script interpreted to the detainee. Interviews with 30 detainees, indicated that they had received an ICE National

Detainee Handbook and the facility Handbook, during intake. The Auditor reviewed 20 detainee files and confirmed, each file contained a signed Detainee Orientation Acknowledgement and a photograph of the detainee holding the handbooks.

(d)(e): STIPC policy 2.1.1 states, “STIPC shall post on all housing unit bulletin boards the following notices: 1. The DHS-prescribed sexual assault awareness notice; 2. The name of the PREA Compliance Manager; and, 3. The name of local organizations that can assist detainees who have been victims of Sexual Abuse. STIPC shall make available and distribute the DHS-prescribed "Sexual Assault Awareness Information" pamphlet.” During the on-site audit, the Auditor observed the DHS-prescribed sexual assault awareness notice, which contained the name of the facility PSA Compliance Manager, the facility handbook in English and Spanish and the RAINN flyer, posted in all the housing units of the facility. Interviews with the PSA Compliance Manager and the Intake Supervisor indicated that the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet is included in the ICE National Detainee Handbook; however, they were not aware the handbook only provides nine of the 14 languages. The Intake Supervisor indicated that the additional six languages could be printed from the computer system, if needed; however, the Intake Supervisor had difficulty in locating the pamphlet on the system. The PSA Compliance Manager immediately issued an email to all Intake staff, which states, “Detainees who enter the facility who speak the following languages, we must print out the SAAPI pamphlets and give it to the detainee, Begali, Romanian, Russian, Turkish, Ukrainian and Vietnamese.” The email contained instructions on how to locate and print the pamphlets. In addition, the Auditor was provided documentation to confirm that all intake staff had read and understood the email.

Corrective Action:

The facility is not in compliance with subsection (b) of the standard. In an interview with the PSA Compliance Manager, it was indicated detainees who speak a language other than English and Spanish, are provided the PREA information from the facility Handbook and the PREA video through a Script read to the detainee by staff utilizing telephone interpreter services. During the on-site audit the Auditor reviewed the facility language line log and confirmed its usage during the intake process; however, the Auditor reviewed the Script and confirmed not all written material related to sexual abuse available in the facility handbook and the video is included in the script interpreted to the detainee. To become compliant, the facility must implement an orientation program that provides the detainee notification, orientation, and instruction in formats accessible to all detainees including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills. Once implemented, the facility must submit documentation to confirm all Intake staff have received training on the implemented practice. In addition, the facility must submit 15 detainee files, to include if applicable, detainees whose preferred language is other than English or Spanish, who arrived during the CAP period.

Corrective Action Taken:

The facility submitted a revised Incoming Traffic Translator Log and the script of the PREA video. The Auditor reviewed the submitted Incoming Traffic Translator Log and confirmed the log will document the detainee receiving the facility handbook and PREA video in a manner all detainees can understand. In addition, the facility submitted a revised PREA Script. The Auditor reviewed the revised PREA script and confirmed the revised script contains all PREA Information provided to detainees whose preferred language is English and Spanish through the facility handbook and the facility PREA video. The facility provided an email to all staff, with read receipts, which confirmed all applicable staff have received training on the updated process. The facility submitted five detainee files whose preferred language is other than English or Spanish that received the facility handbook and PREA video in a manner that they understand. The Auditor reviewed the submitted documentation and confirmed the facility has implemented a practice to ensure all detainees have an equal opportunity to participate or benefit from all aspects of both the Agency and facility efforts to prevent, detect, and respond to sexual abuse; and therefore, does not require the facility submit an additional 10 detainee files, to

include if applicable, detainees whose preferred language is other than English or Spanish, who are received during the corrective action plan (CAP) period to confirm all detainees have an equal opportunity to participate or benefit from all aspects of both the Agency and facility efforts to prevent, detect, and respond to sexual abuse. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (b) of the standard.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c)(d): STIPC policy 2.1.1 states, “STIPC shall utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation and the prosecution of Sexual Abuse perpetrators to most appropriately address victim's needs. STIPC shall make available to detainees information about local organizations that can assist detainees who have been victims of sexual abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available). If local providers are not available, STIPC shall make available the same information about national organizations. STIPC shall enable reasonable communication between detainees and these organizations as well as inform detainees (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. STIPC will maintain or attempt to enter into agreements with community service providers to provide detainees with confidential emotional support services related to the sexual abuse while in custody, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime. STIPC shall maintain copies of all agreements or documentation showing unsuccessful attempts to enter into such agreements.” However, the facility did not submit documentation to confirm STIPC has attempted to enter into an MOU with a local community service provider to offer crisis intervention, emotional services, and counseling. In an interview with the PSA Compliance Manager, it was indicated the facility utilizes the services of RAINN to provide the required services. A review of the facility Handbook confirmed detainees are provided a telephone number to access RAINN services. In addition, the Handbook states, “Detainee calls are subject to monitoring. Communications to outside resources will be monitored and the extent to which reports of sexual abuse will be forwarded to authorities will be at the discretion of ICE and in accordance with mandatory reporting laws.” During the on-site audit, the Auditor observed the RAINN flyer posted in all housing units. In addition, the Auditor observed instructions for anonymous and confidential telephone calls to RAINN. While on-site, the Auditor tested the telephone number and was connected to RAINN and transferred to a local Rape Crisis Center in San Antonio. The Auditor spoke with a victim advocate and confirmed services provided would include emotional support, crisis intervention, support during investigatory interviews, information and referrals that may be needed. The Auditor could not confirm the facility provides the detainee with a mailing address for communication with RAINN.

Corrective Action:

The facility is not in compliance with subsections (a) and (c) of the standard. The facility did not submit documentation to confirm STIPC has attempted to enter into an MOU with a local community service provider to offer crisis intervention, emotional services, and counseling. In addition, the Auditor could not confirm the facility provides the detainee with a mailing address for communication with RAINN. To become compliant, the facility must attempt to enter into an MOU with a local community service provider to offer crisis intervention, emotional services, and counseling. In addition, the facility must make available the address to RAINN to detainees in a manner all detainees can understand.

Corrective Action Taken:

The facility submitted a revised RAINN poster, in English and Spanish only, which provides a mailing address for detainees to utilize if contact by mail is preferred; however, the facility provided a copy of the revised PREA script which includes the information to be translated if necessary. The facility provided documentation of unsuccessful attempts to obtain and MOU with a local Rape Crisis Center to provide crisis intervention, emotional services, and counseling. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a) and (c) of the standard.

§115.65 - Coordinated response.

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

Notes:

(a)(b): STIPC policy 2.1.1 states, “STIPC has developed a written plan to coordinate the actions taken by staff first responders, Medical and Mental Health Practitioners, investigators and Facility Leadership in response to incidents of Sexual Abuse. The plan is maintained in the Facility Emergency Plan Binder, titled "SAAPI Coordinated Response.” STIPC shall use a coordinated, multidisciplinary team approach to responding to sexual abuse. The PSA Compliance Manager shall be a required participant and the Corporate PREA Coordinator may be consulted as part of this coordinated response.” The Auditor reviewed the facility coordinated response plan and confirmed the plan coordinates the actions taken by facility first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. Interviews with the FA and the PSA Compliance Manager indicated the facility has established a Sexual Abuse Response Team (SART) to identify roles and responsibilities in response to an incident of sexual abuse. The response team includes the PSA Compliance Manager, medical and mental health staff, security staff, and a facility Investigator. The Auditor reviewed 15 sexual abuse allegation investigation files and confirmed the facility utilized a coordinated, multidisciplinary team approach to responding to sexual abuse.

(c)(d): STIPC policy 2.1.1 states, “If the victim of sexual abuse is transferred between DHS Immigration Facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services unless the victim requests otherwise. If the victim is Sexual Abuse is transferred from a DHS Facility to a non-DHS, the sending facility shall as permitted by law, inform the receiving facility of the incident and the victim's need for potential need for medical or social services, unless the victim requests otherwise.” However, the standard requires the PREA Coordinated Response Plan include the requirements of subsection (c) of the standard which states, “If a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services” and subsection (d) of the standard which states, “If a victim is transferred from a DHS immigration detention facility to a facility, not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise.” The Auditor reviewed a memorandum to the file which states, “The South Texas ICE Processing Center has not transferred any victims of sexual abuse to another facility during this audit period. In the event this situation were to occur, ICE personnel would make a notation on the Enforce Alien Removal Module with specific SEN submission number indicating there was a PREA allegation involving the detainee. In addition, ICE personnel would include if the victim was the victim for visibility. A Z-hold would be placed on the detainee’s file in which would notify the Field Office Prevention of Sexual Abuse Coordinator prior to the transfer, removal, release, or etc of the detainee.” In addition, the Auditor reviewed another memorandum to the file which states, “The South Texas ICE Processing Center has not transferred any victims of sexual abuse to a non-DHS Immigration Facility. In the event this situation were to occur, the South Texas ICE Processing Center shall as permitted by law, inform the receive facility of the incident and the victim’s potential need for medical or social

services, unless the victim requests otherwise.” An interview with the FA confirmed he was aware of the requirements of subsections (c) and (d) of the standard as written in policy.

Corrective Action:

The Auditor reviewed STIPC policy 2.1.1 and confirmed STIPC policy 2.11 does not include the requirements of subsections (c) of the standard which states, “if a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services.” In addition, a review of STIPC policy 2.11 confirms it does not include the requirements of subsection (d) of the standard which states “if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical and social services, unless the victim requests otherwise.” To become compliant the facility must update STIPC policy 2.1.1 which serves as the facility coordinated response plan to include the requirements of subsections (c) and (d) of the standard. Once updated the facility must submit documentation that all applicable staff, including medical have been trained on the updated coordinated response plan.

Corrective Action Taken:

The facility submitted a revised facility policy 2.1.1 which includes “If a victim of sexual abuse is transferred between facilities covered by subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services” and “If a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical and social services, unless the victim requests otherwise.” The facility submitted training attendance records to confirm all applicable staff, to include medical staff have been trained on revised policy 2.1.1. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (c) and (d) of the standard.

AUDITOR CERTIFICATION:

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

Robin Bruck 6/24/2024

Auditor's Signature & Date

James McClelland 6/24/2024

Program Manager's Signature & Date

Sabina Kaplan 6/24/2024

Assistant Program Manager's Signature & Date

PREA Audit: Subpart A DHS Immigration Detention Facilities Audit Report



Homeland Security

AUDIT DATES

From:	1/09/2024	To:	1/11/2024
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AUDITOR INFORMATION

Name of auditor:	Robin Bruck	Organization:	Creative Corrections, LLC
Email address:	Robin.M.Bruck@associates.ice.dhs.gov	Telephone #:	(409) 866-9920

PROGRAM MANAGER INFORMATION

Name of PM:	James McClelland	Organization:	Creative Corrections, LLC
Email address:	James.t.mcclelland@associates.ice.dhs.gov	Telephone #:	(409) 866-9920

AGENCY INFORMATION

Name of agency:	U.S. Immigration and Customs Enforcement (ICE)
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FIELD OFFICE INFORMATION

Name of Field Office:	San Antonio
Field Office Director:	Corey A. Price
ERO PREA Field Coordinator:	Christopher Tarango
Field Office HQ physical address:	1777 NE Loop 410 San Antonio, TX 78217

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	South Texas ICE Processing Center
Physical address:	566 Veterans Drive Pearsall, Texas 78061
Telephone number:	210-231-4505
Facility type:	Contract Detention Facility
PREA Incorporation Date:	9/25/2015

Facility Leadership

Name of Officer in Charge:	Bobby Thompson	Title:	Facility Administrator
Email address:	bthompson@geogroup.com	Telephone #:	830-334-2939
Name of PSA Compliance Manager:	Rosa Dorado	Title:	PSA Compliance Manager
Email address:	rdorado@geogroup.com	Telephone #:	830-334-2939

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

Directions: Discuss the audit process to include the date of the audit, names of all individuals in attendance, audit methodology, description of the sampling of staff and detainees interviewed, description of the areas of the facility toured, and a summary of facility characteristics.

The Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of South Texas ICE Processing Center (STIPC) was conducted January 9, 2024 – January 11, 2024, by Lead Auditor, Robin M. Bruck and Support Auditor, Jodi L. Upshaw, both U.S. Department of Justice (DOJ) and DHS Certified PREA Auditors, employed by Creative Corrections, LLC. The Auditors were provided guidance and review during the audit report writing and review process by the U.S. Immigration and Customs Enforcement (ICE) PREA Program Manager (PM) James T. McClelland and Assistant Program Manager (APM) Sabina Kaplan, both DOJ and DHS Certified PREA Auditors. The PM’s role is to provide oversight for the ICE PREA audit process and liaison with ICE Office of Professional Responsibilities (OPR), External Reviews and Analysis Unit (ERAU) during the audit review process. The purpose of the audit was to assess the facility compliance with the DHS PREA Standards. The STIPC is privately operated by the GEO Group and operates under contact with the ICE, Office of Enforcement and Removal Operations (ERO). The facility processes detainees who are pending immigration review, asylum, or deportation. STIPC is in Pearsall, Texas. The audit is the third DHS PREA audit for STIPC, and includes a review of period between January 11, 2023, and January 11, 2024.

STIPC consists of one building, with 26 dorm style housing units, to include two female dormitories. In addition, the facility has one female Administrative Segregation Unit and three male Administrative Segregation Units. The facility has a design capacity of 1904. The facility Pre-audit Questionnaire (PAQ) indicated 12,997 adult detainees have been booked into the facility in the past 12 months. On the first day of the on-site audit, the detainee population was 1582, which included 1577 male detainees and 5 female detainees. STIPC houses detainees who are assigned a high, medium or low custody level. The average length of stay is 59 days. The top three nationalities at the facility are Honduras, Venezuela, and Guatemala. STIPC does not house juvenile detainees or family units.

Approximately four weeks prior to the on-site audit, the ERAU Team Lead (TL), David Moran provided the Auditor with the facility PAQ, Agency policies, facility policies and other documentation to support compliance with the standards. The PAQ and supporting documentation was organized utilizing the PREA Pre-Audit: Policy and Document Request DHS Immigration Detention Facilities form and placed into folders for ease of auditing. The main policy that governs STIPC PREA program is 2.1.1 Sexual Assault/Abuse Prevention/Intervention Programs. All documentation, policies, and the facility PAQ were reviewed by the Auditor prior to the on-site audit. In addition, the Auditor reviewed the Agency and the facility websites. An entrance briefing was held in the STIPC conference room on Tuesday, January 9, 2024, at 8:15 a.m. The ICE ERAU TL opened the briefing. In attendance were:

David Moran, TL, Inspections and Compliance Specialist (ICS)/ICE/OPR/ERAU

Helen Campbell, ICS/ICE/OPR/ERAU

Leticia Diaz, Assistant Field Office Director (AFOD)

Poll A. Duran, Detention and Deportation Officer (DDO)

Robert Balli, GEO Assistant Facility Administrator (AFA)

Alfredo Trejo, Jr., GEO Intake Officer

Imelda Machorro, GEO Chief of Security (CS)

Mayra Rodriguez, GEO PREA Investigator

Bobby Thompson, GEO Facility Administrator (FA)

Rosa Dorado, GEO PSA Compliance Manager

Margaret Cisneros, GEO AFA

Folarin Ojowa, ICE Health Services Corps (IHSC) Facility Healthcare Program Manager (FHPM)

Robin M. Bruck, Certified DOJ/DHS PREA Auditor, Creative Corrections, LLC
Jodi L. Upshaw, Certified DOJ/DHS PREA Auditor, Creative Corrections, LLC

The Auditor introduced herself and provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance to those present. The Auditor explained the audit process is designed to not only assess compliance through written policy and procedures but also to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. The Auditor further explained compliance with the PREA standards will be determined based on a review of the policies and procedures, observations made during the facility on-site visit, documentation review, and conducting interviews with staff and detainees.

An on-site audit of the facility was conducted by the Auditors and key staff from GEO Group and ICE. All areas of the facility where detainees are afforded the opportunity to go were observed. This included housing, programming, booking/intake, recreation, visitation, laundry, food service, library, and medical areas. In addition, the Auditors observed the control center, sally port, and the administrative offices. During the on-site audit, the Auditors made visual observations of bathrooms and shower areas, camera locations, and the number of staff assigned in all areas of the facility. There were two notable blind spots within the facility. The facility immediately corrected these areas. The Auditors observed PREA information in all common areas of the facility, and near the detainee telephones which included the DHS-prescribed sexual assault notice, the Detention and Reporting Information Line (DRIL) poster, DHS Office of Inspector General (OIG) poster, the Rape Abuse and Incest National Network (RAINN) poster, and information for contacting consular officials. The posters were predominately in English and Spanish. During the on-site audit, the Auditors tested the numbers provided for DRIL, OIG, RAINN, and the facility PREA Hotline and confirmed they were in good working order.

STIPC utilizes 251 video cameras to assist with monitoring the detainees. Video cameras were present in all areas, to include but not limited to common areas, housing areas, booking/intake, medical, the hallways, and the sally port. Video cameras are stationary, are monitored 24/7, and have the ability to pan, tilt and zoom (PTZ). Cameras are monitored by the control room officers in the control room and can retain video for up to 90 days. The Auditor reviewed the camera views from the control center and confirmed that no bathrooms, showers, or detainees in the state of undress could be viewed.

A review of the STIPC PAQ indicates the facility has 281 security staff (155 males and 126 females), 89 IHSC medical staff and 11 IHSC mental health staff. Additional staff include administration, food service, maintenance, and religious services. There is one contracted commissary employee, employed by Keefe Group, LLC. In addition, the facility utilizes two volunteers for religious services. Security staff work in three shifts 0545-1415, 1345-2215 and 2145-0615. The facility provided the Auditors with staff rosters to randomly select staff for interviews and file reviews. The Auditors conducted a total of 25 staff interviews to include the PSA Compliance Manager/Investigator, Investigator, Retaliation Monitor, Incident Review Team Member, Intake Supervisor, Classification Supervisor, FA, Grievance Officer (GO), CS, Disciplinary Officer, Human Resource Manager (HRM), Training Supervisor, Intake Officer, Segregation Supervisor, Health Services Administrator (HSA), Supervising Mental Health Provider, 6 random correctional officers (COs), and a security first responder. In addition, the Auditor interviewed one ICE staff (Supervisor Deportation Detention Officer (SDDO)) and two contract staff non-security first responder. The Auditor did not conduct interviews with any volunteers as there were none at the facility during the on-site audit. All interviews were conducted in a private setting allowing for confidentiality for those participating in the interview process.

The Auditors conducted 31 detainee interviews, which included 22 random Limited English Proficient (LEP) detainees, 6 LGBTQI detainees (three gay detainees, one lesbian detainee, two transgender detainees), two detainees who identified as experiencing previous sexual abuse, and one detainee who reported sexual abuse. All interviews were conducted in a private setting, allowing for confidentiality for those participating in

the interview process.

The facility PREA Allegation Spreadsheet indicated the facility had 43 PREA allegations closed during the reporting period. The Auditor reviewed 15 sexual abuse allegation investigation files. The sexual abuse allegation investigation file reviews included 14 detainee-on-detainee allegations (8 unsubstantiated, 2 unfounded, and 4 substantiated) and 1 staff-on-detainee allegation (substantiated).

An exit briefing was conducted on Thursday, January 11, 2024, at 2:30 p.m. The ICE ERAU TL opened the briefing and turned it over to the Auditor. In attendance were:

David Moran, TL, ICS/ICE/OPR/ERAU

Helen Campbell, ICS/ICE/OPR/ERAU

Leticia Diaz, AFOD

Poll A. Duran, DO

Bobby Thompson, GEO FA

Rosa Dorado, GEO PSA Compliance Manager

Margaret Cisneros, GEO AFA

Nancy Lafferty, IHSC Assistant Health Services Administrator (AHSA)

Erma Welch, GEO PREA Manager

Manny Alvarez, GEO PREA Director

Robin M. Bruck, Certified DOJ/DHS PREA Auditor, Creative Corrections, LLC

Jodi L. Upshaw, Certified DOJ/DHS PREA Auditor, Creative Corrections, LLC

The Auditor spoke briefly and informed those present that it was too early in the process to formalize a determination of compliance on each standard. The Auditor would review all documentation, interview notes, file review notes, and on-site observations to determine compliance. The Auditor thanked all facility staff for their cooperation in this audit process. The TL explained the audit report process, timeframes for any corrective action imposed, and the timelines for the final report.

SUMMARY OF AUDIT FINDINGS

Directions: Discuss audit findings to include a summary statement of overall findings and the number of provisions which the facility has achieved compliance at each level: Exceeds Standard, Meets Standard, and Does Not Meet Standard.

Number of Standards Exceeded: 3

- §115.17 - Hiring and promotion decisions
- §115.31 - Staff Training
- §115.43 - Protective Custody

Number of Standards Met: 32

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
- §115.13 - Detainee supervision and monitoring
- §115.15 - Limits to cross-gender viewing and searches
- §115.21 - Evidence protocols and forensic medical examinations
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight
- §115.32 - Other Training
- §115.34 - Specialized training: Investigations
- §115.35 - Specialized training: Medical and mental health care
- §115.41 - Assessment for risk of victimization and abusiveness
- §115.42 - Use of assessment information
- §115.51 - Detainee Reporting
- §115.52 - Grievances
- §115.54 - Third-party reporting
- §115.61 - Staff and Agency Reporting Duties
- §115.62 - Protection Duties
- §115.63 - Reporting to other Confinement Facilities
- §115.64 - Responder Duties
- §115.66 - Protection of detainees from contact with alleged abusers
- §115.67 - Agency protection against retaliation
- §115.68 - Post-allegation protective custody
- §115.71 - Criminal and administrative investigations
- §115.72 - Evidentiary standard for administrative investigations
- §115.73 - Reporting to detainees
- §115.76 - Disciplinary sanctions for staff
- §115.77 - Corrective action for contractors and volunteers
- §115.78 - Disciplinary sanctions for detainees
- §115.81 - Medical and mental health screening; history of sexual abuse
- §115.82 - Access to emergency medical and mental health services
- §115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
- §115.86 - Sexual abuse incident review
- §115.87 - Data collection
- §115.201 - Scope of Audit

Number of Standards Not Met: 4

- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient
- §115.33 - Detainee Education
- §115.53 - Detainee access to outside confidential support services
- §115.65 - Coordinated Response

Number of Standards Not Applicable: 2

- §115.14 - Juvenile and family detainees
- §115.18 - Upgrades to facilities and technologies

PROVISIONS

Directions: In the notes, the auditor shall include the evidence relied upon in making the compliance or non-compliance determination for each provision of the standard, 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 Corrective Action Plan Final Determination, accompanied by information on specific corrective actions taken by the facility. Failure to comply with any part of a standard provision shall result in a finding of "Does not meet Standard" for that entire provision, unless that part is specifically designated as Not Applicable. For any provision identified as Not Applicable, provide an explanation for the reasoning.

§115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator

Outcome: Meets Standard

Notes:

(c): STIPC policy 2.1.1 states, "Each facility shall maintain a written policy mandating Zero Tolerance towards all forms of Sexual Abuse and Assault and outlining the facility's approach to preventing, detecting, and responding to such conduct. Where any requirements of the DHS PREA Standards may conflict with PBNDS 2011, the DHS PREA Standards shall supersede. The Local ICE Field Office shall review and approve STIPC's written policy and any subsequent changes." In review of the facility policy, the Auditor confirmed the policy includes definitions of sexual abuse and general PREA definitions. The policy outlines the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment through, but not limited to, hiring practices, training, unannounced security inspections, mandatory reporting protocols, investigations, and support from victim advocates. During the on-site audit, the Auditor observed the DHS-prescribed sexual abuse and assault awareness notice posted in all housing units and programming areas within the facility. Interviews with staff and detainees indicated they were knowledgeable regarding the Agency and the facility zero tolerance policies. Interviews with the FA and a SDDO confirmed STIPC policy 2.1.1 has been reviewed and approved by the Agency.

(d): STIPC policy 2.1.1 states, "The Facility Administrator has designated the Prevention of Sexual Assault Compliance Manager (PSA Compliance Manager) as the Facility point of contact for the DHS PSA Coordinator and the Corporate PREA coordinator and who has sufficient time and authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures." The Auditor reviewed the facility Organizational Chart and confirmed the PSA Compliance Manager is in a position of authority and reports directly to the FA. An interview with the PSA Compliance Manager indicated she has sufficient time and authority to oversee the facility's efforts to comply with the facility sexual abuse prevention and intervention policies and procedures and serves as the facility point of contact for the Agency PSA Coordinator.

Corrective Action:

No corrective action needed.

§115.13 - Detainee supervision and monitoring

Outcome: Meets Standard

Notes:

(a)(b)(c): STIPC policy 2.1.1 states, "STIPC shall ensure it maintains sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against Sexual Abuse. STIPC shall develop and document comprehensive detainee supervision guidelines to determine and meet the facility's detainee supervision needs, and shall review annually. In determining adequate levels of detainee supervision and determining the need for video monitoring, the facility shall take into consideration: 1. Generally accepted facility security practices; 2. Any judicial findings of inadequacy; 3. The physical layout of the facility 4. The composition of the detainee population; 5. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; 6. The findings and recommendations of sexual abuse incident review reports; 7. Any other relevant factors, including but not limited to the length of time detainees spend in facility custody. The

"Annual PREA Facility Assessment" (See Attachment B), shall be completed and submitted to the local PSA Compliance Manager and Corporate PREA Coordinator annually as determined by GEO's U.S. Secure Services." Interviews with the FA and the PSA Compliance Manager indicated an annual assessment of staffing levels and the need for video monitoring is conducted utilizing the facility Annual PREA Facility Assessment form. In addition, the interviews indicated that the assessment will be conducted anytime, if there is a need to review the staffing levels, more frequently than an annual review. The Auditor reviewed the STIPC Annual PREA Facility Assessment, which is dated August 28, 2023 and confirmed the facility considered all elements required by subsection (c) of the standard to determine adequate staffing levels and the need for video monitoring to include; generally accepted detention and correctional practices, judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, and any other relevant factors, including but not limited to the length of time detainees spend in the agency custody. During the on-site audit, the Auditor reviewed the facility comprehensive detainee guidelines and confirmed they had last been updated on March 27, 2023, and reviewed with staff signed acknowledgements by all staff assigned to the respective posts. During the on-site audit the Auditor observed adequate staff assigned throughout the facility; however, the Auditor observed two significant "blind spots" in the dry storage area within the female dormitories and the facility kitchen's dry storage area. The facility took immediate action and eliminated the "blind spots" by repositioning the shelves in the dry storage area to allow for camera viewing and removing the film covering the windows of the "storage room" in the female dorm to allow visual into the room. The Auditor was provided photographs of both areas to confirm compliance.

(d): STIPC policy 2.1.1 states, "STIPC shall conduct frequent unannounced security inspections to identify and deter sexual abuse of detainees. Such inspections will be conducted daily on all shifts. Unannounced rounds shall be conducted by a Sergeant or above and documented on the Weekly Signature Logs maintained in the housing units. In addition to their name, the supervisor will notate the time the security inspection was conducted. The PREA Compliance Manager will be notified of any PREA related issues identified while making these security inspections. Staff is prohibited from alerting others that these security inspections are occurring, unless such announcement is related to the legitimate operational functions of the facility." The Auditor reviewed samples of the facility control logs and confirmed the logs indicate "unannounced PREA rounds are to be conducted daily on all shifts." An interview with the PSA Compliance Manager indicated that all supervisors to include the FA, Lieutenant, Captain, Sergeant, PSA Compliance Manager, and the PREA Investigator are required to conduct unannounced security inspections at the facility. An interview with the CS indicated she was knowledgeable and could articulate unannounced security inspections are conducted to identify and deter sexual abuse of detainees. An interview with the CS further indicated if a staff member was found alerting other staff of the unannounced security inspections, they could face disciplinary action. During the on-site audit, the Auditor reviewed the control logs and confirmed unannounced security inspections are being conducted daily at different times and on all shifts as required by subsection (d) of the standard.

Corrective Action:

No corrective action needed.

§115.14 - Juvenile and family detainees

Outcome: Not Applicable

Notes:

(a)(b)(c)(d): The Auditor reviewed a memorandum to file which states, "The South Texas ICE Processing Center does not house juveniles or family units." Interviews with the facility FA, the PSA Compliance Manager and the Auditors on-site observations confirmed the facility does not house juveniles or family units; and therefore, standard 115.14 is not applicable.

Corrective Action:

No corrective action needed.

§115.15 - Limits to cross-gender viewing and searches

Outcome: Meets Standard

Notes:

(b)(c)(d)(e)(f): STIPC policy 2.1.1 states, “Searches are necessary to ensure the safety of officers, civilians, and detainees; to detect and secure evidence of criminal activity; and to promote security, safety and related interest at STIPC. Searches shall be performed in the following manner: 1. Cross Gender pat-down searches of male detainees shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in Exigent Circumstances. 2. STIPC shall not permit cross-gender pat-down searches of female detainees, absent Exigent Circumstances.” STIPC policy 2.1.1 further states, “STIPC shall document all strip searches, visual body cavity searches and cross gender pat-down searches. (See Attachment G-Cross Gender Pat Search Log). Cross-gender strip searches or cross-gender visual body cavity searches shall not be conducted except in Exigent Circumstances, including consideration of officer safety, or when performed by medical practitioners.” The Auditor reviewed memorandums to the file which indicated the facility has not performed any cross-gender pat-searches, strip searches, cross-gender strip search, or visual body cavity searches, during the audit period. Interviews with the PSA Compliance Manager and six COS confirmed they were aware that cross-gender pat-down searches, strip searches, cross-gender strip searches or visual body cavity searches are strictly prohibited to be conducted at the facility; however, if there were exigent circumstances which required these types of searches, they would be documented on the Cross-Gender Pat Search log or the Cross-Gender Strip Search log. Interviews with 30 detainees confirmed they had been pat searched upon entry to the facility in a professional and respectful manner by a staff member of the same gender and they had not been strip searched by anyone at the facility. During the on-site audit, the Auditor observed several pat-down searches of both male and female detainees and confirmed the searches were conducted professionally and respectfully by staff of the same gender as the detainee being searched.

(g): STIPC policy 2.1.1 states, “Staff of the opposite gender's presence shall be announced by the dorm officer when entering an area where detainees are likely showering, performing bodily functions or changing clothes. STIPC shall allow detainees to shower, changes clothes, and perform bodily functions without employees of the opposite gender viewing them, absent Exigent Circumstances or instances when the viewing is incidental to routine cell checks or otherwise appropriate in connection with a medical examination or monitored bowel movement.” STIPC Specific Post Order-Female Housing Officer states, “Only female officers will be assigned to this post.” STIPC Specific Post Order-Female Housing Officer further states, “All male staff members must be announced prior to entering a female housing unit. Any male staff member visiting a female housing unit must have a female staff member escorting him at all times and only be in the housing unit for legitimate facility business. Showers and bathrooms will be cleared before the male visitor enters the housing unit and female detainees in the day room will have outer shirt, pants and t-shirts on while the male visitors are in the unit.” STIPC Specific Post Order-Male Housing Officer states, “All female staff members entering this area will be announced. This includes all female officers, GEO, ICE and IHSC staff.” During the on-site audit, the Auditor observed the announcement being made each time the opposite gender entered a housing unit. Interviews with 30 detainees, indicated that the detainees are always aware when opposite gender staff enter the unit. Each stated that they feel they are afforded privacy when showering, utilizing the toilet or when changing clothing.”

(h): STIPC is not designated as Family Residential Centers; therefore, provision (h) is not applicable.

(i)(j): STIPC policy 2.1.1 states, “STIPC shall not search or physically examine a detainee solely to determine their genital status. If the genital status is unknown, it may be determined during private conversations with the detainee, by reviewing medical records, or by learning that information as part of a standard medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private by a Medical Practitioner.” STIPC policy 2.1.1 further states, “Security Staff shall be trained to conduct pat-down searches, including cross-gender pat-down searches and searches of Transgender and Intersex detainees in a professional and respectful manner, and in the least intrusive manner possible, including consideration of officer safety.” The

Auditor reviewed the GEO Search training PowerPoint and confirmed the curriculum includes the National PREA Resource Center's Limits to Cross-Gender Viewing and Searches training curriculum. Interviews with the PSA Compliance Manager and six random COs indicated they would not search or physically exam a transgender or intersex detainee for the sole purpose of determining their genital status. Interviews with the PSA Compliance Manager and six random COs further indicated they have received cross-gender pat-down search training to include conducting a pat-search of a transgender or intersex detainee. In addition, interviews with the PSA Compliance Manager and six random COs confirmed they could articulate the differences between a pat-down search of a detainee and a pat-down search of a transgender detainee. The Auditor reviewed 15 staff training files and confirmed all had received training in the proper procedures for conducting pat-down searches, including cross-gender pat-down searches, and searches of transgender and intersex detainees.

Corrective Action:

No corrective action needed.

§115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient

Outcome: Does Not Meet Standard

Notes:

(a)(b): STIPC policy 2.1.1 states, "STIPC shall ensure that detainees with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the facility's efforts to prevent, detect, and respond to Sexual Abuse and Assault. STIPC shall provide written materials to every detainee in formats or through methods that ensure effective communication with detainees with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. Methods to ensure effective communication shall include, when necessary, access to in person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation." Interviews with the PSA Compliance Manager, the Intake Supervisor, an Intake Officer, and six random COs indicated reasonable accommodations are made to ensure a detainee receives notification, orientation and instruction on the facility sexual abuse prevention and response, to include but not limited to, the use of a teletypewriter (TTY) or Telecommunication device for the deaf (TDD) phone, video remote interpreting via I-pad, hearing aid/amplifier, an ICE Effective Communication card for those detainees who are deaf or hard of hearing. Interviews with the PSA Compliance Manager, the Intake Supervisor, an Intake Officer, and six random COs further indicated detainees who have limited reading skills or are limited English proficient (LEP), staff will utilize the facility language line to interpret the information or a staff interpreter, who is proficient in the detainee's preferred language and if a detainee is blind, the staff would read the information to the detainee. In addition, interviews with the PSA Compliance Manager, the Intake Supervisor, an Intake Officer, and six random COs indicated if a detainee has intellectual, psychiatric, or other disabilities, staff will speak slowly to the detainee, to ensure the detainee is understanding the information being given and, in some instances, the staff will request the assistance of medical or mental health staff to establish effective communication. Interviews with the PSA Compliance Manager, the Intake Supervisor, an Intake Officer, and six random COs further indicated during the intake process detainees are provided a facility Handbook, the ICE National Detainee Handbook, and will review a PREA video. The Auditor observed the facility handbook and confirmed it is available in English and Spanish. The Auditor observed the ICE National Detainee Handbook, and confirmed it is available in 14 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese. In addition, the Auditor observed the PREA video playing in each intake holding cell. The video is available in English and Spanish and has closed captioning for the deaf. Interviews with the PSA Compliance Manager and the Intake Supervisor indicated the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet is included in the ICE National Detainee Handbook; however, they were not aware the handbook only provides nine of the 14 languages, specifically English, Spanish, Arabic, French, Haitian Creole, Hindi, Portuguese, Punjabi, and Chinese. In an interview with the Intake Supervisor, it was indicated the additional six languages could be printed from the computer system, if needed; however, the Intake Supervisor had difficulty in locating the pamphlet on the system. The PSA Compliance Manager immediately

issued an email to all Intake staff, which states, “Detainees who enter the facility who speak the following languages, we must print out the SA-API pamphlets and give it to the detainee, Bengali, Romanian, Russian, Turkish, Ukrainian and Vietnamese.” The email contained instructions on how to locate and print the pamphlets. In addition, the Auditor was provided documentation to confirm all intake staff had read and understood the email. In an interview with the PSA Compliance Manager, it was indicated detainees who speak a language other than English and Spanish, are provided the PREA information from the facility Handbook and the PREA video through a Script read to the detainee by staff utilizing telephone interpreter services. During the on-site audit the Auditor reviewed the facility language line log and confirmed its usage during the intake process; however, the Auditor reviewed the Script and confirmed not all written material related to sexual abuse available in the facility handbook and the video is included in the script interpreted to the detainee. Interviews with three LEP detainees (2 Uzbek and 1 Russian, indicated they had received the ICE National Handbook printed in Russian. Another LEP detainee who speaks Farsi, indicated he had received the ICE National Handbook in English only. Each of the four LEP detainees, stated they had not been read the written material with the use of the language line, during intake.

(c): STIPC policy 2.1.1 states, “In matters relating to allegations of sexual abuse, each facility shall provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation by someone other than another detainee unless the detainee expresses a preference for a detainee interpreter, and the facility determines that such interpretation is appropriate. Any use of these interpreters under these types of circumstances shall be justified and fully documented in the written investigative report. The provisions of interpreter services by alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse.” However, the standard requires “In matters relating to allegations of sexual abuse, the Agency and each facility shall provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and the Agency (ICE) determines that such interpretation is appropriate and consistent with DHS policy.” Interviews with six random COs confirmed they would not utilize a detainee for interpretation unless the detainee expressed a preference, and the facility determines the interpretation would be appropriate. Interviews with the PSA Compliance Manager and a facility Investigator indicated if the detainee requested another detainee to provide interpretation, during an investigation into an allegation of sexual abuse, the request would be documented within the investigative report. The Auditor reviewed 15 investigative files and confirmed there were no instances which included utilizing a detainee for interpretation during the sexual abuse allegation investigations.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. In an interview with the PSA Compliance Manager, it was indicated detainees who speak a language other than English and Spanish, are provided the PREA information from the facility Handbook and the PREA video through a Script read to the detainee by staff utilizing telephone interpreter services. During the on-site audit the Auditor reviewed the facility language line log and confirmed its usage during the intake process; however, the Auditor reviewed the Script and confirmed not all written material related to sexual abuse available in the facility handbook and the video is included in the script interpreted to the detainee. Interviews with three LEP detainees (2 Uzbek and 1 Russian, indicated they had received the ICE National Handbook printed in Russian. Another LEP detainee who speaks Farsi, indicated he had received the ICE National Handbook in English only. Each of the four LEP detainees, stated they had not been read the written material during intake with the use of the language line. To become compliant, the facility must implement a practice that ensures all detainees have an equal opportunity to participate or benefit from all aspects of both the Agency and facility efforts to prevent, detect, and respond to sexual abuse to include all information available in the facility Handbook and the facility PREA video. Once implemented, the facility must submit documentation to confirm all Intake staff have received training on the implemented practice. In addition, the facility must submit 15 detainee files, to include if applicable, detainees whose preferred language is other than English or Spanish, who are received during the corrective action plan (CAP) period to confirm all detainees

have an equal opportunity to participate or benefit from all aspects of both the Agency and facility efforts to prevent, detect, and respond to sexual abuse.

The facility is not in compliance with subsection (c) of the standard. STIPC policy 2.1.1 states, “In matters relating to allegations of sexual abuse, each facility shall provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation by someone other than another detainee unless the detainee expresses a preference for a detainee interpreter, and the facility determines that such interpretation is appropriate.” However, the standard requires “In matters relating to allegations of sexual abuse, the agency and each facility shall provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and the Agency (ICE) determines that such interpretation is appropriate and consistent with DHS policy. The provisions of interpreter services by alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse.” To become compliant, the facility must implement a practice which requires “In matters relating to allegations of sexual abuse, the agency and each facility shall provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and the Agency (ICE) determines that such interpretation is appropriate and consistent with DHS policy.” Once implemented, the facility must submit documentation which confirms all applicable staff have received training on the implemented practice.

§115.17 - Hiring and promotion decisions

Outcome: Exceeds Standard

Notes:

(a)(b)(c)(d): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, collectively require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks. ICE Directive 7-6.0 outlines “misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application.” The Unit Chief of OPR Personnel Security Operations (PSO) informed auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity 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 any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. STIPC policy 2.1.1 states, “STIPC is prohibited from hiring or promoting anyone (who will have direct contact with detainees) who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility or other institution who has been convicted of engaging in sexual activity facilitated by force, overt or implied threats of force, or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. STIPC shall conduct a background investigation to determine whether the candidate for hire is suitable for employment with the facility, including a criminal background record check and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees. Background investigations, including criminal background records checks shall be repeated for all employees at least every five years.” STIPC policy 2.1.1 states, “STIPC is prohibited from contracting with anyone (who will have direct contact with detainees) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or in the

community.” An interview with the HRM indicated all potential employees and contractors are required to complete an application on-line, an interview and a background check through Accurant, to determine if the potential employee or contractor is suitable for employment with the facility. If suitable, the potential employee will complete an ICE packet which contains the DHS 6 Code of Federal Regulations Part 115 form. The Auditor reviewed the DHS 6 Code of Federal Regulations Part 115 form and confirms the form asks, “Have you ever been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution, or convicted of engaging or attempting to engage in sexual activity with any person by force, threat of force or coercion or if the victim did not or could not consent? Have you been civilly or administratively adjudicated to have engaged in the activity described above? Have you been found to have engaged in sexual harassment at work?” The DHS 6 Code of Federal Regulations Part 115 form further confirms the form requires the participant to acknowledge by signature, “I understand that a knowing and willful false response may result in a negative finding regarding my fitness as a contract employee supporting ICE. Furthermore, should my answers change at any time I understand I am responsible for immediately reporting the information to my Program Manager.” The HRM indicated a background check, the DHS 6 Code of Federal Regulation Part 115, and a continuing duty to disclose form are completed prior to any employee promotion and during an employee’s/contractor’s annual review. The Auditor reviewed 15 staff files and one Contractor file and confirmed each document was present in the employee file for every year of employment. In addition, utilizing the PSD Background Investigation for Employees and Contractors, the Auditor received documentation, confirming completed background checks for 15 GEO staff, one Contractor file, five ICE staff, and five IHSC staff files. Based on the facility practice of completing annual background checks on all employees and contract employees the Auditor finds the facility exceeds subsection (c) of the standard.

(e)(f): STIPC policy 2.1.1 states, “Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of employment, as appropriate. Unless prohibited by law, facilities shall provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.” An interview with the HRM indicated the facility on-line application process, informs a potential employee, material omission regarding misconduct or providing false information, will be grounds for termination or withdrawal of an officer of employee. In addition, the DHS 6 Code of Federal Regulations Part 115 form confirms a participant to acknowledge by signature, “I understand that a knowing and willful false response may result in a negative finding regarding my fitness as a contract employee supporting ICE. Furthermore, should my answers change at any time I understand I am responsible for immediately reporting the information to my Program Manager.” The HRM further indicated that the facility will provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer.

Corrective Action:

No corrective action needed.

§115.18 - Upgrades to facilities and technologies

Outcome: Not Applicable

Notes:

(a)(b): STIPC policy 2.1.1 states, “STIPC shall consider the effect any (new or upgrade) design; acquisition, substantial expansion or modification of the physical plan might have on the facility's ability to protect detainees from sexual abuse. STIPC shall also consider the effect any (new or upgrade) video monitoring system, electronic surveillance system or other monitoring system might have on the facility's ability to protect detainees from sexual abuse.” The Auditor reviewed a memorandum to the file which states, “The South Texas ICE Processing Center has not been nor will be in the process of a new facility design or modification during this audit period.” An interview with the facility FA and Auditor observations confirmed the facility has not designed,

modified, acquired, or expanded upon new or existing space, or installed or updated electronic monitoring systems during the audit period; and therefore, standard 115.18 is not applicable.

Corrective Action:

No corrective action needed.

§115.21 - Evidence protocols and forensic medical examinations

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): The Agency's Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency's evidence and investigation protocols. Per Policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted. STIPC policy 2.1.1 states, "STIPC will follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for juveniles (if applicable) developed in coordination with DHS. STIPC shall offer all detainees who experience Sexual Abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim's consent and without cost to the detainee and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. IHSC staff shall not participate in sexual assault forensic medical examinations or evidence gather. Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An off-site Qualified Medical Practitioner may perform the examination if a SAFE or SANE is not available. The outside or internal victim advocate shall provide emotional support, crisis intervention, information, and referrals. As requested by the victim, the presence of his or her outside or internal victim advocate, including any available advocacy services offered by a hospital conducting the forensic exam, shall be allowed for support during a forensic exam and investigatory interviews." Interviews with the PSA Compliance Manager/Investigator and facility Investigator indicated the facility is responsible for conducting administrative investigations and the Pearsall Police Department (PPD) is responsible of conducting all criminal investigations. If a detainee requires a SANE or SAFE examination, they would be transported to the Method Specialty and Transplant Hospital (MSTH) in San Antonio. The Auditor reviewed a Memorandum of Understanding (MOU) between the MSTH and GEO Group, Inc. executed on April 11, 2023, and shall renew for successive one-year periods unless terminated by either party in writing. The review confirmed MSTH agrees to provide service for all STIPC detainees who are victims of sexual assault. The services include providing a medical forensic examination for person making an allegation of sexual assault and for the collection of physical evidence from any aged person suspected of having committed an act of sexual assault/rape, with authorization from the individual/guardian and/or as directed by a warrant signed by a judge. In addition, the MOU indicates that if a designated survivor chooses to exercise his/her right to have a victim's advocate present, during the examination, a victim advocate would be requested by MSTH through the appropriate agency or through the Rape Crisis Center of San Antonio. In addition, the MOU indicates that all services provided by MSTH shall be at no cost to the patients. An interview with the PSA Compliance Manager indicated the facility utilizes the services from RAINN for crisis intervention and counseling to appropriately address the detainee victim's needs. During the on-site audit, utilizing the detainee telephones, the Auditor tested the phone line for RAINN, which is a national organization and was transferred to a local victim advocate in the San Antonio area. In an interview with the local victim advocate it was confirmed if a detainee was involved in a sexual assault and consented to forensic exam, he/she would be transported to MSTH, and a victim advocate would be provided at that time. In an interview with the local victim advocate it was further indicated the advocate would accompany the detainee victim to the exam and during investigatory interviews to provide emotional support, crisis intervention, and

counseling. The Auditor reviewed 15 investigative files and confirmed there were no detainee victims who required a SANE or SAFE examination.

(e): Interviews with the FA and the PSA Compliance Manager confirmed PPD is responsible for conducting sexual abuse allegation investigations occurring at the facility which are deemed criminal in nature. The Auditor reviewed a Mutual Assistance Agreement (MAA) between the PPD and the GEO Group, INC. The agreement was entered into on June 1, 2023, and confirms the PPD agrees to follow all requirements of §115.21 subsections (a) – (d).

Corrective Action:

No corrective action needed.

§115.22 - Policies to ensure investigation of allegations and appropriate agency oversight

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): The Agency provided Policy 11062.2, which states in part that; “when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO’s Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding “Protocol on Reporting and Tracking of Assaults” (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG).” GEO policy 5.1.2-F states, “Each facility shall have a policy in place to ensure that each allegation of sexual abuse is investigated by the facility or referred to an appropriate law enforcement agency with legal authority to conduct criminal investigations. The facility shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse. Facilities shall document all referrals. b. Each facility shall attempt to secure a PREA MOU with local law enforcement outlining the responsibilities of each entity related to conducting PREA investigations that involve potentially criminal behavior and unsuccessful attempts to secure a law enforcement MOU shall also be documented and retained by the facility. c. GEO shall publish this policy on its website in lieu of each facility making their local protocol available to the public. d. When a detainee or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure the incident is promptly reported to the ICE Office of Enforcement and Removal Operations (ERO), who shall ensure the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or DHS Office of the Inspector General and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation. When an employee, contractor or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure the incident is promptly reported to ERO, who shall ensure the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of the Inspector General. If the allegation is potentially criminal, the facility shall ensure it is promptly referred to an appropriate law enforcement agency having jurisdiction for investigation. Ensure that the facility administrator, ICE Field Office, PSA compliance manager, facility investigator, corporate PREA coordinator, and other designated individuals are notified within two (2) hours of the occurrence. If the incident is “potentially criminal,” and involves coercion, force, threats, or intimidation, the facility should promptly contact the local law enforcement having jurisdiction for investigation.” GEO policy 5.1.2-F further states, “GEO shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years.” An interview with the FA indicated all allegations of sexual abuse are reported to the AFOD, the Joint Intake Center (JIC), and the OPR. Interviews with the facility PSA Compliance Manager/Investigator and the facility Investigator indicated all allegations of

sexual abuse are administratively investigated at the facility and all allegations are immediately reported to the PPD. An interview with the facility PSA Compliance Manager/Investigator further indicated an administrative investigation would begin once the PPD has decided if a criminal investigation will continue or if they decline to investigate. The Auditor reviewed 15 investigative files and confirmed all allegations were reported to AFOD, the Joint Intake Center (JIC), ICE OPR, and the PPD; however, the review indicated a possible misunderstanding between the facility and the PPD regarding investigations of allegations appearing to be criminal in nature. During the on-site audit, the FA met with the PPD Chief of Police and cleared up all misunderstandings. In addition, the FA followed up with an email to the PPD to document the understanding of each party. The email documentation was provided to the Auditor. The Auditor reviewed the GEO Group, Inc. website <https://www.geogroup.com/PREA> and the Agency website (<https://www.ice.gov/prea>) and confirmed the required protocols are posted and available to the public.

Corrective Action:

No corrective action needed.

§115.31 - Staff Training

Outcome: Exceeds Standard

Notes:

(a)(b)(c): STIPC policy 2.1.1 states, “All employees, contractors and volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program. See Volunteer Section and Contractor Section Requirements. STIPC shall train all employees who may have contact with detainees on: 1. It's Zero Tolerance policy for Sexual Abuse and Assault; 2. How to fulfill their responsibilities under agency Sexual Abuse and Assault prevention, detection, reporting and response policies and Procedures, to include procedures for reporting knowledge or suspicions of Sexual Abuse; 3. Recognition of situations where sexual abuse or assault may occur; 4. The right of detainees and employees to be free from Sexual Abuse, and from retaliation for reporting Sexual Abuse and Assault; 5. Definitions and examples of prohibited and illegal behavior; 6. Recognition of the physical, behavioral, and emotional signs of sexual abuse or assault and ways to prevent such occurrences; 7. How to detect and respond to signs of threatened and actual Sexual Abuse; 8. How to avoid inappropriate relationships with detainees. 9. How to communicate effectively and professionally with detainees, including LGBTI or Gender non-conforming detainees; and, 10. The requirement to limit reporting of sexual abuse and assault to personnel with a need-to-know in order to make decisions concerning the detainee victim's welfare, and for law enforcement/investigative purposes.” The Auditor reviewed the facility Sexual Abuse and Assault Prevention and Intervention (PREA) 2023 training curriculum and confirmed the training includes the Agency and the facility's zero tolerance policies for all forms of sexual abuse; definitions and examples of prohibited behavior; the right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; recognition of situations where sexual abuse may occur; recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing and responding to such occurrences; how to avoid inappropriate relationships with detainees; how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees; procedures for reporting knowledge or suspicion of sexual abuse; and the requirement to limit reporting sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigation purposes. An interview with the facility Training Supervisor indicated all employees are required to attend in person PREA training on a yearly basis. The training is provided during the annual In-Service training. Interviews with six COs confirmed staff could articulate their knowledge of PREA. The Auditor reviewed 15 staff training files, one Contractor training file, five ICE staff training files, and five IHSC staff training files and confirmed each staff had received documented PREA training for 2022 and 2023. Based on the facility staff, contract staff, and ICE staff receiving annual PREA refresher training the Auditor finds the facility exceeds subsection (b) of the standard.

Corrective Action:

No corrective action needed.

§115.32 - Other Training

Outcome: Meets Standard

Notes:

(a)(b)(c): STIPC policy 2.1.1 states, “All employees, contractors and volunteers shall receive training on GEO’s Sexually Abusive Behavior Prevention and Intervention Program. STIPC shall ensure that all volunteers who have contact with detainees are trained on their responsibilities under GEO’s Sexual Abuse and Assault prevention, detection, and response policies and procedures. The level and type of training provided to volunteers shall be based on the services they provide and the level of contact they have with detainees, but all volunteers who have contact with detainees shall be notified of GEO’s and STIPC’s Zero Tolerance policies regarding Sexual Abuse and informed of how to report such incidents. Volunteers who have contact with detainees shall receive annual SAAPI refresher training. Volunteers shall document through signature on the PREA Basic Training Acknowledgement Form (Attachment F) that they understand the training they have received.” STIPC policy 2.1.1 further states, “STIPC shall ensure that all contractors who have contact with detainees are trained on their responsibilities under GEO’s Sexual Abuse and Assault prevention, detection and response policies and procedures. The level and type of training provided to contractors shall be based on the services they provide and the level of contact they have with detainees, but all contractors who have contact with detainees shall be notified of GEO’s and STIPC’s Zero Tolerance policies regarding Sexual Abuse and informed to report such incidents. Contractors who have contact with detainees shall receive annual SAAPI refresher training.” An interview with the facility PSA Compliance Manager indicated that volunteers are required to complete the same Sexual Abuse and Assault Prevention and Intervention (PREA) 2019 In-Service training that staff are required to complete. The Auditor reviewed the Sexual Abuse and Assault Prevention and Intervention (PREA) 2019 In-Service training curriculum and confirmed it includes the Agency and the Facility’s zero tolerance policies and how to report an incident of sexual abuse. The Auditor reviewed two volunteer training files and confirmed the two volunteers have received the required training on an annual basis. The PSA Compliance Manager indicated that they contract for the services of one “other” contractor; however, the facility could not provide documentation to confirm the “other” contractor had received training on the Agency and Facility zero tolerance policies and how to report an allegation of sexual abuse prior to entering the facility. The “other” contractor in question was scheduled to perform services within the facility on the second day of the on-site audit; and therefore, prior to entering the facility, the “other” contractor was provided training on the Agency and the facility zero tolerance policies and how to report an incident of sexual abuse. The Auditor was provided documentation of the training. In addition, the facility developed and implemented a procedure to ensure all “other” contractors are provided training on the Agency and Facility zero tolerance policies and how to report an allegation of sexual abuse prior to entering the facility and to document completion of the training.

Corrective Action:

No corrective action needed.

§115.33 - Detainee Education

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(f): STIPC policy 2.1.1 states, “During the intake process, the facility shall provide instruction to detainees on the facility’s Sexual Abuse and Assault Prevention and Intervention Program and ensure that such instructions include (at a minimum): 1. Prevention and intervention strategies; 2. Definitions and examples of detainee-on-detainee sexual abuse, employee on detainee sexual abuse and coercive sexual activity; 3. Explanation of methods for reporting Sexual Abuse, including any employee other than immediate point-of contact line officer (i.e. the PREA Compliance Manager or Mental Health Staff), the DHS Office of Inspector General, and the Joint Intake Center. 4. Information about self-protection and indicators of sexual abuse; 5. Prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the detainee’s immigration proceedings and; 6. Right of a detainee who has been subjected to sexual abuse or assault to receive treatment and counseling. Detainee orientation shall be provided in formats accessible to all

detainees, including those who are limited English proficient (LEP), deaf, visually impaired or otherwise disabled, as well as to detainees who have limited reading skills. During the intake process, detainees are provided a National ICE detainee handbook, facility handbook, SAAPI DHS pamphlet, and shown PREA video in languages (English/Spanish) predominately spoken by the detainee population. In the housing units, PREA video is played daily and documented in the housing logbooks. Staff will utilize the language line to communicate with detainees who speak a language (other than English/Spanish) not predominately spoken to properly orientate the detainee. All efforts will be made to locate appropriate education documents in the detainee's native language, if unable to locate such written material, the language line will be used to verbally orientate the detainee. STIPC shall maintain documentation of detainee participation in the intake process orientation which shall be retained in their individual files.” Interviews with the facility Intake Supervisor and an intake officer, indicated that during the intake process, the facility provides an orientation program which includes providing each detainee an ICE National Detainee Handbook, the facility Handbook and a PREA video. Detainees are required to sign a Detainee Orientation Acknowledgement and have their photograph taken, while holding up the handbooks, to confirm distribution. The Auditor reviewed the ICE National Detainee Handbook and confirmed the handbook includes information on the Agency’s zero tolerance policy, prevention and intervention strategies, definitions and examples of detainee-on-detainee sexual abuse, explanation of methods for reporting sexual abuse, information about self-protection, reporting sexual abuse will not negatively impact your immigration proceeding and the right to receive treatment and counseling if subjected to sexual abuse. In addition, the Auditor confirmed the handbook was readily available in 14 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese. The Auditor reviewed the facility Detainee Handbook and confirmed the handbook includes information on the facility’s zero tolerance policy, definitions and examples of detainee-on-detainee sexual abuse, avoiding sexual assault, how to report sexual abuse and assault, reporting sexual abuse will not negatively impact your immigration proceeding, and information regarding counseling through RAINN. The Auditor confirmed the handbook was readily available in English and Spanish. In addition, the Auditor observed the facility PREA video, and confirmed it was available in English and Spanish. Interviews with the PSA Compliance Manager, the Intake Supervisor, and an Intake Officer indicated reasonable accommodations are made to ensure a detainee receives notification, orientation and instruction on the facility sexual abuse prevention and response, to include but not limited to, the use of a teletypewriters (TTY) or Telecommunication device for the deaf (TDD) phone, video remote interpreting via I-pad, hearing aid/amplifier, an ICE Effective Communication card for those detainees who are deaf or hard of hearing. For those detainees who have limited reading skills or are limited English proficient (LEP), staff will utilize the facility language line to interpret the information or a staff interpreter, who is proficient in the detainee’s preferred language. If a detainee is blind, the staff would read the information to the detainee. If a detainee has intellectual, psychiatric, or other disabilities, staff will speak slowly to the detainee, to ensure that the detainee is understanding the information being given. In some instances, the staff would request the assistance of medical or mental health staff to establish effective communication. In an interview with the PSA Compliance Manager, it was indicated detainees who speak a language other than English and Spanish, are provided the PREA information from the facility Handbook and the PREA video through a Script read to the detainee by staff utilizing telephone interpreter services. During the on-site audit the Auditor reviewed the facility language line log and confirmed its usage during the intake process; however, the Auditor reviewed the Script and confirmed not all written material related to sexual abuse available in the facility handbook and the video is included in the script interpreted to the detainee. Interviews with 30 detainees, indicated that they had received an ICE National Detainee Handbook and the facility Handbook, during intake. The Auditor reviewed 20 detainee files and confirmed, each file contained a signed Detainee Orientation Acknowledgement and a photograph of the detainee holding the handbooks.

(d)(e): STIPC policy 2.1.1 states, “STIPC shall post on all housing unit bulletin boards the following notices: 1. The DHS-prescribed sexual assault awareness notice; 2. The name of the PREA Compliance Manager; and, 3. The name of local organizations that can assist detainees who have been victims of Sexual Abuse. STIPC

shall make available and distribute the DHS-prescribed "Sexual Assault Awareness Information" pamphlet." During the on-site audit, the Auditor observed the DHS-prescribed sexual assault awareness notice, which contained the name of the facility PSA Compliance Manager, the facility handbook in English and Spanish and the RAINN flyer, posted in all the housing units of the facility. Interviews with the PSA Compliance Manager and the Intake Supervisor indicated that the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet is included in the ICE National Detainee Handbook; however, they were not aware the handbook only provides nine of the 15 languages. The Intake Supervisor indicated that the additional six languages could be printed from the computer system, if needed; however, the Intake Supervisor had difficulty in locating the pamphlet on the system. The PSA Compliance Manager immediately issued an email to all Intake staff, which states, "Detainees who enter the facility who speak the following languages, we must print out the SAAPI pamphlets and give it to the detainee, Bengali, Romanian, Russian, Turkish, Ukrainian and Vietnamese." The email contained instructions on how to locate and print the pamphlets. In addition, the Auditor was provided documentation to confirm that all intake staff had read and understood the email.

Corrective Action:

The facility is not in compliance with subsection (b) of the standard. In an interview with the PSA Compliance Manager, it was indicated detainees who speak a language other than English and Spanish, are provided the PREA information from the facility Handbook and the PREA video through a Script read to the detainee by staff utilizing telephone interpreter services. During the on-site audit the Auditor reviewed the facility language line log and confirmed its usage during the intake process; however, the Auditor reviewed the Script and confirmed not all written material related to sexual abuse available in the facility handbook and the video is included in the script interpreted to the detainee. To become compliant, the facility must implement an orientation program that provides the detainee notification, orientation, and instruction in formats accessible to all detainees including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills. Once implemented, the facility must submit documentation to confirm all Intake staff have received training on the implemented practice. In addition, the facility must submit 15 detainee files, to include if applicable, detainees whose preferred language is other than English or Spanish, who arrived during the CAP period.

§115.34 - Specialized training: Investigations

Outcome: Meets Standard

Notes:

(a)(b): The Agency policy 11062.2 states, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The lesson plan is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conduct an investigation of sexual abuse in a confinement setting. The Agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled residents; and an overall view of the investigative process. The Agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirement. STIPC policy 2.1.1 states, "Facility investigators shall be trained in conducting investigations on Sexual Abuse and effective cross-agency coordination. All investigations into alleged Sexual Abuse must be conducted by qualified investigators. Investigators shall receive this specialized training in addition to the general training mandated in Employee Training Section. STIPC shall maintain documentation of this specialized training." The facility PAQ indicates the facility has 12 Investigators who have received specialized training on sexual abuse and effective cross-agency coordination utilizing the 2022 National PREA Resource Center training titled "PREA Specialized Training Investigating Sexual Abuse in Adult/Juvenile Correctional Setting;" however, during an interview with the PSA Compliance Manager, it was confirmed the facility only utilizes two investigators to conduct sexual assault allegation investigations. The Auditor reviewed

the training curriculum and confirmed all required elements are included in the training. The Auditor reviewed training certificates for the PSA Compliance Manager and the PREA investigator confirming they both had completed the required specialized training. In addition, the Auditor verified both investigators had received general PREA training as required by §115.31. Interviews with the PSA Compliance Manager/Investigator and a facility Investigator confirmed they were extremely knowledgeable in conducting investigations and the PREA standards. The Auditor reviewed 15 sexual abuse allegation investigation files and confirmed all reviewed sexual abuse allegation investigations had been completed by the PSA Compliance Manager/Investigator.

Corrective Action:

No corrective action needed.

§115.35 - Specialized training: Medical and mental health care

Outcome: Meets Standard

Notes:

(a)(b)(c): Agency Policy 11062.2 states, “Specialized Training for IHSC Medical and Mental Health Staff. IHSC shall provide specialized training to all IHSC personnel and all full- and part-time medical and mental health staff who work in facilities where IHSC provides medical and mental health care. The training should cover how to detect and assess signs of sexual abuse and assault, how to preserve physical evidence of sexual abuse and assault, how to respond effectively and professionally to victims of sexual abuse and assault, and how and to whom to report allegations or suspicions of sexual abuse and assault.” STIPC policy 2.1.1 states, “IHSC will be responsible for training all full-time and part-time Medical and Mental Health Care Practitioners who work regularly at STIPC on certain topic areas, including detecting signs of Sexual Abuse and Assault, preserving physical evidence of Sexual Abuse, responding professionally to victims of Sexual Abuse and proper reporting of allegations or suspicions of Sexual Abuse and Assault. Note: this training shall be completed as part of the newly hired employee pre-service orientation. Medical and Mental health Care Practitioners shall receive this specialized training in addition to the general training mandated for employees in Section E (1) or contractors Section G (1) depending upon their status at the Facility.” The Auditor reviewed the ICE Health Services Corps training curriculum and confirmed the training includes how to detect and assess signs of sexual abuse; how to respond effectively and professionally to victims of sexual abuse; how and to whom to report allegations or suspicions of sexual abuse, and how to preserve physical evidence of sexual abuse. Interviews with the HSA and a Supervising Mental Health Provider indicated all medical and mental health staff are required to attend the STIPC general training required by §115.31 and completed the required specialized training during facility orientation. The Auditor reviewed five medical and mental health staff training files and confirmed all had received the required training. Interviews with the FA and a SDDO confirmed STIPC policy 2.1.1 has been submitted and approved by the Agency.

Corrective Action:

No corrective action needed.

§115.41 - Assessment for risk of victimization and abusiveness

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): STIPC policy 2.1.1 states, “All detainees shall be assessed during intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the facility. In addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records (e.g., medical files or, 213/216 remand, etc.) that can assist them with the risk assessment. The following information shall be considered to the extent that the information is available, the following criteria to assess the detainee's risk for sexual victimization: 1. mental, physical or developmental disability; 2. Age; 3. physical build and appearance;

4. previously incarcerated or detained; 5. nature of criminal history; 6. prior convictions for sex offenses against an adult or child; 7. whether detainee has self-identified as LGBTI or gender nonconforming; 8. whether the detainee self-identified as having previously experienced sexual victimization; and 9. Own concerns about his/her physical safety. The intake screening shall also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing detainees for risk of being sexually abusive.” The Auditor reviewed the facility PREA Risk Assessment and confirmed the assessment considers whether the detainee has a mental, physical, or developmental disability; the age of the detainee, the physical build and appearance of the detainee; whether the detainee has previously been incarcerated or detained; the nature of the detainee’s criminal history; whether the detainee has any convictions for sex offenses against an adult or child; whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the detainee has self-identified as having previously experienced sexual victimization; the detainee’s own concerns about his or her physical safety; prior acts of sexual abuse; prior convictions for violent offenses; and a history of prior institutional violence or sexual abuse. Interviews with the Intake Supervisor and an Intake Officer indicated all detainees are asked all questions on the assessment and if a detainee is LEP, the staff will utilize the language line services or staff interpreters to ask the questions and will document the use of interpretation services on the assessment form. Interviews with the Intake Supervisor and an Intake Officer further indicated prior to the detainee arriving at the facility, the staff will enter the detainee information into the offender management system (OMS) which automatically enters a date and time into the arrival field and does not allow for staff to edit the field. Therefore, the Auditor had difficulty in determining the initial classification process and the initial housing assignment had occurred within 12 hours of the detainee’s admission; however, the Auditor reviewed detainee holding cell logs which included the detainee’s time received in the facility, time of risk assessment screening, time the detainee was cleared by medical staff, time of detainee housing assignment, and the time the detainee was removed from the holding cell. In addition, the Auditor reviewed 20 detainee files, which included the risk assessment, and the holding cell logs, and confirmed information learned on the risk assessment had been utilized to determine the detainee housing and the initial classification process and the initial housing assignment had occurred within 12 hours of intake.

Recommendation (b): The Auditor would recommend the facility revise the PREA Risk Assessment to include a time the assessment was completed. In addition, the Auditor would recommend the facility modify the (OMS) system to include an actual date and time of arrival into the facility.

(e)(f)(g): STIPC policy 2.1.1 states, “Classification staff shall reassess each detainee's risk of victimization or abusiveness between 60 and 90 days from the date of initial assessment and at any other time when warranted based upon the receipt of additional, relevant information. These reassessments will include a face-to-face interview with the detainee. All reassessments will be documented on the PREA Vulnerability Reassessment form (Attachment D) and placed in the detainee's file. At any point after the initial intake screening, a detainee shall be reassessed for risk of victimization or abusiveness when warranted based upon the receipt of additional, relevant information or following an incident or abuse or victimizations. Disciplining detainees for refusing to answer or not providing complete information in response to screening questions (d) (1), (d) (7), (d) (8), or (d) (9) is prohibited. STIPC will train all staff conducting the interviews to ensure appropriate controls by limiting dissemination of sensitive information and responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by staff or other detainees. Sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions.” The Auditor reviewed the PREA Vulnerability Reassessment Questionnaire. The form requires a file review which states, “Has the inmate/detainee/resident received any infractions for sexual misconduct, filed any grievances related to threats of sexual assault, or received new information from external agencies since admission that would increase the residents’ likelihood of being vulnerable to victimization.” In addition, the form inquires if the detainee identifies as lesbian, gay, bisexual, transgender/intersex or gender non-conforming; if the detainee has been forced or threatened to engage in sexual

activity while at the facility, and if they feel safe. Interviews with 30 detainees confirmed they had been asked the questions in a language they could understand with the use of the language line or with a staff interpreter. Interviews with the Intake Supervisor and an Intake Officer indicated a detainee is not disciplined for refusing to answer a question or for not disclosing complete information on the risk assessment. During the on-site audit, the Auditor observed the detainee files are located in a locked file room which is strictly limited to supervisors. The Auditor reviewed 20 detainee files and confirmed the facility does reassess each detainee's risk of victimization or abusiveness between 60 and 90 days. In addition, the Auditor reviewed 15 investigative files and confirmed a risk of victimization and abusiveness assessment had been completed based on additional information and following an incident of abuse or victimization.

Corrective Action:

No corrective action needed.

§115.42 - Use of assessment information

Outcome: Meets Standard

Notes:

(a): STIPC policy 2.1.1 states, "Screening information from standard Section C (I) shall be used to inform assignment of detainees to housing, recreation and other activities, and voluntary work. The facility shall make individualized determinations about how to ensure the safety of each detainee. The PSA Compliance Manager will maintain an "at risk log" of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment." Interviews with the PSA Compliance Manager and the Intake Supervisor/Classification Supervisor indicated an excel spreadsheet is maintained which includes all LGBTQI detainees, those detainees at risk for victimization, and those at risk for abusiveness. The spreadsheet includes the housing assignment of each detainee. Prior to housing a detainee, assigning voluntary work or recreation, individualized determinations are made, utilizing the information from the risk assessment and the spreadsheet to ensure that an at-risk victim is not housed, assigned voluntary work or recreation with those detainees who have been identified as being at risk for abusiveness, to ensure the safety of each detainee. The Auditor reviewed the spreadsheet and confirmed no detainees who were identified as LGBTQI or a detainee at risk for victimization was housed or assigned to voluntary work with those identified as at risk for being a sexual aggressor.

(b)(c): STIPC policy 2.1.1 states, "The PSA Compliance Manager will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. When making assessments and housing decisions for Transgender and Intersex detainees, the facility shall consider the detainee's gender self-identification and an assessment of the effects of placement on the detainee's health and safety. A Medical or Mental Health Practitioner shall be consulted as soon as practicable on these assessment and placement decisions which shall not be based solely on identity documents or physical anatomy of the detainee." STIPC policy 2.1.1 further states, "The detainee's self-identification of his/her gender and self--assessment of safety needs shall always be taken into consideration as well. Housing and programming assignments for each Transgender and Intersex detainee shall be reassessed at least twice each year to determine any threats to safety experienced by the detainee. Serious consideration shall be given to the individual's own views with respect to his/her own safety. STIPC shall use the Transgender Care Committee Summary form (Attachment D) to conduct the six-month reassessment." Interviews with the PSA Compliance Manager and the Intake Supervisor/Classification Supervisor indicated detainees who are identified as LGBTQI, will complete a Statement of Search/Shower/Pronoun Preference form and complete a Transgender Questionnaire which asks the transgender detainee their own preference for housing. A Transgender Care Committee (TCC) decides the placement of the detainee based on these documents. The TCC is comprised of the PSA Compliance Manager, ICE, and Medical and Mental Health Staff. During the on-site audit, the Auditor observed two transgender females housed in a housing unit by themselves. Interviews with the PSA Compliance Manager, a Transgender detainee, and review of the TCC packet, confirmed the transgender detainees were placed in the housing unit at their own request. In addition, a third transgender female detainee was housed within the male general population at her own request. An interview with the Intake Supervisor/Classification Supervisor indicated all detainees are reassessed

between 60 and 90 days and every 60-90 days thereafter until release from the facility; and therefore, the transgender detainees would be assessed every six months. A review of two transgender detainee files confirmed a reassessment had been completed between 60 and 90 days. None of the three transgender detainees had been housed at the facility for six months. STIPC does not have group showers; and therefore, transgender detainees can shower separately from other detainees if requested.

Corrective Action:

No corrective action needed.

§115.43 - Protective Custody

Outcome: Exceeds Standard

Notes:

(a)(b)(c): STIPC policy 2.1.1 states, "STIPC must document detailed reasons for placement of an individual in administrative restriction on the basis of a vulnerability to Sexual Abuse or Assault. Use of administrative restriction to protect detainees vulnerable to Sexual Abuse or assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing option exists, as a last resort. STIPC may assign detainees vulnerable to sexual abuse or assault to administrative restriction for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days." The Auditor reviewed a memorandum to the file which states, "The South Texas ICE Processing Center has had no instances in which a detainee needed to be placed in administrative segregation for their protection during this audit period." Interviews with the FA, PSA Compliance Manager, and the Segregation Supervisor indicated administrative segregation and/or protective custody is restricted to those instances where reasonable efforts have been made and as a last resort for housing of a detainee who is vulnerable to sexual abuse. Interviews with the FA, PSA Compliance Manager, and the Segregation Supervisor further indicated the facility has numerous housing units a detainee victim can be housed without the use of segregation. In addition, interviews with the FA, PSA Compliance Manager, and the Segregation Supervisor indicated if a detainee were to be assigned to administrative segregation and/or protective custody due to being vulnerable to sexual abuse the assignment would be documented to include detailed reasons for the placement and would not exceed 30 days. In an interview with Segregation Supervisor, it was indicated if a detainee vulnerable to sexual abuse was placed in administrative segregation and/or protective custody, he would be provided access to programming, visitation, counsel, and all other services available to other detainees. During the on-site audit, the Auditor observed the facility administrative segregation units and confirmed there were no detainees vulnerable to sexual abuse assigned to the administrative segregation and/or protective custody. Interviews with the FA and the SDDO confirmed STIPC policy 2.1.1 was developed in consultation with ICE FOD having jurisdiction over the facility.

(d)(e): STIPC policy 2.1.1 states, "A supervisory staff member shall conduct a review within 24 hours of the detainee's placement in administrative restriction whether restriction is still warranted; and, a supervisor staff member shall conduct, at a minimum; an identical review after the detainee has spent seven (7) days in administrative restriction, and every week thereafter for the first 60 days, and every 10 days thereafter. STIPC shall utilize the "DHS Sexual Assault/ Abuse Available Alternatives Assessment" form to document the assessments (Attachment I). All completed forms shall be reviewed and signed by the Facility Administrator or Deputy Administrator upon completion. STIPC shall notify the appropriate ICE Field Office Director no later than 72 hours after the initial placement in administrative restriction on the basis of a vulnerability to Sexual Abuse or assault for review and approval of the placement." Interviews with the FA and the PSA Compliance Manager indicated any placement of a detainee vulnerable to sexual abuse into administrative segregation and/or protective custody would require immediate notification to the ICE FOD, and the notification would be documented. Interviews with the FA and the PSA Compliance Manager further indicated the placement would be subjected to regular reviews established by policy. During the on-site audit the Auditor confirmed through direct observation there were no detainees vulnerable to sexual abuse housed in administrative segregation. Based on

STIPC policy 2.1.1 which requires a supervisor review of a detainee's placement in administrative segregation the Auditor finds the facility exceeds subsection (d) of the standard.

Corrective Action:

No corrective action needed.

§115.51 - Detainee Reporting

Outcome: Meets Standard

Notes:

(a)(b)(c): STIPC policy 2.1.1 states, "STIPC shall provide multiple ways for detainees to privately report Sexual Abuse and Assault, retaliation for reporting Sexual Abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. STIPC shall provide contact information to detainees for relevant consular officials, the DHS Office of Inspector General or, as appropriate, another designated office, to confidentially and, if desired, anonymously, report these incidents. STIPC shall provide detainee contact information on how to report Sexual Abuse or Assault to a public or private entity or office that is not part of GEO (i.e. contracting agency ICE) and that is able to receive and immediately forward detainee reports of Sexual Abuse to Facility or GEO officials, allowing the detainee to remain anonymous upon request. STIPC shall provide detainees contact information on how to report Sexual Abuse or Assault to the Facility PSA Compliance Manager. Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports." During the on-site audit, the Auditor observed information in English and Spanish, advising detainees how to contact their consular official, the DHS OIG, ICE DRIL, and the designated facility PREA Hotline to confidentially and if desired anonymously report an incident of sexual abuse. The postings were in all common areas of the facility and were observed in close proximity to the detainee telephones. Interviews with the facility PSA Compliance Manager and six random COs indicated detainees are provided multiple ways to report sexual abuse, retaliation, and any staff neglect of their responsibilities that may have contributed to an incident of sexual abuse. Interviews with six random COs indicated all reports received verbally, in writing, anonymously and from third parties must be promptly reported and immediately documented. Interviews with 30 detainees indicated they were aware of several ways they could report an allegation, including ways to report anonymously, if needed. During the on-site audit, the Auditor tested all numbers provided to the detainees and confirmed they were all in good working order. The Auditor reviewed 15 sexual abuse allegation investigation files and confirmed the detainees are provided multiple reporting methods.

Corrective Action:

No corrective action needed.

§115.52 - Grievances

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): STIPC policy 2.1.1 states, "STIPC grievance policies shall include the following procedures regarding Sexual Abuse grievances: STIPC shall permit a detainee to file a formal grievance related to Sexual Abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. STIPC shall not impose a time limit on when a detainee may submit a grievance regarding allegation(s) of Sexual Abuse. Upon identification of a grievance that involves an immediate threat to a detainee's health, safety or welfare related to Sexual Abuse, STIPC grievance staff will follow emergency grievance procedures. STIPC shall send all grievances related to sexual abuse and assault and the facility's decision with respect to such grievance to the appropriate Field Office Director at the end of the grievance process. STIPC staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. To prepare a grievance, a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives. Staff shall take reasonable steps to expedite requests for assistance from other parties. STIPC shall issue a decision on the grievance within five (5) days of receipt and shall respond to an

appeal of the grievance decision within 30 days. Facilities shall send all grievances related to Sexual Abuse and the facility's decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process. The PSA Compliance Manager shall receive copies of all grievances related to Sexual Abuse or Sexual Activity for monitoring purposes.” An interview with the GO indicated a detainee can file a grievance alleging sexual abuse at any time, there are no time limits imposed, and detainees are not required to follow the informal grievance process prior to filing a formal grievance. The GO indicated a detainee must be provided a decision within five days and if the detainee appeals the decision, the facility has 30 days to respond. In an interview with the GO, it was further indicated detainees have multiple ways to file a grievance to include the use of the detainee tablets or placing the grievance in grievance boxes available in each housing unit. In addition, an interview with the GO further indicated if a detainee expressed the need for assistance in filing a grievance, she would facilitate the detainee request and ensure he/she received any assistance needed. In an interview with the GO it was further indicated, grievances alleging sexual abuse are considered time-sensitive and an immediate threat to detainee health, safety and welfare; and therefore, if she were to receive a grievance alleging sexual abuse, after ensuring the detainee was safe, would inform security and medical staff to ensure immediate action is taken including a medical assessment. In addition, in an interview with the GO it was indicated a grievance alleging sexual abuse would be forwarded to the facility Investigator and the PSA Compliance Manager. An interview with the PSA Compliance Manager/Investigator indicated all investigative reports and a copy of the grievance and the decision is forwarded to the FOD. During the on-site audit, the Auditor tested the grievance process and placed a test grievance into a grievance box within a housing unit and received notification the grievance had been received. In addition, the Auditor interviewed 30 detainees and confirmed they were aware of the steps to take to file a grievance at the facility. The Auditor reviewed 15 sexual abuse allegation investigation files and confirmed none of the file reviews were the result of an allegation of sexual abuse being made through the grievance process.

Corrective Action:

No corrective action needed.

§115.53 - Detainee access to outside confidential support services

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d): STIPC policy 2.1.1 states, “STIPC shall utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation and the prosecution of Sexual Abuse perpetrators to most appropriately address victim's needs. STIPC shall make available to detainees information about local organizations that can assist detainees who have been victims of sexual abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available). If local providers are not available, STIPC shall make available the same information about national organizations. STIPC shall enable reasonable communication between detainees and these organizations as well as inform detainees (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. STIPC will maintain or attempt to enter into agreements with community service providers to provide detainees with confidential emotional support services related to the sexual abuse while in custody, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime. STIPC shall maintain copies of all agreements or documentation showing unsuccessful attempts to enter into such agreements.” However, the facility did not submit documentation to confirm STIPC has attempted to enter into an MOU with a local community service provider to offer crisis intervention, emotional services, and counseling. In an interview with the PSA Compliance Manager, it was indicated the facility utilizes the services of RAINN to provide the required services. A review of the facility Handbook confirmed detainees are provided a telephone number to access RAINN services. In addition, the Handbook states, “Detainee calls are subject to monitoring. Communications to outside resources will be monitored and the extent to which reports of sexual abuse will be forwarded to authorities will be at the discretion of ICE and in accordance with mandatory reporting laws.” During the on-site

audit, the Auditor observed the RAINN flyer posted in all housing units. In addition, the Auditor observed instructions for anonymous and confidential telephone calls to RAINN. While on-site, the Auditor tested the telephone number and was connected to RAINN and transferred to a local Rape Crisis Center in San Antonio. The Auditor spoke with a victim advocate and confirmed services provided would include emotional support, crisis intervention, support during investigatory interviews, information and referrals that may be needed. The Auditor could not confirm the facility provides the detainee with a mailing address for communication with RAINN.

Corrective Action:

The facility is not in compliance with subsections (a) and (c) of the standard. The facility did not submit documentation to confirm STIPC has attempted to enter into an MOU with a local community service provider to offer crisis intervention, emotional services, and counseling. In addition, the Auditor could not confirm the facility provides the detainee with a mailing address for communication with RAINN. To become compliant, the facility must attempt to enter into an MOU with a local community service provider to offer crisis intervention, emotional services, and counseling. In addition, the facility must make available the address to RAINN to detainees in a manner all detainees can understand.

§115.54 - Third-party reporting

Outcome: Meets Standard

Notes:

STIPC policy 2.1.1 states, “STIPC shall post publicly GEO's third-party reporting procedures. In addition, GEO shall post on its public website its methods of receiving third-party reports of Sexual Abuse or Assault on behalf of detainees. In all facilities, third party reporting posters shall be posted in all public areas in English and Spanish to include lobby, visitation, and staff break areas within the facility.” A review of the Agency website (www.ice.gov/prea) confirmed it provides the public with information (telephone number & address) regarding third-party reporting of sexual abuse on behalf of the detainee. In addition, the Auditor reviewed the GEO website www.geogroup/prea and confirmed the website advises the public how to report allegations of sexual abuse/sexual harassment of someone in a GEO facility. A review of the GEO website further confirmed contact information is provided for the GEO Group PREA Coordinator including a phone number. The Auditor tested the reporting function and received a responsive email from the GEO Group PREA Coordinator confirming the receipt of email test.

Corrective Action:

No corrective action needed.

§115.61 - Staff and Agency Reporting Duties

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): The Agency’s policy 11062.2 mandates, “All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” ICE Directive 11062.2 states, “If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section.” STIPC policy 2.1.1 states, “Employees are required to immediately report, in accordance with GEO policy, any of the following: knowledge, suspicion, or information regarding an incident of Sexual Abuse or Assault that occurred in a facility whether or not it is a GEO Facility; retaliation against detainees or employees who reported such an incident or participated in an investigation about such incident; and, any employee neglect or violation of responsibilities that may have

contributed to an incident of retaliation. Apart from reporting to designated supervisors or officials, employees shall reveal any information related to Sexual Abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement or other security and management decisions. Employees reporting Sexual Abuse shall be afforded the opportunity to report such information to the Chief of Security or upper-level executive privately if requested and may also utilize the employee hotline or contact the Corporate PREA Coordinator directly to privately report these types of incidents. Allegations of Sexual Abuse in which the alleged victim is under the age of 18 or considered a vulnerable adult under State or local vulnerable persons statute, the facility shall report to designated State or local services Agencies under applicable mandatory reporting laws.” STIPC policy 2.1.1 further states, “Contractors are required to immediately report any of the following: Knowledge, suspicion, or information regarding an incident of Sexual Abuse or Assault that occurred in a facility whether or not it is a GEO Facility; Retaliation against detainees or employees who reported such an incident; and, Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.” In addition, STIPC policy 2.1.1 states, “Volunteers are required to immediately report any of the following: Knowledge, suspicion, or information regarding an incident of Sexual Abuse or Assault that occurred in a Facility whether or not it is a GEO Facility; Retaliation against detainees or employees who reported such an incident; and, Any Employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials; volunteers shall not reveal any information related to a Sexual Abuse report to anyone.” Interviews with six random COs confirmed they were knowledgeable regarding their responsibility to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation, or staff failure to perform their duties he/she becomes aware of to their immediate supervisor. Interviews with six random COs further confirmed they were aware of the standard’s requirement to limit the sharing of information regarding an allegation of sexual abuse only with those on a need-to-know basis. In addition, interviews with six COs confirmed they were aware of the employee hotline and could anonymously report an allegation should they chose to do so. In interviews with the FA and the SDDO, it was indicated if the alleged victim was a vulnerable adult a report would be made to Adult Protective Services (APS) through the APS Abuse Hotline. In an interview with the SDDO it was confirmed the SDDO was knowledgeable regarding his reporting responsibilities under Agency policy 11062.2. The Auditor reviewed 15 investigative files and confirmed there were no allegations of sexual abuse which involved a vulnerable adult. In interviews with the FA and the SDDO it was confirmed STIPC policy 2.1.1 was submitted and approved by the Agency. In interviews with the FA and the SDDO it was further confirmed the facility does not house juveniles.

Corrective Action:

No corrective action needed.

§115.62 - Protection Duties

Outcome: Meets Standard

Notes:

STIPC policy 2.1.1 states, “When an employee or facility staff member has reasonable belief that a detainee is subject to substantial risk of imminent Sexual Abuse, he or she shall take immediate action to protect the detainee.” Interviews with the FA and six random COs confirmed if they become aware a detainee is at substantial risk of sexual abuse their first response would be the safety of the detainee and they would take immediate action to protect the detainee. The Auditor reviewed 15 investigative files and confirmed each investigation included an incident report which confirmed staff took immediate action to protect the detainee by separating the detainee victim from the alleged abuser.

Corrective Action:

No corrective action needed.

§115.63 - Reporting to other Confinement Facilities

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): STIPC policy 2.1.1 states, “In the event that a Detainee alleges that Sexual Abuse occurred while confined at another facility, the facility shall document those allegations and the Facility Administrator or Deputy Administrator (in the absence of the Facility Administrator) where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred and notify the ICE Field Office as soon as possible, but no later than 72 hours after receiving the notification. The facility shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PSA Compliance Manager and Corporate PREA Coordinator. Any notifications of alleged abuse received by STIPC will ensure that the allegation is investigated in accordance with PREA standards and reported to the appropriate ICE Field Office Director.” In an interview with the facility FA, it was indicated if a detainee reported an allegation that occurred at another facility, he would notify the appropriate agency officials where the alleged sexual abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation. In an interview with the FA it was further indicated, the notification would be made by telephone and would be followed up with an email for documentation. In addition, an interview with the facility FA indicated, if the facility received notice from another facility a detainee has alleged an incident of sexual abuse while housed at STIPC, he would notify the FOD and ensure the allegation is immediately assigned for investigation. The Auditor reviewed 15 investigative files and confirmed none of the allegations were reported at or had occurred at another facility.

Corrective Action:

No corrective action needed.

§115.64 - Responder Duties

Outcome: Meets Standard

Notes:

(a)(b): STIPC policy 2.1.1 states, “Upon learning of an allegation that a detainee was Sexually Abused, or if the employee sees abuse, the first security staff member to respond to the report shall: a. Separate the alleged victim and abuser; b. Immediately notify the on-duty security supervisor and remain on the scene until relieved by responding personnel; c. Preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence; d. If the sexual abuse occurred within 96 hours or within a time period that still allows for the collection of physical evidence, the first responder shall; 1. Request the alleged victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; and 2. Ensure 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.” STIPC policy 2.1.1 further states, “If the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify security staff.” During the on-site audit, the Auditor observed each staff member carries a “1st responder” card on their lanyards. The Auditor reviewed the “1st responder” card and confirmed the card reminds staff of their responsibilities as a first responder following an incident of sexual abuse. Interviews with six random COs indicated if a detainee reported an allegation of sexual abuse to them, they would separate the detainee, call for backup, secure the scene and request the detainee victim and ensure the abuser does not take any action that could destroy physical evidence. Interviews with two non-security first responders indicated they would immediately call for security staff, instruct the detainees to separate, would request the victim not to take any action which could destroy physical evidence, would ensure the perpetrator does not take action which could destroy physical evidence, and would immediately notify their supervisor. The Auditor reviewed 15 investigative files and confirmed each investigation included an incident report which confirmed the victim, and the abuser, were immediately separated and taken to medical for care and observation.

Corrective Action:

No corrective action needed.

§115.65 - Coordinated Response**Outcome:** Does Not Meet Standard**Notes:**

(a)(b): STIPC policy 2.1.1 states, “STIPC has developed a written plan to coordinate the actions taken by staff first responders, Medical and Mental Health Practitioners, investigators and Facility Leadership in response to incidents of Sexual Abuse. The plan is maintained in the Facility Emergency Plan Binder, titled "SAAPI Coordinated Response.” STIPC shall use a coordinated, multidisciplinary team approach to responding to sexual abuse. The PSA Compliance Manager shall be a required participant and the Corporate PREA Coordinator may be consulted as part of this coordinated response.” The Auditor reviewed the facility coordinated response plan and confirmed the plan coordinates the actions taken by facility first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. Interviews with the FA and the PSA Compliance Manager indicated the facility has established a Sexual Abuse Response Team (SART) to identify roles and responsibilities in response to an incident of sexual abuse. The response team includes the PSA Compliance Manager, medical and mental health staff, security staff, and a facility Investigator. The Auditor reviewed 15 sexual abuse allegation investigation files and confirmed the facility utilized a coordinated, multidisciplinary team approach to responding to sexual abuse.

(c)(d): STIPC policy 2.1.1 states, “If the victim of sexual abuse is transferred between DHS Immigration Facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services unless the victim requests otherwise. If the victim is Sexual Abuse is transferred from a DHS Facility to a non-DHS, the sending facility shall as permitted by law, inform the receiving facility of the incident and the victim's need for potential need for medical or social services, unless the victim requests otherwise.” However, the standard requires the PREA Coordinated Response Plan include the requirements of subsection (c) of the standard which states, “If a victim of sexual abuse is transferred between facilities covered by subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services” and subsection (d) of the standard which states, “If a victim is transferred from a DHS immigration detention facility to a facility, not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise.” The Auditor reviewed a memorandum to the file which states, “The South Texas ICE Processing Center has not transferred any victims of sexual abuse to another facility during this audit period. In the event this situation was to occur, ICE personnel would make a notation on the Enforce Alien Removal Module with specific SEN submission number indicating there was a PREA allegation involving the detainee. In addition, ICE personnel would include if the victim was the victim for visibility. A Z-hold would be placed on the detainee’s file in which would notify the Field Office Prevention of Sexual Abuse Coordinator prior to the transfer, removal, release, or etc. of the detainee.” In addition, the Auditor reviewed another memorandum to the file which states, “The South Texas ICE Processing Center has not transferred any victims of sexual abuse to a non-DHS Immigration Facility. In the event this situation was to occur, the South Texas ICE Processing Center shall as permitted by law, inform the receive facility of the incident and the victim’s potential need for medical or social services, unless the victim requests otherwise.” An interview with the FA confirmed he was aware of the requirements of subsections (c) and (d) of the standard as written in policy.

Corrective Action:

The Auditor reviewed STIPC policy 2.1.1 and confirmed STIPC policy 2.11 does not include the requirements of subsections (c) of the standard which states, “if a victim of sexual abuse is transferred between facilities covered by subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services.” In addition, a review of STIPC policy 2.1.1 confirms it

does not include the requirements of subsection (d) of the standard which states “if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical and social services, unless the victim requests otherwise.” To become compliant the facility must update STIPC policy 2.1.1 which serves as the facility coordinated response plan to include the requirements of subsections (c) and (d) of the standard which state, “if a victim of sexual abuse is transferred between facilities covered by subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services ” and “if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical and social services, unless the victim requests otherwise.” Once updated the facility must submit documentation that all applicable staff, including medical have been trained on the updated coordinated response plan.

§115.66 - Protection of detainees from contact with alleged abusers

Outcome: Meets Standard

Notes:

STIPC policy 2.1.1 states, “Employees, Contractors and Volunteers suspected of perpetrating Sexual Abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Separation orders requiring "no contact" shall be documented by facility management via email or memorandum within 24 hours of the reported allegation. The email or memorandum shall be printed and maintained as part of the related investigation file.” In interviews with the FA and the PSA Compliance Manager it was indicated staff are removed from contact with detainees until the investigation has been concluded. The Auditor reviewed one staff-on-detainee sexual abuse allegation investigative file and confirmed the staff member had been removed from all detainee contact pending the outcome of the investigation.

Corrective Action:

No corrective action needed.

§115.67 - Agency protection against retaliation

Outcome: Meets Standard

Notes:

(a)(b)(c): STIPC policy 2.1.1 states, “Employees, contractors and volunteers, and detainees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of Sexual Abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force. STIPC shall employ multiple protection measures, such as housing changes, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees and employees who fear retaliation for reporting sexual abuse or for cooperating with investigations. The Facility PSA Compliance Manager or in his/her absence, the Facility PREA Investigator shall be responsible for monitoring retaliation. The PSA Compliance Manager shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. Any issues discussed shall be noted on the "Protection from Retaliation Log" (Attachment J), to include corrective actions taken to address the issue. For at least 90 days following a report of Sexual Abuse, the facility shall monitor the conduct and treatment of detainees who reported the Sexual Abuse to see if there are changes that may suggest possible retaliation by detainees or staff and shall act promptly to remedy such retaliation. STIPC shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Items to be monitored for detainees include disciplinary reports, housing or program changes or negative performance reviews or reassignments of staff. For at least 90 days following a report of Staff Sexual Misconduct (abuse or harassment) by another employee, the human resources staff or Facility Investigator as designated by the Facility Administrator shall monitor the conduct and treatment of the employee who reported the Staff Sexual Misconduct (abuse or harassment) or employee witnesses who cooperate with these investigations to see if there

are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Staff shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.” STIPC policy 2.1.1 further states, “Items to be monitored for employees include negative performance reviews and employee reassignments.” An interview with the PSA Compliance Manager/Retaliation Monitor, indicated she is responsible for retaliation monitoring of detainee victims of sexual abuse, and detainee/staff witnesses who cooperate with an investigation. In an interview with the PSA Compliance Manager/Retaliation Monitor it was further indicated retaliation monitoring is documented on a “Protection from Retaliation Log” and retaliation monitoring will begin a few days after the allegation is reported. In addition, in an interview with the PSA Compliance Manager/Retaliation Monitor it was indicated she meets with the detainee every week for 90 days, or longer if needed, and will review any changes in the detainee’s housing record, disciplinary record, and programming. In an interview with the PSA Compliance Manager/Retaliation Monitor it was further indicated she has not had an instance requiring the monitoring of a staff member during the audit period; however, if there was a need to do so, she would monitor the staff member for 90 days and ensure there have not been negative reviews or reassignments as a result of reporting an allegation of sexual abuse or cooperating with an investigation. The Auditor reviewed 15 sexual abuse allegation investigation files and confirmed all files contained a completed Protection from Retaliation Log which confirmed the PSA Compliance Manager/Retaliation Monitor met with the detainee victim every week for 90 days or until the detainee was no longer at the facility. A review of 15 sexual abuse allegation investigation files further confirmed the detainee victim had signed the form each week indicating the detainee had met with the PSA Compliance Manager/Retaliation Monitor on a weekly basis.

Corrective Action:

No corrective action needed.

§115.68 - Post-allegation protective custody

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): STIPC policy 2.1.1 states, “STIPC shall take care to place detainee victims of Sexual Abuse in a supportive environment that represents the least restrictive housing option possible (e.g. protective custody), subject to the requirements of I 15.43. Detainee victims shall not be held for longer than five (5) days in any type of administrative segregation, except in unusual circumstances or at the request of the detainee. A detainee victim who is in protective custody after having been subjected to Sexual Abuse shall not be returned to the general population until completion of a proper re-assessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse. STIPC shall notify the appropriate ICE Enforcement and Removal Operations Field Office Director whenever a detainee victim has been held in administrative segregation for 72 hours.” In an interview with the FA and the PSA Compliance Manager, if a detainee was placed into protective custody the ICE FOD would be immediately notified, and a detainee victim of sexual abuse would be placed in the least restrictive housing unit (protective custody) to guarantee their safety. It was further indicated that the facility has multiple housing units that could be used without utilizing the administrative segregation units. The Auditor reviewed a memorandum to the file which states, “The South Texas ICE Processing Center has not used segregated housing for the protection of a detainee during a sexual abuse allegation, during the audit reporting period.” The Auditor reviewed 15 investigative files and confirmed no detainee victim was placed into administrative segregation after reporting an allegation.

Corrective Action:

No corrective action needed.

§115.71 - Criminal and administrative investigations

Outcome: Meets Standard

Notes:

(a)(b)(e)(f): STIPC policy 2.1.1 states, “An administrative investigation shall be completed for all allegations of Sexual Abuse at GEO Facilities, regardless of whether a criminal investigation is completed. The Facility Administrator and contracting agencies shall be notified prior to investigating all allegations of Sexual Abuse. Client notifications shall be documented and maintained as part of the investigative file. STIPC shall use investigators who have received specialized training in Sexual Abuse investigations. The specialized training shall include technique for interviewing Sexual Abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. In addition to the general training provided to all facility staff and employees in 115.31, STIPC shall provide specialized training on sexual abuse and effective cross-agency coordination to facility investigators, who conduct investigations into allegations of sexual abuse in detention. All investigation into alleged sexual abuse must be conducted by qualified investigators. The specialized training shall also include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warning, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for the evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. If STIPC conducts an investigation into allegations of sexual abuse, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Following receipt of a reported PREA allegation, the Facility Administrator will assign the investigation to an investigator who has received specialized training in conducting sexual abuse investigations.” STIPC policy 2.1.1 further states, “In allegations where a criminal investigation is initiated by ICE OPR, DHS OIG or outside law enforcement, the facility shall begin an administrative investigation as soon as the criminal investigation has concluded or at such time as the outside investigative entity indicates the facility may begin their administrative investigation. When outside agencies investigate sexual abuse, STIPC shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Facilities shall request copies of completed investigative reports. Upon receipt, the investigative report will be forwarded to the Corporate PREA director for review and closure. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as detainee, staff or employee. STIPC shall not require a detainee who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The departure of the alleged abuser or victim from the employment or control of the facility or facility shall not provide a basis for terminating an investigation.” Interviews with the PSA Compliance Manager/Investigator and a facility Investigator indicated the facility will complete an administrative investigation on all allegations. Interviews with the PSA Compliance Manager/Investigator and a facility Investigator further indicated they will remain in constant contact with the PPD and will begin the administrative investigation as soon as the PPD and ICE OPR indicates an investigation can begin. In addition, interviews with the PSA Compliance Manager/Investigator and a facility Investigator indicated an investigation would continue regardless of if the victim, or the abuser (staff or detainee), are no longer housed or employed at the facility. The Auditor reviewed and confirmed both investigators are qualified, have completed specialized training in sexual abuse and effective cross-agency coordination, and have received general PREA training as required by §115.31. The Auditor reviewed 15 investigative files, and confirmed each investigation was completed promptly, thoroughly, and objectively. In addition, a review of one staff-on-detainee investigative file confirmed the staff member resigned during the investigation; however, the investigation continued until completion.

(c): STIPC policy 2.1.1 states, “An investigative report shall be written for all investigations of allegations of sexual abuse conducted at the facility level. The facility shall utilize the investigative report template for all PREA investigations. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the

suspected perpetrator. Administrative Investigations (1) shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.” STIPC policy 2.1.1 further states, “GEO/STIPC shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years.” The Auditor reviewed 15 sexual abuse allegation investigation files and confirmed each file contained an investigative report which included a description of the physical and testimonial evidence, the reasoning behind credibility assessments, a review of prior complaints and reports of sexual abuse involving the abuser, efforts to determine whether staff actions or failures to act contributed to the abuse and the investigative facts and findings.

Corrective Action:

No corrective action needed.

§115.72 - Evidentiary standard for administrative investigations

Outcome: Meets Standard

Notes:

Agency Policy 11062.2 states, “The OPR shall conduct either an OPR review or investigation, in accordance with OPR policies and procedures. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse.” STIPC policy 2.1.1 states, “STIPC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.” Interviews with the PSA Compliance Manager/Investigator and a facility Investigator confirmed the facility will not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. The Auditor reviewed 15 sexual abuse investigative files and confirmed the facility Investigator imposed no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse.

Corrective Action:

No corrective action needed.

§115.73 - Reporting to detainees

Outcome: Meets Standard

Notes:

STIPC policy 2.1.1 states, “At the conclusion of all investigations (once the investigation has been reviewed and approved by corporate staff), when the detainee is still in custody, or where otherwise feasible, following an investigation into a detainee's allegation of sexual abuse the facility investigator or staff member designated by the Facility Administrator shall notify the Detainee victim of Sexual Abuse in writing, whether the allegation has been: Substantiated, Unsubstantiated or Unfounded and any responsive action taken (disciplinary or criminal sanctions).” An interview with the PSA Compliance Manager/Investigator indicated notification is made to each detainee victim of an alleged sexual abuse to include any responsive action taken on the case. The Auditor submitted a Notification to Detainee of PREA Investigation Results form to the ERAU TL for confirmation of the notifications and confirmed the Agency had given notification in 11 of the 15 sexual abuse allegation investigation files reviewed; however, during the on-site review of the 15 investigative files, the Auditor confirmed notification which included the responsive action taken by the facility had been given to the victim detainee in every case.

Corrective Action:

No corrective action needed.

§115.76 - Disciplinary sanctions for staff

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): STIPC policy 2.1.1 states, “Staff shall be subject to disciplinary or adverse action up to and including removal from their position and the Federal service for substantiated allegations of Sexual Abuse or for violating agency or facility Sexual Abuse policies. The Agency shall review and approve facility policies and procedures regarding disciplinary or adverse actions for staff and shall ensure that the facility policy and CORPORATE POLICY AND PROCEDURE MANUAL NUMBER: 5.1.2-F Page 13 of 15 procedures specify disciplinary or adverse actions for staff, up to and including removal from their position and from the Federal service for staff, when there is a substantiated allegation of Sexual Abuse, or when there has been a violation of agency sexual abuse rules, policies, or standards. Removal from their position and from the Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in Sexual Abuse, as defined under the definition of Sexual Abuse of a Detainee by an Employee, Contractor, or Volunteer. STIPC shall report all removals or resignations in lieu of removal for violations of Agency or facility Sexual Abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal. Each facility shall make reasonable efforts to report removals or resignations in lieu of removal for violations of Agency or facility Sexual Abuse policies to any relevant licensing bodies, to the extent known.” Interviews with the facility PSA Compliance Manager/Investigator and a facility Investigator indicated the PPD is called out to the facility for every allegation of sexual abuse reported at the facility. Interviews with the FA, HRM, and six random COs confirmed they are aware termination is the presumptive disciplinary sanction if they violate the facility sexual abuse policies. Interviews with the facility FA and the HRM indicated the facility would notify any licensing body necessary if a licensed staff member is removed or resigns in lieu of removal for violating the facility sexual abuse policies. The Auditor reviewed one staff-on-detainee sexual abuse allegation investigation file and confirmed the allegation had been determined to be substantiated; however, did not appear to be criminal in nature. The Auditor confirmed the PPD had responded to the facility and confirmed the proposed discipline was a written reprimand; however, the staff member resigned from his position. Interviews with the FA and the SDDO confirmed STIPC policy 2.1.1 has been submitted and approved by the Agency.

Corrective Action:

No corrective action needed.

§115.77 - Corrective action for contractors and volunteers

Outcome: Meets Standard

Notes:

(a)(b)(c): STIPC policy 2.1.1 states, “Any contractor or volunteer who has engaged in Sexual Abuse shall be prohibited from contact with Detainees. Each facility shall make reasonable efforts to report to any relevant licensing body, to the extent known, incidents of substantiated Sexual Abuse by a Contractor or Volunteer. Such incidents shall also be reported to law enforcement agencies, unless the activity was clearly not criminal. Contractors and Volunteers suspected of perpetrating Sexual Abuse shall be removed from all duties requiring Detainee contact pending the outcome of an investigation. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with Detainees by Contractors or Volunteers who have not engaged in Sexual Abuse but have violated other provisions within these standards.” Interviews with the FA and HRM indicated any contractor or volunteer suspected of perpetrating sexual abuse would be removed from the facility and law enforcement would be notified. Interviews with the FA and HRM further indicated the incident would be reported to the contractor’s employer and any other licensing bodies. In an interview with the FA, if a contractor or volunteer violated any other provisions of facility policies they would be removed from the facility, and any further contact with detainees, pending the outcome of an investigation. The Auditor reviewed 15 sexual abuse allegation investigation files and confirmed none of the allegations involved a contractor or volunteer.

Corrective Action:

No corrective action needed.

§115.78 - Disciplinary sanctions for detainees

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): STIPC policy 2.1.1 states, “STIPC shall subject a detainee to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in Sexual Abuse. At all steps in the disciplinary process any sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations in the future. Each facility holding detainees in custody shall have a detainee disciplinary system with progressive levels of reviews, appeals, procedures, and documentation procedure. The disciplinary process shall consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed. STIPC shall not discipline a detainee for sexual contact with staff unless there is a finding the staff member did not consent to such contact. For the purpose of disciplinary action, a report of Sexual Abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.” Interviews with the FA, PSA Compliance Manager, and the CS/Disciplinary Officer indicated detainees are subject to disciplinary sanction pursuant to a formal disciplinary process for an administrative or criminal finding the detainee engaged in sexual abuse. Interviews with the FA, PSA Compliance Manager, and the CS/Disciplinary Officer further indicated detainees are not disciplined for reports made in good faith based on a reasonable belief the alleged conduct had occurred. In an interview with the FA, it was confirmed the STIPC has a disciplinary system which includes reviews, appeals, and documentation procedures. The Auditor reviewed four detainee-on-detainee sexual abuse allegation investigation files which included substantiated outcomes and confirmed all detainee perpetrators were subjected to a disciplinary process compliant with the standard following the substantiated outcome.

Corrective Action:

No corrective action needed.

§115.81 - Medical and mental health screening; history of sexual abuse

Outcome: Meets Standard

Notes:

(a)(b)(c): STIPC policy 2.1.1 states, “If during the intake assessment, persons tasked with screening determine that a detainee is at risk for either sexual victimization or abusiveness, or if the detainee has experienced prior victimization or perpetrated sexual abuse, the detainee shall be immediately referred to a Qualified Medical and/or Mental Health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two (2) working days from the date of the assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral.” An interview with the Intake Supervisor indicated if during a risk assessment, a detainee discloses previous sexual abuse or has perpetrated sexual abuse, intake staff will immediately make notification to medical staff, the notification is documented on the initial risk assessment, and medical staff review and sign the risk assessment. An interview with the HSA indicated, once medical staff have reviewed and signed the initial risk assessment, they will send a referral called a telephone encounter, to mental health staff. An interview with the HSA further indicated a detainee victim or perpetrator of sexual abuse will be scheduled for a medical evaluation within 24 hours. An interview with a Supervising Mental Health Provider indicated a detainee victim or perpetrator of sexual abuse is immediately scheduled for a follow-up evaluation within 24 hours. Interviews with two detainees who identified as experiencing prior sexual abuse indicated intake staff made a referral to medical and mental health in both cases. The Auditor reviewed the interviewed detainee’s medical and mental health files and confirmed they had been seen by medical and mental health within 24 hours of the referral from intake staff.

Corrective Action:

No corrective action needed.

§115.82 - Access to emergency medical and mental health services

Outcome: Meets Standard

Notes:

(a)(b): STIPC policy 2.1.1 states, “Victims of Sexual Abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with an investigation arising out of the incident.” An interview with the HSA, indicated should a detainee be a victim of sexual abuse he/she would be triaged to address any emergency medical issues and, if needed, would be transported to the MSTH in San Antonio for a SANE exam. An interview with the HSA further indicated emergency medical issues provided by MSTH noted in the MOU included emergency contraception and sexually transmitted infections prophylaxis. In addition, an interview with the HSA further indicated any follow-up care would be provided by the facility upon the detainee’s return. The Auditor reviewed a (MOU) between the MSTH and GEO Group, Inc. executed on April 11, 2023, and shall renew for successive one-year periods unless terminated by either party in writing. The review confirmed MSTH agrees to provide service for all STIPC detainees who are victims of sexual assault, and all services will be provided by MSTH at no cost to the patients. An interview with the PSA Compliance Manager indicated the facility utilizes the services from RAINN for crisis intervention and counseling to appropriately address the detainee victim’s needs. During the on-site audit, utilizing the detainee telephones, the Auditor tested the phone line for RAINN, which is a national organization and was transferred to a local victim advocate in the San Antonio area. In an interview with the local victim advocate it was confirmed if a detainee was involved in a sexual assault the advocate would accompany the detainee victim to the exam and during investigatory interviews to provide emotional support, crisis intervention, and counseling. The Auditor reviewed 15 investigative files and confirmed each detainee victim was seen by medical staff and mental health staff and each detainee victim was offered access to a victim advocate for confidential emotional support and counseling related to healing from sexual assault.

Corrective Action:

No corrective action needed.

§115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f)(g): STIPC policy 2.1.1 states, “STIPC shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of sexual abuse while in immigration custody. The evaluation and treatment should include 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. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community. Victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services. Victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. STIPC shall attempt to conduct a mental health evaluation on all known Detainee--on-Detainee abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners. Note: "known abusers" are those detainee abusers in which a SA-API investigation determined either administratively substantiated by outside law enforcement. All refusals for mental health services shall be documented.” An interview with the HSA indicated emergency medical issues provided by

MSTH noted in the MOU included as appropriate, pregnancy tests with information for all options of pregnancy related medical services, follow up tests for sexually transmitted infections, 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 in accordance with professionally accepted standards of care. In addition, all treatment is provided at no cost to the victim of sexual abuse. An interview with a Supervising Mental Health Provider indicated detainee perpetrators of sexual abuse would receive an evaluation immediately upon learning of such abuse history and a treatment plan would be established if the abuser is willing to participate. The Auditor reviewed 15 sexual abuse allegation investigation files, and corresponding mental health files, and confirmed both the detainee victims and perpetrators were immediately referred to medical and mental health, at the time the allegation was reported.

Corrective Action:

No corrective action needed.

§115.86 - Sexual abuse incident review

Outcome: Meets Standard

Notes:

(a)(b)(c): STIPC policy 2.1.1 states, “STIPC will conduct a Sexual Abuse incident review at the conclusion of every sexual abuse investigation. A written report shall be prepared within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse and assault. The facility shall implement the recommendations for improvement or shall document its reasons for not doing so in a written response. The review team shall consider whether the incident or allegation was motivated by race; ethnicity; gender identity: lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The review team shall consist of upper-level management officials, the local PSA Manager, Medical and Mental Health Practitioners. The Corporate PREA Coordinator may attend via telephone or in person. A "DHS Sexual Abuse or Assault Incident Review Form" (Attachment n of the team's findings shall be completed and submitted to the local PSA Manager and Corporate PREA Coordinator no later than 30 working days after the review via the GEO PREA Database. The facility shall implement the recommendations for improvement or document its reasons for not doing so. Annually, STIPC shall conduct a review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility will prepare a negative report. STIPC shall document the review utilizing the "DHS Annual Review of Sexual Abuse Incidents" form (Attachment K). The results and findings shall be provided to the Facility Administrator, ICE/ERO Field Office Director or his/her designee for transmission to the ICE PSA Coordinator, and Corporate PREA Coordinator upon completion.” An interview with the PSA Compliance Manager, indicated the review team consists of upper-level management officials and allows for input from the custody staff, investigators, and medical and mental health practitioners. The PSA Compliance Manager further indicated the facility would do an incident review utilizing a Sexual Abuse or Assault Incident Review form on all investigations, including those determined to be unfounded, within 30 days of the conclusion of the investigation. The Auditor reviewed the form and confirmed it contained all elements required by subsection (b) of the standard. The Auditor reviewed 15 sexual abuse investigative files and confirmed each file contained a Sexual Abuse or Assault Incident Review form which had been completed within 30 days of the conclusion of the investigation, included recommendations for improvement, and was forwarded to the GEO PREA Coordinator and the Agency PSA Coordinator. The Auditor reviewed the STIPC 2023 Annual Review of Sexual Abuse Investigations and Corrective Action Plan and confirmed its completion. In addition, the Auditor reviewed an email provided by the facility which confirmed the report had been forwarded to the ICE FOD, GEO PREA Coordinator, and the Agency PREA Coordinator.

Corrective Action:

No corrective action needed.

§115.87 - Data collection

Outcome: Meets Standard

Notes:

(a): STIPC policy 2.1.1 states, “STIPC shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. STIPC shall maintain in a secure area all case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling in accordance with the PREA standards and applicable agency policies and established schedules.” An interview with the facility PSA Compliance Manager indicated all case records associated with allegations of sexual abuse are maintained in her office under lock and key. During the on-site audit, the Auditor observed the files and confirmed they were locked in a filing cabinet in the PSA Compliance Manager’s office.

Corrective Action:

No corrective action needed.

§115.201 - Scope of Audit

Outcome: Meets Standard

Notes:

(d)(e)(i)(j): During all stages of the audit, including the on-site audit, the Auditor was able to review available memos and other documentation required to make an assessment on PREA Compliance. Interviews with staff and detainees were conducted in private while on-site and remain confidential. The Auditor observed the notification of the audit posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. No detainees, outside entity, or staff correspondence was received prior to the on-site audit or during the post audit review.

Corrective Action:

No corrective action needed.

AUDITOR CERTIFICATION:

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

Robin Bruck 2/26/2024

Auditor’s Signature & Date

James McClelland 2/26/2024

Program Manager’s Signature & Date

Sabina Kaplan 2/26/2024

Assistant Program Manager’s Signature & Date