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

Homeland Security

AUDITOR INFORMATION			
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FIELD OFFICE INFORMATION	
Name of Field Office:	Seattle Field Office
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INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Tacoma ICE Processing Center (NWIPC)		
Physical address:	1623 E J St, SE Tacoma, WA 98421		
Mailing address: *(if different from above)*			
Telephone number:	253-396-1611		
Facility type:	CDF		
Facility Leadership			
Name of Officer in Charge:	Bruce Scott	**Title:**	Facility Administrator
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Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Justin Lindsley	**Title:**	Lieutenant
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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 Tacoma ICE Processing Center (NWIPC) met 28 standards, had 0 standards that exceeded, had 1 standard that was non-applicable, and had 12 non-compliant standards. As a result of the facility being out of compliance with 12 standards, the facility entered into a 180-day corrective action period which began on March 23, 2023, and ended on September 19, 2023. 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: 12

§115.13 Detainee supervision and monitoring
§115.15 Limits to cross-gender viewing and searches
§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.17 Hiring and promotion decisions
§115.22 Policies to ensure investigation of allegations and appropriate agency oversight
§115.32 Other training
§115.33 Detainee education
§115.64 Responder duties
§115.65 Coordinated response
§115.67 Agency protection against retaliation
§115.71 Criminal and administrative investigations
§115.86 Sexual abuse incident reviews

The facility submitted documentation, through the Agency, for the CAP on April 28, 2023, through September 19, 2023. The Auditor reviewed the CAP and provided responses to the proposed corrective actions. The Auditor reviewed the final documentation submitted on September 19, 2023. In a review of the submitted documentation, to demonstrate compliance with the deficient standards, the Auditor determined compliance with 100% of the standards.

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. 13 - Detainee supervision and monitoring
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(b)(d): GEO Policy 3.1.1 states, "NWIPC shall develop and document comprehensive Detainee supervision guidelines to determine and meet NWIPC's Detainee supervision needs and shall review those guidelines at least annually." Policy 3.1.1 further states, "Facilities shall implement a policy and practice requiring department heads, Facility management staff and supervisors to conduct and document unannounced security inspections within their respective areas to identify and deter Sexual Abuse of Detainees. Such policy and practice shall be implemented no less than once per week for all shifts", and "employees are prohibited from alerting others that these security inspections are occurring, unless such announcements are related to the legitimate operations functions of the Facility." The Auditor reviewed the facility post orders and confirmed they outline the comprehensive detainee supervision guidelines required to meet detainee supervision needs. An interview with the FA, it was indicated that NWIPC monitors and reviews the NWIPC comprehensive supervision guidelines annually. The Auditor reviewed the facility comprehensive supervision guidelines and confirmed that they are current and were reviewed by the facility and Agency on November 12, 2022. Interviews with three custody supervisors, confirmed that the facility requires one supervisor per shift to conduct one unannounced security inspection per week. In addition, during their interviews the three custody supervisors indicated that they were unaware of the facility's policy that prohibits employees from alerting others that the unannounced security inspections are occurring, unless such announcements are related to the legitimate operations functions of the facility. The Auditor reviewed submitted housing unit logbooks from B3, C3, and G3 and confirmed supervisors were not conducting frequent unannounced security rounds as required by the standard. In addition, during the on-site tour, the Auditor reviewed facility logbooks located in housing units B 3 and C 3 and confirmed during the period of January 15, 2023, through January 22, 2023, there were three unannounced security inspections conducted on B 3 and two announced security inspections conducted on C 3.

<u>Does Not Meet (d):</u> The facility does not meet subsection (d) of the standard. The Auditor reviewed facility logbooks located in housing units Bravo 3, Charlie 3, and confirmed during the period of January 15, 2023, through January 22, 2023, there were three unannounced security inspections conducted on Bravo 3 and two announced security inspections conducted on Charlie 3. In addition, interviews with custody supervisors confirmed that the facility requires one supervisor per shift to conduct one unannounced security inspection per week. In addition, during their interviews the three custody supervisors indicated that they were unaware of the facility's policy that prohibits employees from alerting others that the unannounced security inspections are occurring, unless such announcements are related to the legitimate operations functions of the facility. To become compliant, the facility must implement a practice that requires supervisors to make frequent unannounced security inspections on both day and night shifts as required by the standard. Once implemented, for a period of two months, the facility must submit to the Auditor documentation of unannounced security inspections that occurred during the Corrective Action Plan (CAP) period. In addition, the facility must train all custody staff on the facility's policy 3.1.1 that prohibits employees from alerting others that the unannounced security inspections are occurring, unless such announcements are related to the legitimate operations functions of the facility.

<u>Corrective Action Taken (d):</u> The facility submitted a memo to all custody staff that confirms the facility requires supervisors make frequent unannounced security inspections on both day and night shifts as required by the standard. The facility submitted a memo to all custody staff with a training roster that confirms the facility trained all custody staff on GEO Policy 3.1.1, Sexual Abuse/Assault Prevention and Intervention Programs, that prohibits employees from alerting others unannounced security inspections are occurring unless such announcements are related to the legitimate operational functions of the facility. The facility submitted 24 days of logbook entries that confirm 15 out of 24 submitted entries of unannounced security inspections were conducted as required by the standard. Therefore, the Auditor accepts the facility has implemented a practice that requires supervisors to make frequent unannounced security inspections on both day and night shifts and no longer requires the facility submit two consecutive months of logbook entries to confirm compliance. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (d) of the standard.

§115. 15 - Limits to cross-gender viewing and searches
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(e)(f): GEO Policy 3.1.1 states, "Cross-gender strip searches and cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited except in the Exigent Circumstances including consideration of officer safety, or when performed by Medical Practitioners." However, a review of Policy 3.1.1 confirms it does not required staff to document all strip searches and visual cavity searches. The facility PAQ indicated that NWIPC conducted one strip search during the audit period; however, although during interviews with random custody line staff it was indicated that all strip frisks would be documented, the facility did not provide documentation to confirm the strip search conducted during the audit period was documented as required by subsection (f) of the standard.

Does Not Meet (f): The facility is not in compliance with subsection (f) of the standard. The facility PAQ indicated that NWIPC conducted one strip search during the audit period; however, during interviews with random custody line staff it was indicated that all strip frisks would be documented, the facility did not provide documentation to confirm the strip search conducted during the audit period was documented as required by subsection (f) of the standard. To become compliant the facility must provide the Auditor with documentation that the one strip frisk of a detainee that occurred during the audit period was documented. If the facility cannot provide documentation that the one strip frisk reported on the PAQ was documented, the Auditor requires that the facility document that all custody line staff received training on the standards requirement that all strip frisks be documented.

Corrective Action Taken (f): The facility submitted "Record of Strip Search" form that confirms the one strip search, which occurred on February 14, 2022, was documented as required by subsection (f) of the standard. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (f) of the standard.

(g): GEO Policy 3.1.1 states, "Each Facility shall implement policies and procedures which allow Detainees to shower, change 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." Policy 3.1.1 further states, "Facilities policies and procedures shall require Employees of the opposite gender to announce their presence when entering housing units or any area where Detainees are likely to be showering, performing bodily functions, or changing clothes." In interviews, male and female random staff indicated that they announce their intention to enter the housing units prior to entering. During the onsite visit, the Auditor observed open toilets in two intake holding cells (Intake 1 and Intake 7). In addition, the Auditor observed open toilets in the housing units that consisted of cells, including but not limited to Alpha 1, Charlie 1, and Delta 1, administrative segregation, and medical holding cells. The Auditor discussed the open toilets in the housing units with the PSA Compliance Manager who indicated that the viewing is compliant as it's incidental to routine cell checks; however, during the on-site tour the Auditor observed a staff cleaning crew that enters the cell areas daily. During the on-site tour the Auditor further observed that staff assigned to the Control Center could view all areas of the facility at any time, including but not limited to the sleeping areas of the facility dorms were detainees dress and change their clothing. The Auditor inquired if the facility had a policy that requires the detainees to change in the shower area and if the detainees were aware the cameras viewed their sleeping area and received a negative response to both inquiries. During the on-site audit, the facility was able to eliminate the cross-gender viewing concerns in the intake area holding cells by installing a curtain around the open toilet area; however, the cross-gender viewing concerns in the cell housing units, administrative segregation, medical holding cells, and the Master Control Center were not corrected while the Auditor was on-site. During interviews with random custody line staff and random detainees it was indicated staff announce their presence when entering a housing unit that included detainees of the opposite gender. In addition, the Auditor observed the announcements being made during the on-site visit.

Does Not Meet (g): The facility is not in compliance with subsection (g) of the standard. During the on-site tour the Auditor observed open toilets in two intake holding cells (Intake 1 and Intake 7). In addition, the Auditor observed open toilets in the housing units that consisted of cells, including but not limited to Alpha 1, Charlie 1, and Delta 1, administrative segregation, and medical holding cells. The Auditor discussed the open toilets in the housing units with the PSA Compliance Manager who indicated that the viewing is compliant as it's incidental to routine cell checks; however, during the on-site tour the Auditor observed a staff cleaning crew that enters the cell areas daily. During the on-site tour the Auditor further observed that staff assigned to the Master Control Center could view all areas of the facility at any time, including but not limited to the sleeping areas of the facility dorms were detainees dress and change their clothing. The Auditor inquired if the facility had a policy that requires the detainees to change in the shower area and if the detainees were aware the cameras viewed their sleeping area and received a negative response to both inquiries. The facility was able to eliminate the cross-gender viewing concerns in the intake area holding cells by installing a curtain around the open toilet area; however, the cross-gender viewing concerns in the cell housing units and the Control Center were not corrected while the

Auditor was on-site. To become compliant the facility must develop a process that provides privacy for all detainees to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine jail checks. Once implemented the facility must provide the Auditor with documentation that confirms the cross-gender viewing issues are no longer a concern.

Corrective Action Taken (g): The facility submitted a copy of the revised GEO Supplement to the ICE National Detainee Handbook which confirms detainees are notified, "For your privacy, it is recommended to only change clothing in the shower with the curtain closed. Changing clothing anywhere else will subject you to possible cross-gender viewing and recording on the closed-circuit television system." In addition, the facility submitted a photo to confirm the verbiage, "For your privacy, it is recommended to only change clothing in the shower with the curtain closed. Changing clothing anywhere else will subject you to possible cross-gender viewing and recording on the closed-circuit television system." Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (g) of the standard.

§115. 16 - Accommodating detainees with disabilities and detainees who are limited English proficient
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b): GEO Policy 3.1.1 states, "In all Facilities, education shall be provided 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." Policy 3.1.1 further states, "Facilities shall ensure that Individuals in a GEO Facility or Program 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 Company's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment. GEO shall ensure that all Facilities provide written materials to every individual in a GEO Facility or Program in formats or through methods that ensure effective communication with individuals with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision." Interviews with intake staff indicated that each detainee arriving at NWIPC receives the GEO Supplement to the ICE National Detainee Handbook, available in English and Spanish, the DHS-prescribed SAA Information pamphlet available in 15 of the most prevalent languages encountered by ICE: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Vietnamese, Turkish, and Ukrainian and the ICE National Detainee Handbook, available in 14 of the most prevalent languages encountered by ICE: Spanish, English, Arabic, French, Simplified Chinese, Haitian Creole, Portuguese, Vietnamese, Punjabi, Hindi, Russian, Romanian, Turkish, and Bengali. The Auditor reviewed the GEO Supplement and confirmed it contained PREA information specific to NWIPC that is not available to detainees who do not speak English or Spanish. In interviews with Intake staff, it was indicated that when they are confronted with a detainee that may be hearing impaired or deaf, information is provided to them in writing or through use of a text telephone (TTY). They also indicated for detainees who are blind, or have limited sight, they would provide to them individualized service including the reading of the PREA information. Detainees at NWIPC that have a low intellect, limited reading skills, or psychiatric difficulties would typically receive services from medical staff or mental health staff depending on the degree and extent of the disability. Intake staff further indicated that if a detainee did not speak one of the most prevalent languages encountered by ICE the facility also has access to an ERO Language Services contract to provide 24-hour telephonic interpretation services. However, during detainee interviews the Auditor interviewed three detainees whose preferred language was Gujarati and all three detainees interviewed indicated that they had not received any information in a format that they understood and did not have knowledge regarding the reporting of sexual abuse. The Auditor reviewed their detainee files and confirmed information was not provided to the three detainees in either a language that they could understand or through the ICE interpretive services.

Does Not Meet (b): The facility is not in compliance with subsection (b) of the standard. The Auditor reviewed the GEO Supplement to the ICE National Detainee Handbook and confirmed it contained PREA information specific to NWIPC that is not available to detainees who do not speak English or Spanish. In addition, interviews with three detainees whose preferred language was Gujarati confirmed they had not received any PREA information in a format they understood. To become compliant, the facility must adapt the practice of providing PREA Information located in the GEO Supplement to the ICE National Detainee Handbook to LEP detainees in a manner they understand. In addition, the facility must document the use of interpreter services for those detainees who do not speak one of the most prevalent languages offered for the ICE National Detainee Handbook and the DHS-prescribed SAA Information pamphlet. Once developed, all Intake staff must receive documented training on the new procedures. The facility must also provide the Auditor with 10 detainee files from different days that confirm detainees who speak languages, other than English or Spanish, have received the GEO Supplement to the ICE National Detainee Handbook in a manner they understand. If available, the facility is to specifically include any detainee who does not speak one of the languages available in the ICE National Detainee Handbook or the DHS-prescribed SAA Information pamphlet to confirm the PREA information is provided to the detainee in a manner that he/she understands.

Corrective Action Taken (b): The facility submitted a training curriculum for a "pocket training" required by all Intake staff that states, "Intake Staff shall distribute written PREA (SAAPI) information in the preferred language of the detainee, further creating a procedure that would supply the PREA information to the intellectually impaired and to those who have speech or psychiatric difficulties. The "pocket training" curriculum required by all intake staff further included contact information for ERO Language Services and how to connect to an interpreter when contact is established. In addition, the facility submitted a training roster which confirms all Intake staff have received the required "pocket training." The facility submitted 10 detainee files from different days which confirmed detainees who speak languages, other than English or Spanish, have received the ICE National Detainee Handbook and DHS-prescribed SAA Information in their preferred language. In addition, the facility submitted one detainee file that confirmed the language line was used for a detainee, who did not speak one of the most prevalent languages encountered by ICE, to interpret the PREA information included in the ICE National Detainee Handbook and the DHS-prescribed SAA Information pamphlet. A review of the detainee files further confirmed although the GEO Supplement to the ICE National Detainee Handbook was not issued in the detainee's preferred language the language line was utilized in all cases; and therefore, the Auditor accepts the submitted documentation to confirm the detainee received the PREA information included in the GEO Supplement using ERO Language Services. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (b) of the standard.

(c): GEO Policy 3.1.1 states, "In matters relating to Sexual Abuse, the 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 and receive approval from ICE." In interviews with random custody line staff all staff interviewed indicated the use of interpreter services by another detainee is prohibited.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. Although policy 3.1.1 allows the use of another detainee, to interpret, if the victim detainee expresses a preference for another detainee to provide interpretation and the jail determines that such interpretation is appropriate and consistent with DHS policy, during interviews, custody line staff indicated the use of interpreter services by another detainee is prohibited. To become compliant, the facility shall train all custody line staff on the requirement that allows a detainee to use another detainee to provide interpretation for a victim of sexual abuse provided the Agency determines the interpretation is appropriate and consistent with DHS policy. In addition, the facility shall provide documentation of participation in the training provided.

Corrective Action Taken (c): The facility submitted a training curriculum for "pocket training" with a training roster that confirms the facility trained all custody staff on the requirement to allow a detainee to use another detainee to provide interpretation for a victim of sexual abuse provided the Agency determines the interpretation is appropriate and consistent with DHS policy. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

§115. 17 - Hiring and promotion decisions

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

Notes:

(a)(b)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program 6-7.0, and ICE Suitability Screening Requirements for Contractor Personnel Directive 6-8.0 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." The ICE Personnel Security and Suitability Program policy 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." Policy 3.1.1 states, "GEO Facilities are prohibited from hiring or promoting anyone including contractors (who may have contact with individuals in a GEO facility or program) who has been engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings within the community 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 who has been civilly or administratively adjudicated to have engaged in such activity." Policy 3.1.1 further states, "GEO shall ask all applicants and Employees who may have contact with Individuals in a GEO Facility or Program directly about previous Sexual Abuse misconduct as part of its hiring and

promotional processes including contractors, and during annual performance reviews for current Employees. GEO Facilities shall also impose upon Employees a continuing affirmative duty to disclose any such conduct." In addition, Policy 3.1.1 states, "Material omissions regarding such misconduct, or the provision materially false information, shall be ground for termination. Unless prohibited by law, GEO shall provide information on substantiated allegations of Sexual Abuse or Sexual Harassment involving a former Employee upon receiving a request from an institutional employer for whom such Employee has applied to work." GEO policy 5.1.2-E, Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection, states "All Employees, Contractors, and Volunteers have an affirmative duty to report all allegations or knowledge of Sexual Abuse, Sexual Harassment, romantic, or sexual contact that takes place with any GEO facility or program." The Auditor reviewed Policy 3.1.1 and confirmed that it does not prohibit the use of volunteer services if the volunteer has been engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community 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 who has been civilly or administratively adjudicated to have engaged in such activity, however, in an interview with HR staff, it was indicated that all applications are sent to GEO corporate office where the information is checked or verified, including background checks for criminal history and reference checks on staff, contractor applicants, and volunteers. The HR further indicated that GEO makes efforts to contact all prior institutional employers of an applicant for employment or promotion to obtain information on any allegations of sexual abuse or any resignation related to alleged sexual abuse, and unless prohibited by law and that the facility would provide information on substantiated allegations of sexual abuse involving former employees upon request from an institutional employer for which the employee has applied to work seeking new employment and regarding promotions, GEO requires an annual statement signed regarding any new offenses and also uses a check sheet during promotion reviews that addresses this potential behavior. A review of the 10 personnel files further indicated that in all cases the GEO employee had filled out an annual statement indicating no incidents of sexual misconduct to be reported. In addition, the Auditor reviewed one personnel file of a GEO staff member who was promoted during the audit period and confirmed that the candidate for promotion was asked directly about previous misconduct related to sexual abuse in a written application prior to being hired. The Auditor interviewed one SDDO who was promoted during the audit period and confirmed he had not been asked about previous misconduct either during an interview or by written application prior to receiving his promotion.

Does Not Meet (b): The Auditor interviewed one ICE SDDO promoted during the audit period, who confirmed that prior to receiving a promotion had not been asked directly about previous misconduct, including engaging and/or attempting to engage in sexual abuse either in an interview or by written application. To become compliant, the Agency must develop a process that requires that employees offered promotions are directly asked about previous misconduct related to sexual abuse, as outlined in subpart (b) of the standard. In addition, if applicable, the facility must provide the Auditor with documentation that confirms newly promoted ICE staff were directly asked about previous misconduct related to sexual abuse.

Corrective Action Taken (b): The facility submitted a copy of the interviewed SDDO's promotional history which confirms although the SDDO advised the Auditor, he received his promotion within the audit period he was promoted prior to the audit period; and therefore, the Auditor no longer requires the Agency to develop a process that requires employees offered promotions are directly asked about previous misconduct related to sexual abuse, as outlined in subpart (b) of the standard. In addition, the Auditor no longer requires, if applicable, the facility provide the Auditor with documentation that confirms newly promoted ICE staff were directly asked about previous misconduct related to sexual abuse. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (b) of the standard.

§115. 22 - Policies to ensure investigation of allegations and appropriate agency oversight
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c)(d)(e)(f): The Agency provided a written directive, Policy 11062.2 Sexual Abuse and Assault Prevention and Intervention, section 5.7, 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)." During the pre-audit phase of the process the facility provided GEO policy 3.1.1 for compliance. The Auditor reviewed the policy and determined it did not contain all the elements of the standard, specifically the verbiage when a detainee, prisoner, inmate, 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 that the incident s promptly reported the Joint Intake Center (JIC), the ICE OPR or the DHS OIG as required by subsections (d) and (e) or the verbiage when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported the Joint Intake Center (JIC), the ICE OPR or the DHS OIG as required by subsections (d) and (f) of the standard. Based on the finding, the facility provided GEO policy 5.1.2-E for compliance. GEO policy 5.1.2-E states, "Each facility shall have a policy in place to ensure that all allegations of Sexual Abuse or Sexual Harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior." GEO policy 5.1.2-E further states, "GEO shall retain all written reports referenced this section for as long as the alleged abuser is incarcerated or employed ty the agency, plus five hears; however, for any circumstance, files shall be retained no less than ten years. Facilities shall offer all Individuals in a GEO Facility or Program who experience Sexual Abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victims' consent and without cost to the individual and regardless of whether the victim names the accuser or cooperates with any investigation arising out of the incident" and Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite Qualified Medical Practitioner may perform the examination if a SAFE or SANE is not available." In addition, GEO policy 5.1.2-E states, "Upon request by the victim and with the victim's consent…the victim advocate may participate in supporting the victim through the forensic medical examination process…and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals." The Auditor reviewed GEO policy 5.1.2-E and confirmed, as with GEO policy 3.1.1, the policy does not contain the verbiage when a detainee, prisoner, inmate, 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 that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, or the appropriate ICE Field Office Director (FOD) as required by subsections (d) and (e). In addition, the Auditor's review of GEO policy 5.1.2-E confirms that the policy, as with GEO policy 3.1.1, does not contain the verbiage when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, as well as the appropriate ICE FOD as required by subsections (e) and (f) of the standard. An initial review of the PREA allegation spreadsheet indicated that there were seven allegations of sexual abuse reported during the audit period; however, during the on-site visit the Auditor confirmed there were eight allegations of sexual abuse reported during the audit period. A review of the PREA allegation spreadsheet, modified on the last day of the on-site visit, included the unreported allegation of sexual abuse. The PREA allegation spreadsheet indicated all eight cases were closed, four cases were determined to be unsubstantiated, and four cases were determined to be unfounded by the facility investigator. The review of the PREA allegation spreadsheet further confirmed the ICE OPR was notified of all the allegations as documented in the investigation files; however, three cases did not have a date the JIC was notified noting "not provided". There were no cases referred for prosecution. In interviews with the FA and the PSA Compliance Manager it was indicated that all written report documents are maintained as long as the alleged abuser is incarcerated or no longer employed by the agency, plus 5 years with a minimum retention of no less than 10 years. The Auditor reviewed both the Agency website, (www.ice.gov/prea) and the GEO corporate website, (www.geogroup.com/prea) and confirmed both the Agency protocol and GEO protocol are posted; however, GEO policy 5.1.2-E is not compliant with subsections (d), (e), and (f) of the standard.

Does Not Meet (c)(d)(e)(f): A review of the facility website, (www.geogroup.com/prea) confirms it contains the facilities evidence protocol provided during the on-site visit (GEO policy 5.1.2-E); however, GEO policy 5.1.2-E is not compliant with subsections (d), (e), and (f) of the standard. An initial review of the PREA allegation spreadsheet indicated that there were seven allegations of sexual abuse reported during the audit period; however, during the on-site visit the Auditor confirmed there were eight allegations of sexual abuse reported during the audit period. A review of the PREA allegation spreadsheet, modified on the last day of the on-site visit, included the unreported allegation of sexual abuse. The PREA allegation spreadsheet indicated all eight cases were closed, four cases were determined to be unsubstantiated, and four cases were determined to be unfounded by the facility investigator. The review of the PREA allegation spreadsheet further confirmed the ICE OPR was notified of all the allegations as documented in the investigation files; however, three cases did not have a date the JIC was notified noting "not provided". To become complainant the facility must update GEO policy 5.1.2-E to contain the verbiage, "when a detainee, prisoner, inmate, 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 that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, or the appropriate ICE Field Office Director (FOD)" as required by subsections (d) and (e) of the standard. In addition, the facility must update GEO policy 5.1.2-E to contain the verbiage, "when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, as well as the appropriate ICE FOD" as required by subsections (d) and (f) of the standard. Once updated, all applicable staff must be trained on the updated evidence protocol, GEO policy 5.1.2-E. If applicable, the facility must submit all closed sexual abuse allegation investigations with confirmation that the facility notified ICE OPR, the JIC, and the appropriate FOD of the reported allegation.

Corrective Action Taken (c)(d)(e)(f): The facility submitted a copy of GEO Policy 5.1.2-F which confirms it includes the verbiage, "When a Detainee, prisoner, inmate 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 appropriate ICE Field Office Director, and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation" and "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 the appropriate ICE Field Office Director. If the allegation is potentially criminal, also referred to an appropriate law enforcement agency having jurisdiction for investigation." In addition, the facility submitted a memo from the AFOD confirming their responsibility to report the allegation to the JIC, OPR or the DHS OIG. As the protocol requires that the facility report the allegation to the appropriate ICE FOD and the AFOD has submitted documentation that ensures they will report the allegation to the JIC and OPR or the DHS OIG the Auditor accept the submitted documentation for compliance with subsections (d), (e), and (f) of the standard; and therefore, no longer requires the facility updated GEO Policy 5.1 2-E. The Auditor reviewed the GEO corporate website, (www.geogroup.com/prea), and confirmed GEO policy 5.1.2-F is posted. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (c), (d), (e), and (f) of the standard.

§115. 32 - Other training

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

Notes:

(a)(b)(c): GEO Policy 3.1.1 states, "All Employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program." The Auditor reviewed the contractor and volunteer training curriculum provided by the facility and confirmed it is the same curriculum used during staff training, and therefore, includes, the Agency's and facility's zero-tolerance policies regarding sexual abuse and informs the contractor and volunteer how to report an incident of sexual abuse as required by the standard; however, in an interview with the PSA Compliance Manager it was confirmed that other contractors, as described in subsection (d) of the standard who provide services on a non-recurring basis to the facility pursuant to a contractual agreement with the Agency or facility are escorted by staff; and therefore, have not been trained on their responsibilities under the Agency's and the facility's sexual abuse prevention, detection, intervention and response policies and procedures. As other contractors are not provided the required training there is no documentation that confirms the facility keeps written documentation of the completed training. Per memo submitted with the PAQ the facility has not had any volunteers enter the facility during the audit period.

Does Not Meet (a)(c): The Auditor reviewed the contractor and volunteer training curriculum provided by the facility and confirmed it is the same curriculum used during staff training, and therefore, includes, the Agency's and facility's zero-tolerance policies regarding sexual abuse and informs the contractor and volunteer how to report an incident of sexual abuse as required by the standard; however, in an interview with the PSA Compliance Manager it was confirmed that other contractors, as described in subsection (d) of the standard, who provide services on a non-recurring basis to the facility pursuant to a contractual agreement with the Agency or facility are escorted by staff, and therefore, have not been trained on their responsibilities under the Agency's and the facility's sexual abuse prevention, detection, intervention and response policies and procedures. As other contractors are not provided the required training there is no documentation that confirms the facility keeps written documentation of the completed training. To become compliant, the facility must train all "other contractors" as described in subsection (d) of the standard, regardless of whether or not they are escorted by staff and provide written documentation to the Auditor that the required training has been completed.

Corrective Action Taken (a)(c): The facility submitted 20 "Contractor/Vendor/Volunteer Notifications" which confirm all "other contractors" have been trained on the facility and Agency zero tolerance policies and how to report an incident of sexual abuse as required by the standard. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a) and (c) of the standard.

§115. 33 - Detainee education

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

Notes:

(a)(b)(c)(d)(e)(f): GEO Policy 3.1.1 states, "During the intake process, Facilities shall ensure that the Detainee orientation program notifies and informs Detainees about the Company's zero tolerance policy regarding all forms of Sexual Abuse and Assault and includes instruction on 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 to any Employee, including an Employee other than immediate point-of contact line officer (i.e., the PSA 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 Sexual Abuse shall not negatively impact the Detainee's immigration proceedings; and 6. The right of a Detainee who has been subjected to Sexual Abuse to receive treatment and counseling." Policy 3.1.1 further states, "In all Facilities, education shall be provided in formats accessible to all Detainees, including those are limited English

proficient, deaf, visually impaired, or otherwise disabled, as well as to Detainees who have limited reading skills" and "facilities shall maintain documentation of Detainee participation in the intake process orientation which shall be retained in their individual files." In addition, Policy 3.1.1 states, "Facilities shall post on all housing unit bulletin boards the following notices: 1) The DHS-prescribed sexual assault awareness notice; 2) The name of the PSA Compliance Manager; and 3) The name of local organizations that can assist Detainees who have been victims of sexual Abuse" and "facilities shall make available and distribute the DHS-prescribed "Sexual Assault/Awareness Information" pamphlet." In interviews with intake staff, it was indicated that each detainee arriving at NWIPC receives the GEO Supplement to the ICE National Detainee Handbook in English or Spanish; the DHS-prescribed SAA Information pamphlet; available in 15 of the most prevalent languages encountered by ICE: English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese and French, and the ICE National Detainee Handbook, available in 14 of the most prevalent languages encountered by ICE: Spanish, English, Arabic, French, Simplified Chinese, Haitian Creole, Portuguese, and Vietnamese, Punjabi, Hindi, Russian, Romanian, Turkish, and Bengali. Intake staff indicated that when they are confronted with a detainee that may be hearing impaired or deaf, information is provided to them in writing or through use of a text telephone (TTY). They also indicated for detainees who are blind, or have limited sight, they would provide to them individualized service including the reading of the PREA information and that detainees at NWIPC that have a low intellect, limited reading skills, or psychiatric or speech difficulties would typically receive services from medical staff or mental health staff depending on the degree and extent of the disability. Intake staff further indicated, if a detainee did not speak one of the most prevalent languages encountered by ICE, the facility has access to an ERO Language Services contract to provide 24-hour telephonic interpretation services. In addition, interviews with Intake staff indicated that a PREA informational video produced by the National Institute of Correction (NIC) titled "Speaking Up, Discussing Prison Sexual Assault" is played during orientation and daily on the housing units. The Auditor reviewed a PowerPoint which supplied the content of the video. Although the content met the requirements of subsection (a) of the standard, it is only available in English and Spanish. Interviews with staff confirmed the videos could be played with closed captioning to provide the information to the detainee who was deaf, or hard of hearing; however, staff could not articulate how the PREA information included in the video would be provided to those detainees who are LEP or have a low intellect or speech or psychiatric difficulties. The Auditor reviewed the ICE National Detainee Handbook and confirmed it contained information about reporting sexual abuse. The Auditor observed in each of the detainee housing units at the DHS-prescribed sexual assault awareness notice, in Spanish and English, with the name and direct reporting line telephone number of the PSA Compliance Manager. The Auditor also observed on each of the detainee housing units contact information for Rebuilding Hope Sexual Assault Services also in English and Spanish. The Auditor interviewed nine LEP detainees. Five of the detainees interviewed indicated they did not receive the PREA information in a manner that they could understand. Out of the five detainees who indicated they did not receive the PREA information in a manner that they could understand, three of the detainee's preferred language was Gujarati. In their interview, all three detainees confirmed they had not received any PREA information in a format they understood. The Auditor reviewed the detainee files of the men who spoke Gujarati and confirmed that the facility did not document participation in a PREA orientation including the receipt of the DHS-prescribed SAA Information pamphlet, ICE National Detainee Handbook, or the GEO Supplemental to the ICE National Detainee Handbook. The Auditor reviewed seven additional detainee files and confirmed the facility documented completion of orientation by use of the NWIPC Orientation checklist; however, the checklist only includes completion of orientation in English or Spanish and does not confirm what is covered during orientation as it pertains to Sexual Abuse/Assault.

Does Not Meet (b)(c)(e)(f): The facility does not meet subsections (b), (c), (e), and (f) of the standard. The Auditor interviewed and reviewed three files of detainees whose preferred language was Gujarati and confirmed that the facility did not document participation in a PREA orientation including the receipt of the DHS-prescribed SAA Information pamphlet, ICE National Detainee Handbook, or the GEO Supplemental to the ICE National Detainee Handbook. The Auditor reviewed seven addition detainee files and confirmed the facility documented completion of orientation by use of the NWIPC Orientation checklist, however, the checklist only includes completion of orientation in English or Spanish and does not confirm what is covered during orientation as it pertains to Sexual Abuse/Assault. Intake staff, during their interviews, indicated that they did provide the detainee the GEO Supplement to the ICE National Detainee Handbook; however, the supplement was only available in English or Spanish. The Auditor reviewed the PowerPoint of the PREA video and confirmed it contained the required training elements of subsection (a) of the standard; however, the information was only available in English or Spanish. Interviews with staff confirmed the videos could be played with closed captioning to provide the information to the detainee who was deaf, or hard of hearing; however, staff could not articulate how the PREA information included in the video would be provided to those detainees who are LEP or have a low intellect or speech or psychiatric difficulties. Intake staff further indicated if a detainee did not speak one of the most prevalent languages encountered by ICE the facility also has access to an ERO Language Services contract to provide 24-hour telephonic interpretation services, however, during interviews with three detainees who spoke Gujarati, it was confirmed the interviewed detainees had not received any PREA information in a format they understood. To become compliant, the facility must adapt the practice of providing the PREA education afforded in the PREA video, the PREA information included in the GEO Supplement to the ICE National Detainee Handbook, the DHS-prescribed SAA Information pamphlet, and the information provided in the ICE

National Detainee Handbook in a manner in a manner that all LEP or have disabilities can understand. This includes distributing the written information in the preferred language of the detainee, turning on the closed captioning when playing the PREA video for the deaf or hard of hearing, and a procedure that would supply the PREA information to the intellectually impaired and to those who have speech or psychiatric difficulties. In addition, the facility must develop an orientation program that is presented in a manner that LEP and disabled detainees can understand, including the detainee signing that he/she received the information in their preferred language and not just in English or Spanish. Once developed, all Intake staff must receive documented training on the new procedures. The facility must also provide the Auditor with 10 detainee files from different days that confirm detainees who speak languages, other than English or Spanish, have received the GEO Supplement to the ICE National Detainee Handbook and the information available in PREA video in a manner they understand. If applicable, the facility is to specifically include any detainee who does not speak one of the languages present in existing ICE National Detainee Handbook or the DHS-prescribed SAA Information pamphlet to confirm the PREA information is provided to the detainee in a manner that he/she understands.

Corrective Action Taken (b)(c)(e)(f): The facility submitted updated GEO Policy 3.1.1 which confirms it requires the facility to provide PREA information to all detainees, including those who are LEP or have disabilities, in a manner all detainees can understand. The facility provided a curriculum for "pocket training" which confirms Intake staff were trained on the requirement to provide PREA information in a manner all detainees can understand; however, the "pocket training" allowed for orientation to be completed and documented when an interpreter is available. The facility provided a follow-up memorandum which confirmed the only time an interpreter is not provided during PREA orientation is when the language is so remote, they need to wait until an interpreter is available; and therefore, the Auditor accepts the facility has no control over the availability of interpreters and no longer requires all Intake staff receive documented training on the requirement orientation be completed during the intake process and not when an interpreter is available. In addition, a review of the "pocket training" curriculum confirms it does not include the requirement PREA education included in the PREA orientation video be provided in a manner all detainees who are LEP or have disabilities can understand; however, the facility submitted a follow-up memorandum which confirms the PREA video is no longer part of the orientation process. The Auditor reviewed the PREA orientation video and confirmed it does not include information not found in the ICE National Detainee Handbook and the DHS-prescribed SAA Information Pamphlet; and therefore, the Auditor no longer requires the facility include the PREA orientation video in the facility PREA orientation. The facility submitted 10 detainee files from different days which confirmed detainees who speak languages, other than English or Spanish, have received the ICE National Detainee Handbook and DHS-prescribed SAA Information in their preferred language. In addition, the facility submitted one detainee file that confirmed the language line was used for a detainee, who did not speak one of the most prevalent languages encountered by ICE, to interpret the PREA information included in the ICE National Detainee Handbook and the DHS-prescribed SAA Information pamphlet. A review of the detainee files further confirmed although the GEO Supplement to the ICE National Detainee Handbook was not issued in the detainee's preferred language the language line was utilized in all cases; and therefore, the Auditor accepts the submitted documentation to confirm the detainee received the PREA information included in the GEO Supplement using ERO Language Services. The facility submitted a memorandum to the Auditor which states, "There have been no detainees received at NWIPC during the CAP period that were deaf or hard of hearing or have a low intellect or speech or psychiatric difficulties." Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (b), (c), (e), and (f) of the standard.

§115. 64 - Responder duties

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

Notes:

(a)(b): GEO policy 3.1.1 states, "Upon receipt of a report that an Individual in a GEO Facility or Program 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 or on call supervisor and remain on the scene until relieved by responding personnel; c) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; d) If the Sexual Abuse occurred within 96 hours, ensure that the alleged victim and abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing cloths, urinating, defecating, smoking, drinking, eating." The Auditor reviewed Policy 3.1.1 and confirmed it does not contain procedures for if the first responder is not a security staff member. In interviews with 11 custody line staff if was confirmed that only 1 staff member interviewed was able to satisfactorily respond and describe first responder responsibilities even though the facility issued custody line staff cards to personally carry that outlined first responder duties in detail. The Auditor reviewed four sexual abuse allegation investigation files and confirmed all cases were reported days later; and therefore, did not include the actions of facility first responders. During the on-site visit there were no staff members who acted as a non-security first responder; and therefore, no interviews were conducted.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of the standard. A review of GEO policy 3.1.1 confirms it does not contain first responder procedures for staff who are not security. In addition, in interviews with 11 custody line staff if was confirmed that only 1 staff member interviewed was able to satisfactorily respond and

describe first responder responsibilities even though the facility issued custody line staff cards to personally carry that outlined first responder duties in detail. To become compliant the facility must update GEO policy 3.1.1 to include the first responder responsibilities of staff who are not security. In addition, the facility must conduct first responder refresher training for all custody line staff and for all staff who are not security staff. The facility must provide the Auditor with documentation that both trainings have been conducted. If applicable, the facility must submit to the Auditor copies of all sexual abuse allegation investigation files that occurred during the CAP period to confirm all first responders are knowledgeable in their first responder duties during an incident of sexual abuse.

Corrective Action Taken (a)(b): The facility submitted updated GEO Policy 3.1.1 which confirms updated GEO Policy 3.1.1 includes non-security first responders. In addition, the facility submitted a memorandum to all staff which confirms all staff have received training on their first responder responsibilities. The facility submitted 11 sexual abuse allegation investigation files which confirm involved staff, including non-security first responders, were knowledgeable in their first responder duties. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a) and (b) of the standard.

§115. 65 - Coordinated response

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

Notes:

(a)(b): GEO policy 3.1.1 states, "Each Facility shall develop written Facility plans to coordinate the actions taken in response to incidents of Sexual Abuse. The plans shall coordinate actions of staff first responders, Medical and Mental Health Practitioners, investigators, and Facility leadership." In interviews with the facility FA, PSA Compliance Manager, and HSA, indicated that they are knowledgeable in their role responsibilities to the coordinated team approach to responding to an incident of sexual abuse; however, in interviews with 11 custody line staff it was confirmed that only 1 staff member interviewed was able to satisfactorily respond and describe first responder responsibilities even though the facility issued custody line staff cards to personally carry that outlined first responder duties in detail. The Auditor reviewed GEO policy 3.1.1 submitted as the facility's SAAPI Coordinated Response Plan and confirmed it does not include procedures for if the first responder is not a security staff member.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. A review of GEO policy 3.1.1 confirms it does not contain first responder procedures for staff who are not security. In addition, in interviews with 11 custody line staff if was confirmed that only 1 staff member interviewed was able to satisfactorily respond and describe first responder responsibilities even though the facility issued custody line staff cards to personally carry that outlined first responder duties in detail. To become compliant the facility must update the facility SAAPI Coordinated Response Plan to include the first responder responsibilities of staff who are not security. In addition, the facility must conduct first responder refresher training for all custody line staff and for all staff who are not security staff. The facility must provide the Auditor with documentation that both trainings have been conducted. If applicable, the facility must submit to the Auditor copies of all sexual abuse allegation investigation files that occurred during the CAP period to confirm all first responders are knowledgeable in their first responder duties during an incident of sexual abuse.

Corrective Action Taken (a): The facility submitted updated GEO Policy 3.1.1, which serves as the facility SAAPI Coordinated Response Plan. The Auditor reviewed updated GEO Policy 3.1.1 and confirmed updated GEO Policy 3.1.1 includes non-security first responders. In addition, the facility submitted a memorandum to all staff which confirms all staff have received training on their first responder responsibilities. The facility submitted 11 sexual abuse allegation investigation files which confirm involved staff, including non-security first responders, were knowledgeable in their first responder duties. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a) of the standard.

(c)(d): GEO policy 3.1.1 states, "If the victim of Sexual Abuse is transferred between DHS Immigration Detention 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. If the victim of Sexual Abuse is transferred to a non-DHS Facility, 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." A review of GEO policy 3.1.1 confirms it does not contain the language of subsections (c) and (d) that specifies, "covered by subpart A or B of [standard 115.65]." In an interview, the facility HSA indicated that prior to any sexual assault victim being transferred, the healthcare staff would contact the receiving facility and provide both medical and mental health information as necessary unless, in the case of a detainee being transferred to a non-DHS facility, the detainee requests otherwise; however the standard requires if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard and not a non-DHS facility as indicated by the HSA.

Does Not Meet (c)(d): A review of the facility SAAPI Coordinated Response Plan confirms it does not contain the language of subsections (c) and (d) that specifies, "covered by subpart A or B of [standard 115.64]. To become compliant the facility must update the facility SAAPI Coordinated Response Plan to include the language of subsections (c) and (d) that specifies, "covered by subpart A or B of [standard 115.64]. In addition, the facility must provide documented training of all medical states on the specific requirements of subsections (c) and (d) of the standard. If applicable, the facility must submit to the Auditor copies of all sexual abuse allegation investigation files that occurred during the CAP period to confirm all first responders are knowledgeable in their first responder duties during an incident of sexual abuse.

Corrective Action Taken (c)(d): The facility submitted updated GEO Policy 3.1.1 which serves as the facility SAAPI Coordinated Response Plan. The Auditor reviewed updated GEO Policy 3.1.1 and confirmed updated GEO Policy 3.1.1 includes the language required by subsections (c) and (d) of the standard. The facility submitted an email to all medical staff which confirmed all medical staff were trained on the specific requirements of subsections (c) and (d) of the standard. The facility submitted 11 sexual abuse allegation investigation files which confirm involved staff, including non-security first responders, were knowledgeable in their first responder duties. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (c) and (d) of the standard.

§115. 67 - Agency protection against retaliation

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

Notes:

(a)(b)(c): GEO Policy 3.1.1 states, "Facilities shall implement procedures to protect Individuals in a GEO Facility or Program and Employees who report Sexual Abuse or Sexual Harassment or cooperate with investigations, from retaliation by other individuals in a GEO Facility or Program or Employees." Policy 3.1.1 further states, "Facilities shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims, and emotional support services or staff who fear retaliation for reporting Sexual Abuse or Sexual Harassment or for cooperating with investigations" and "for at least 90 days following a report of Sexual Abuse, the Facility shall monitor the conduct and treatment of Individuals in a GEO Facility or Program or Employees who reported the Sexual Abuse to see if there are changes that may suggest possible retaliation by Individuals in a GEO Facility or Program or staff, and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined to be unfounded." In an interview with the PSA Compliance Manager, it was confirmed that he is responsible for monitoring retaliation of staff and detainees. The PSA Compliance Manager indicated that monitoring begins the day the allegation is made and continues for a period of 90 days or longer if monitoring for retaliation is required and or needed. He further indicated that monitoring for retaliation would include the review of detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff and that every contact is documented and maintained in the Protection from Retaliation Log. The Auditor reviewed four sexual abuse allegation investigation files where retaliation monitoring had begun. In one case the allegation was determined to be unsubstantiated, and the monitoring ended. In one case monitoring continued as required by the standard and in two cases monitoring was discontinued after the allegations were determined to be unfounded. In addition, the facility provided a "Protection From Retaliation Log" that confirmed monitoring on a detainee who reported sexual abuse was discontinued after 56 days due to what the facility noted as "claim closed."

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard which requires that "For at least 90 days following an incident of sexual abuse, the agency and facility, shall monitor to see if there are facts that may suggest possible retaliation by detainees or staff…" GEO policy 3.1.1 states, "For at least 90 days following a report of Sexual Abuse, the Facility shall monitor the conduct and treatment of Individuals in a GEO Facility or Program or Employees who reported the Sexual Abuse to see if there are changes that may suggest possible retaliation by Individuals in a GEO Facility or Program or staff and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded." The Auditor reviewed four sexual abuse allegation investigation files where retaliation monitoring had begun. In one case the allegation was determined to be unsubstantiated, and the monitoring ended. In one case monitoring continued as required by the standard and in two cases monitoring was discontinued after the allegations were determined to be unfounded. In addition, the facility provided a "Protection From Retaliation Log" that confirmed monitoring on a detainee who reported sexual abuse was discontinued after 56 days due to what the facility noted as "claim closed." To become compliant the facility must update their practice to monitor the detainee victim of sexual abuse for at least 90 days to see if there are facts that may suggest possible retaliation by detainees or staff. In addition, the facility must train all applicable staff involved in the monitoring of detainee victims of sexual abuse regarding the new practice and document such training. The facility must also provide the Auditor with copies all detainee sexual abuse allegation investigation files and the corresponding Protection from Retaliation Log that occurred during the CAP period to confirm all detainees who required monitoring due to an incident of sexual abuse are monitored as required by the standard.

Corrective Action Taken (c): The facility submitted training records to confirm applicable staff involved in the monitoring of detainee victims of sexual abuse received training regarding monitoring detainees who report an allegation of sexual abuse including cases were the allegation is determined to be unfounded. The facility submitted a copy of a sexual abuse

allegation investigation file where the finding was determined to be unfounded and the corresponding "Protection From Retaliation Log" which confirmed the detainee victim received monitoring. Based on the submitted sexual abuse allegation and the corresponding retaliation log confirming the facility has implemented a practice of monitoring all detainees who report an allegation of sexual abuse the Auditor no longer requires the facility to provide the Auditor with copies of all sexual abuse allegation investigation files and the corresponding "Protection from Retaliation Log" that occurred during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

§115. 71 - Criminal and administrative investigations

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

Notes:

(a)(b)(c)(e): GEO policy 3.11, states, "The facility shall develop written procedures for administrative investigations, including provisions requiring: 1) Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; 2) Interviewing alleged victims, suspected perpetrators, and witness; 3) Reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator; 4) Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph; 5) An effort to determine whether actions or failures to act at the facility contributed to the abuse; 6) Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; 7) Retention for such reports for as long as the alleged abuse is detained or employed by the agency or facility, plus five years." A review of GEO policy 3.1.1 confirms it does not contain all the requirement of subsection (b) of the standard; however, it requires the facility develop written procedures for administrative investigations. During the on-site visit, the Auditor advised the facility that GEO policy 3.1.1 did not meet all the requirements of the standard and requested a copy of the facility's written procedures for administrative investigations, required to be developed by GEO policy 3.1.1. The Auditor was provided a copy of GEO policy 5.1.2-E for standard compliance. GEO policy 5.1.2-E states, "All cases of alleged sexual contact in accordance with Policy 5.1.2, Sexually Abusive Behaviors Prevention and intervention, shall be promptly, thoroughly, and objectively investigated" and "GEO shall use investigators who have received specialized training in Sexual Abuse investigations." GEO policy 5.1.2-E further states, "The departure of the alleged abuser or victim from the employment of control of the facility or agency shall not provide a basis for terminating an investigation" and "substantiated allegations of conduct that appears to be criminal shall be referred for prosecution." A review of GEO policy 5.1.2-E confirms it contains written procedures for the preservation of direct and circumstantial evidence, interviewing alleged victims, suspected perpetrators, and witnesses, assessment of the credibility of an alleged victim, suspect, or witness, documentation of each investigation by a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessment, and investigative facts and findings, and the retention of such reports for as long as the alleged abuse is detained or employed by the Agency or facility plus five years. A review of GEO policy 5.1.2-E confirms it does not include the verbiage "Upon conclusion of a criminal investigation where the allegation was Substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was Unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office with DHS, and the assigned criminal investigative entity." In addition, a review of GEO policy 5.1.2-E confirms it does not contain written procedures to include reviewing prior complaints or reports of sexual abuse involving the suspected perpetrator or efforts to determine whether the actions or failures to at the facility contributed to the allegation of sexual abuse. In an interview with the facility Investigator, it was confirmed the Tacoma Police Department (TPD) is responsible for conducting criminal investigations in the facility and that NWIPC is responsible for conducting administrative investigations. The facility Investigator further confirmed an administrative investigation is immediately conducted on all allegations of sexual abuse and would be simultaneously conducted with the criminal investigation regardless of the outcome of the criminal investigation. In addition, in an interview with the facility Investigator, it was confirmed that he does not review prior complaints or reports of sexual abuse involving the suspected perpetrator or efforts to determine whether the actions or failures to at the facility contributed to the allegation of sexual abuse. A review of four sexual abuse allegation investigation files confirmed that the investigator was specially trained to conduct sexual abuse allegation investigations as required by the standard and that the investigations were prompt, thorough and objective.

<u>Does Not Meet (b)(c):</u> The facility is not in compliance with subsections (b) and (c) of the standard. A review of GEO policy 5.1.2-E confirms it does not include the verbiage "Upon conclusion of a criminal investigation where the allegation was Substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was Unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office with DHS, and the assigned criminal investigative entity." In addition, a review of GEO policy 5.1.2-E confirms it does not contain written procedures to include reviewing prior complaints or reports of sexual abuse involving the suspected perpetrator or efforts to determine whether the actions

or failures to at the facility contributed to the allegation of sexual abuse. In an interview with the facility Investigator, it was confirmed an administrative investigation is immediately conducted on all allegations of sexual abuse and would be simultaneously conducted with the criminal investigation regardless of the outcome of the criminal investigation. In addition, in an interview with the facility Investigator, it was confirmed that he does not review prior complaints or reports of sexual abuse involving the suspected perpetrator or efforts to determine whether the actions or failures to at the facility contributed to the allegation of sexual abuse. To become compliant, the facility must update GEO policy 5.1.2-E to include all elements of subsections (b) and (c) of the standard and shall train all investigative staff on the updated GEO policy 5.1.2-E requirements of subsections (b) and (c). In addition, the facility shall provide the Auditor with all allegations of sexual abuse investigation files that are closed during the CAP period.

Corrective Action Taken (b)(c): The facility submitted updated GEO Policy 5.1.2-F which states, "An administrative shall be completed for all allegations of Sexual Abuse at GEO Facilities, regardless of whether a criminal investigation is completed. An administrative investigation will begin within 24 hours of notifying ICE of a sexual abuse allegation except for allegations where the facility has been advised a criminal investigation is pending by either local law enforcement or ICE Office of Professional Responsibility (OPR) or DHS Office of Inspector General (OIG)." In addition, a review of GEO Policy 5.1.2-F confirms updated GEO Policy 5.1.2-F contains verbiage that prohibits requiring the detainee who alleges sexual abuse to submit to a polygraph. The facility submitted 11 sexual abuse allegation investigation files that confirm the facility Investigator followed all requirements of subsections (b) and (c) of the standard; and therefore, the Auditor no longer requires all investigative staff be trained on updated GEO Policy 5.1.2-F. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (b) and (c) of the standard.

§115. 86 - Sexual abuse incident reviews

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c): GEO policy 3.1.1 states, "Facilities are required to conduct a Sexual Abuse incident review at the conclusion of every Sexual Abuse investigation" and "such review shall occur within 30 days of the conclusion of the investigation." Policy 3.1.1 further states, "A DHS Sexual Abuse or Assault Incident Review" form (see Attachment J) 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." The Auditor reviewed Policy 3.1.1 and confirmed it does not require the facility to submit copies of sexual abuse incident review reports and the responses to the Agency PSA Coordinator as required by subsection (b) of the standard. In addition, a review of Policy 3.1.1 further confirmed that it does not require the facility to send a copy of the annual PREA report to the Agency PSA Coordinator as required by subsection (c) of the standard. In an interview with the PSA Compliance Manager, it was indicated that the facility has an incident review team consisting of himself, an upper-level management, official (usually the Facility Administrator or Assistant Administrator), with input from line supervisors, and medical or mental health practitioners. He further indicated the teams' findings are outlined on the DHS Sexual Abuse or Assault Incident Review form as the incident review report. The review form requires the team determine whether the incident 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. In addition, the PSA Compliance Manager stated that the team can recommend changes in policy or practice to better prevent, detect, or respond to sexual abuse and the facility is required to adopt the recommendations made by this review or document the reasons for failure to implement the recommendations. The PSA Compliance Manager further confirmed that he submits the completed incident review, and corresponding response, to the Corporate PSA Coordinator; however, he does not submit copies to the Agency PSA Coordinator. The documentation provided shows the facility utilizes the GEO PREA After Action Review Report, which covers all the required components of the standard requirement, including: facility information, date/times of incident and report, area of allegation, findings, investigative entity, investigator name, summary of allegation/incident, individuals involved, items reviewed (video footage, reports, statements, medical reports, and other information), participants in the after action review, questions on each component of the standard with a narrative summary box if any component is a factor within the review, an area to address staff actions, and recommendations/results from the incident review. The completed incident review form must be submitted to the local PSA Compliance Manager and Corporate PREA Coordinator no later than 30 working days after the review, however, the form only requires completed reviews to be forwarded to the Corporate PSA Coordinator and not the Agency PSA Coordinator. The Auditor's review of four completed sexual abuse allegation investigation files confirmed all files included the GEO PREA After Action Review Report forms completed within 30-days; however, the file review could not confirm a copy of the incident was referred to the Agency PSA Coordinator. The incident reviews indicated there were no recommendations for changes and/or policy practices needed. The Auditor reviewed the Annual PREA report dated December 12, 2022, and confirmed it was submitted to the ICE FOD; however, it was not submitted to the Agency PSA Coordinator as required by subsection (c) of the standard.

Does Not Meet (a)(c): The facility is not in compliance with subsections (a) and (c) of the standard. In an interview, the PSA Compliance Manager confirmed he submits the completed incident review, and corresponding response, to the Corporate PSA Coordinator; however, he does not submit copies to the Agency PSA Coordinator. The Auditor's review of four completed sexual abuse allegation investigation files confirmed all files included the GEO PREA After Action Review Report forms completed within 30-days; however, the file review could not confirm a copy of the incident was referred to the Agency PSA Coordinator. The Auditor also reviewed the Annual PREA report dated December 12, 2022, and confirmed it was submitted to the ICE FOD: however, it was not submitted to the Agency PSA Coordinator as required by subsection (c) of the standard. To become compliant the facility must update their practice to include submitting the sexual abuse incident review report, the response to the report, if any, and the annual PREA report to the Agency PSA Coordinator and, the facility must provide the Auditor with documentation that the 2022 annual PREA report has been sent to the Agency PSA Coordinator. The facility must also provide the Auditor with all completed sexual abuse incident review reports, and corresponding responses, if applicable, that occur during the CAP period.

Corrective Action Taken (a)(c): The facility submitted updated GEO Policy 3.1.1 that states, "All sexual abuse incident reviews will be forwarded to the Agency PSA Coordinator. This will be documented by email and placed in the case file." The facility submitted 11 incident review reports and the response to the reports. The Auditor reviewed the reports and the responses and confirmed all reports, and responses to the reports, are required to be forwarded to the Field Office Prevention of Sexual Assault Coordination for uploading and storage in the SAAPI-CM. The Auditor reviewed the SAAPICM and confirmed the Agency PSA Coordinator has access to all information contained in the system. The facility submitted an email to ICE ERO SAAPI that confirms the Annual report for 2022 was submitted to the Agency PSA Coordinator. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a) and (c) 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.

Sabina Kaplan October 10, 2017
Auditor's Signature & Date

Sabina Kaplan October 10, 2023
Assistant Program Manager's Signature & Date

James T. McClelland October 13, 2023
Program Manager's Signature & Date

PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report

Homeland Security

AUDIT DATES			
From:	January 24, 2023	**To:**	January 26, 2023
AUDITOR INFORMATION			
Name of auditor:	Sabina A. Kaplan	**Organization:**	Creative Corrections, LLC
Email address:	SKaplan@associates.ice.dhs.gov	**Telephone number:**	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 number:**	409-866-9920
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		

FIELD OFFICE INFORMATION	
Name of Field Office:	Seattle Field Office
Field Office Director:	Drew Bostock
ERO PREA Field Coordinator:	Ryan Jennings
Field Office HQ physical address:	12500 Tukwila International Blvd, Seattle, WA 98168
Mailing address: (if different from above)	Click or tap here to enter text.

INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Tacoma ICE Processing Center (NWIPC)		
Physical address:	1623 E J St, SE Tacoma, WA 98421		
Mailing address: (if different from above)	Click or tap here to enter text.		
Telephone number:	253-396-1611		
Facility type:	CDF		
PREA Incorporation Date:	9/24/2015		
Facility Leadership			
Name of Officer in Charge:	Bruce Scott	**Title:**	Facility Administrator
Email address:	bscott@geogroup.com	**Telephone number:**	253-306-4874
Name of PSA Compliance Manager:	Justin Lindsley	**Title:**	Lieutenant
Email address:	Jlindsley@geogroup.com	**Telephone number:**	253-396-1611

ICE HQ USE ONLY	
Form Key:	29
Revision Date:	01/06/2023
Notes:	Click or tap here to enter text.

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 Prison Rape Elimination Act (PREA) audit of the Tacoma ICE Processing Center (NWIPC) was conducted on January 24, 2023 – January 26, 2023, by Sabina Kaplan, Assistant Program Manager (APM) and U.S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA Auditor for Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by U.S. Immigration and Customs Enforcement (ICE) PREA Program Manager (PM), James McClelland, a DOJ and DHS certified PREA Auditor. The PM's role is to provide oversight to the ICE PREA audit process and liaison with the ICE, Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The audit period is August 11, 2021, through January 26, 2023. The NWIPC is owned by GEO Group, Inc and operates under contract with the DHS ICE, Office of Enforcement and Removal Operations (ERO).

The facility houses adult male and female detainees with custody levels of high, medium, and low. The design capacity for the facility is 1,575 and the average daily population for the prior 12 months was 405 (387-males, 17-females, and 1 transgender individual). The facility reports there were 3,911 detainees booked into the facility in the last 12 months. The population on the first day of the audit was 550. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities held at the facility are from Mexico, Peru, and India. The average length of time in custody is 95 days. The facility is comprised of 1 building which includes 12 multiple occupancy cell housing units and 8 open bay/dorm housing units. There are 9 medical unit/infirmary beds and 39 segregation cells. The intake unit can accommodate 193 detainees.

Prior to the audit, the ERAU Team Lead (TL), Jennifer Stepanian, provided the Auditor with the facility's PAQ, facility policies, and other pertinent documents. The documentation was provided through the ICE SharePoint. The PAQ and supporting documentation was organized with the PREA Pre-Audit Policy and Document Request DHS Immigration Detention Facilities form and placed within folders for ease of auditing. The main policy that provides facility direction for PREA is GEO Policy 3.1.1 Sexual Abuse/Assault Prevention and Intervention Programs. The Auditor reviewed all documentation, policies, and the PAQ and developed a tentative daily schedule for staff and detainee interviews. The Auditor also reviewed the facility's website: www.geogroup.com/prea and the Agency's website: www.ice.gov.

On January 24, 2023, at approximately 8:15 a.m., the Auditor met with facility administration in the conference room where the entry briefing was moderated by the ERAU TL, via teleconference. The Team Lead opened the briefing and then turned it over to the Auditor. Listed below are the entry briefing attendees:

Jennifer Stepanian, TL, ICE/OPR/ERAU, Inspections and Compliance Specialist (ICS)
Courtney Thompson, ICE/OPR/ERAU/ICS
Kathleen Lawrence, Assistant Field Office Director (AFOD), ICE/ERO
Bruce Scott, Facility Administrator (FA), GEO
Michael Knight, Assistant Facility Administrator (AFA), GEO
Justin Lindsley, Lieutenant (Lt)/PSA Compliance Manager, GEO
Chitara Pryor, Compliance Auditor, GEO
Shannon Skipworth, Corporate Contract Compliance, GEO
Steven Miskimens, Compliance Administrator, GEO
Emily Warnstadt, Health Services Administrator (HSA), ICE Health Service Corp (IHSC)
Herbert Partch, Facility Healthcare Program Manager, (FHPM), IHSC
Vincent Renda, Enforcement Removal Assistant, ICE/ERO
Sabina Kaplan, APM, Certified Auditor, Creative Corrections, LLC

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

The audit commenced on January 24, 2023, and included a tour of all housing units, NWIPC booking/intake area, the medical services department, the recreation yard, the law library, barbershop, visiting area, Master Control Center, and the courtroom. The facility houses detainees in 20 housing units that include 8 open bay/dormitory style beds and 12 multiple occupancy cells. The facility currently utilizes 10 multiple occupancy cells. Three of the housing units house female detainees, however only two are currently in

use. Both female housing units are gender specific requiring female staff. The male detainee housing units, however, can be staffed by either gender. The facility has 39 segregation cells. During the on-site visit, six housing units were under quarantine due to a covid cohort situation or positive covid cases.

During the on-site tour, the Auditor observed cross-gender viewing issues in several areas, including, but not limited to cell housing, medical holding areas, intake holding areas, administrative segregation, and facility camera angles. Prior to the completion of the on-site audit the facility was able to correct cross-gender viewing issues in the intake holding areas; however, the remaining issues remained upon the conclusion of the audit. The Auditor was able to observe, during the on-site visit, cross-gender announcements being made by staff when entering a housing unit that contained detainees of the opposite gender. Signage was observed in each of the housing units and inside the holding cells providing detainees with PREA educational information, including the DHS-prescribed sexual assault awareness notice, methods for reporting sexual misconduct, and victim advocacy agency (Rebuilding Hope Sexual Assault Services) contact information; however, in a number of the housing units the information was blocked by storage of a make shift barrier used for providing privacy for detainees during video phone calls. In addition, the Auditor observed the posting of the signage during a tour of the administrative segregation unit; however, like the housing units the information wasn't readily accessible to those detainees wanting to report an allegation via the telephone. The information was posted in Spanish and English with the statement, "Report Sexual Abuse Now", on DHS-prescribed sexual assault awareness notices in Arabic, French, Simplified Chinese, Haitian Creole, Portuguese, Vietnamese, Punjabi, Hindi, Russian, Romanian, Turkish, and Bengali. The detainee DHS Office of Inspector General (OIG) reporting hotline and the ICE Detention Reporting and Information Line (DRIL) were tested and checked from two housing locations and difficulties were encountered in call completions; however, the issues were corrected during the on-site visit. The PREA audit notices were also observed in multiple locations throughout the on-site visit to include detainee housing and entrance to the facility. No correspondence was received from any person or entity regarding NWIPC. During the on-site visit, the Auditor conducted informal interviews with staff and detainees, questioning them on their knowledge of PREA.

As there were no detainees booked into NWIPC during the on-site visit, the Auditor was provided with an overview of the intake procedures which included the initial classification of the detainees. The detainee intake process is completed by the booking officer and the classification staff person. Each detainee is provided written PREA educational information to include the NWIPC Supplement to the ICE National Detainee Handbook; the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet, and the ICE National Detainee Handbook.

NWIPC has 260 operational cameras located throughout all areas of the facility. The cameras run 24/7 and video footage is stored for up to 90 days before deletion. The Auditor observed placement of the video cameras and found them to be strategically placed in areas that can benefit from additional surveillance to maximize detainee and staff safety. The Auditor reviewed the camera views and confirmed staff assigned to the Master Control Center could view all areas of the facility at any time, including but not limited to the sleeping areas of the facility dorms were detainees dress and change their clothing.

The facility has 350 staff positions with 247 security, 56 medical, 7 mental health, and the remainder consisting of non-security administrative, management, and support staff. Security, food service, maintenance, and religious services are all provided by Geo staff with IHSC staff providing medical and mental health services. The Auditor was provided with staff and detainee rosters and randomly selected both staff and detainees for formal interviews. A total of 23 staff interviews were conducted during the on-site visit consisting of 14 random staff (including line-staff and first-line supervisors), and 11 specialized staff to include: the FA, PSA Compliance Manager, Human Resources (HR), Training Supervisor, intake staff (1), Investigator, Grievance Coordinator (GC), Classification Supervisor, and medical staff and mental health staff consisting of the HSA, FHPM, and the Acting Clinical Director. The Auditor attempted to interview 30 detainees; however, 9 refused. Nine detainees interviewed were limited English proficient (LEP) and required the use of a language line through Language Services Associates (LSA) provided by Creative Corrections, one detainee was a transgender individual, and two detainees reported a history of sexual abuse.

The facility uses one trained investigator to complete all allegations of sexual abuse. An initial review of the PREA allegation spreadsheet indicated that there were seven allegations of sexual abuse reported during the audit period; however, during the on-site visit the Auditor confirmed there were eight allegations of sexual abuse reported during the audit period. A review of the PREA allegation spreadsheet, modified on the last day of the on-site visit, included the unreported allegation of sexual abuse. The PREA allegation spreadsheet indicated all eight cases were closed, four cases were determined to be unsubstantiated, and four cases were determined to be unfounded by the facility investigator. The review of the PREA allegation spreadsheet further confirmed the ICE OPR was notified of all the allegations as documented in the investigation files; however, three cases did not have a date the JIC was notified noting "not provided". There were no cases referred for prosecution.

On January 26, 2023, an exit briefing was held in the NWIPC staffing conference room. The ERAU TL, opened the 4:00 p.m. exit briefing, via teleconference, and then turned it over to the auditor. In attendance were:

Jennifer Stepanian, TL, ICE/OPR/ERAU/ICS (via teleconference)

Courtney Thompson, ICE/OPR/ERAU/ICS

Kathleen Lawrence, AFOD, ICE/ERO
Bruce Scott, FA, GEO
Michael Knight, AFA, GEO
Justin Lindsley, Lt/PSA Compliance Manager, GEO
Chitara Pryor, Compliance Auditor, GEO
Shannon Skipworth, Corporate Contract Compliance, GEO
Emily Warnstadt, Health Services Administrator (HSA), ICE Health Service Corp (IHSC)
Vincent Renda, Enforcement Removal Assistant, ICE/ERO
Scott Meyer, Supervisory Detention and Deportation Officer (SDDO), ICE/ERO
Sabina Kaplan, APM, Certified Auditor, Creative Corrections, LLC

The Auditor discussed observations made during the on-site visit and was able to give some preliminary findings. The Auditor spoke briefly about the staff knowledge of the NWIPC PREA zero-tolerance policy. The Auditor informed those present that it was too early in the process to formalize an outcome of the audit and that she would need to review all submitted documentation, interview notes, and on-site observations. She thanked all present for their cooperation. The TL explained the audit report process and timeframes.

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: 0

Number of Standards Not Applicable: 1
§115.14 Juvenile and family detainees

Number of Standards Met: 28
§115.11 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
§115.18 Upgrades to facilities and technologies
§115.21 Evidence protocols and forensic medical examinations
§115.31 Staff 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
§115.43 Protective custody
§115.51 Detainee reporting
§115.52 Grievances
§115.53 Detainee access to outside confidential support services
§115.54 Third-party reporting
§115.61 Staff reporting duties
§115.62 Protection duties
§115.63 Reporting to other confinement facilities
§115.66 Protection of detainees from contact with alleged abusers
§115.68 Post-allegation protective custody
§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 assessments; 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
§115.87 Data collection
§115.201 Scope of audits.

Number of Standards Not Met: 12
§115.13 Detainee supervision and monitoring
§115.15 Limits to cross-gender viewing and searches
§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.17 Hiring and promotion decisions
§115.22 Policies to ensure investigation of allegations and appropriate agency oversight
§115.32 Other training
§115.33 Detainee education
§115.64 Responder duties
§115.65 Coordinated response
§115.67 Agency protection against retaliation
§115.71 Criminal and administrative investigations
§115.86 Sexual abuse incident reviews

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 (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(c): The facility follows GEO's written policy 3.1.1, mandating zero-tolerance towards all forms of sexual abuse and sexual harassment. Policy 3.1.1 outlines the facility's approach to preventing, detecting, reporting, and responding to sexual abuse and sexual harassment and provides definitions of sexual abuse and general PREA definitions. The zero-tolerance policy is publicly posted on the NWIPC's website (www.geogroup.com/prea). During the on-site visit, the Auditor observed on the housing unit bulletin boards, and in other locations throughout the facility, signage that included the DHS-prescribed sexual assault awareness notice. In interviews with randomly selected staff the Auditor was able to confirm that all interviewed staff were knowledgeable regarding the Agency's and facility's zero-tolerance policy. The Auditor reviewed the policy and confirmed that it was reviewed and approved by the Agency on January 17, 2023.

(d): GEO Policy 3.1.1, states, "Each Facility Administrator shall designate a local PSA Compliance Manager for each U.S. Corrections and Detention Immigration Facility who shall serve as the Facility point of contact for the DHS PSA Coordinator and Corporate PREA Coordinator." The facility has designated a Lt. as the PSA Compliance Manager who serves as the facility point of contact for the Agency PSA Coordinator. In an interview with the PSA Compliance Manager, it was confirmed that he has sufficient time and authority to ensure compliance with the facility sexual abuse prevention and intervention policies and procedures. During interviews with the PSA Compliance Manager and the SDDO/Agency PSA Coordinator, it was also confirmed the PSA Compliance Manager's responsibilities include serving as the point of contact with the Agency PSA Coordinator and to interact with the ERO Assistant Field Office Director (AFOD).

§115.13 - Detainee supervision and monitoring.

Outcome: Does Not Meet Standard (requires corrective action)

Notes:

(a)(c): Policy 3.1.1 states, "NWIPC shall ensure it maintains sufficient supervision of Detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect Detainees against Sexual Abuse." Policy 3.1.1 further states, "In determining adequate levels of Detainee supervision and determining the need for video monitoring, NWIPC shall take into consideration: General accepted detention practices; Any judicial finding 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 incidents review reports; Any other relevant factors, including but not limited to the length of time Detainees spend in NWIPC's custody." A review of the facility PAQ indicated NWIPC has a total of 247 security staff, consisting of 182 males and 65 females, that may have recurring contact with detainees. The remaining staff consists of support personnel in administration and maintenance. The facility staffing also includes 56 medical and 7 mental health contract/personnel employed by ICE Health Service Corps (IHSC). During the audit period, NWIPC line staff were working three 8-hour shifts. The Auditor's interview with the FA, and review of the staffing plan assessment for 2022, confirmed the PREA staffing plan assessment took into account when determining adequate staffing levels, and the need for video monitoring, generally accepted detention and correctional practices, any judicial finding 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 the length of time detainees spend in Agency custody. The Auditor observed staffing levels during the on-site audit and determined they were adequate. There are a total of 260 video surveillance cameras strategically located throughout the facility. Video cameras operate 24-hours a day, 7 days a week, and have pan, zoom, and tilt, (PTZ) functionality. Cameras are continuously monitored in one control room and the custody supervisor's office. The facility investigator has full access with the ability to save footage on the server.

(b)(d): GEO Policy 3.1.1 states, "NWIPC shall develop and document comprehensive Detainee supervision guidelines to determine and meet NWIPC's Detainee supervision needs and shall review those guidelines at least annually." Policy 3.1.1 further states, "Facilities shall implement a policy and practice requiring department heads, Facility management staff and supervisors to conduct and document unannounced security inspections within their respective areas to identify and deter Sexual Abuse of Detainees. Such policy and practice shall be implemented no less than once per week for all shifts", and "employees are prohibited from alerting others that these security inspections are occurring, unless such announcements are related to the legitimate operations functions of the Facility." The Auditor reviewed the facility post orders and confirmed they outline the comprehensive detainee supervision guidelines required to meet detainee supervision needs. An interview with the FA, it was indicated that NWIPC monitors and reviews the NWIPC comprehensive supervision guidelines annually. The Auditor reviewed the facility comprehensive supervision guidelines and confirmed that they are current and were reviewed by the facility and Agency on November 12, 2022. Interviews with three custody supervisors, confirmed that the facility requires one supervisor per shift to conduct one unannounced security inspection per week. In addition, during their interviews the three custody supervisors indicated that they were unaware of the facility's policy that prohibits employees

from alerting others that the unannounced security inspections are occurring, unless such announcements are related to the legitimate operations functions of the facility. The Auditor reviewed submitted housing unit logbooks from B3, C3, and G3 and confirmed supervisors were not conducting frequent unannounced security rounds as required by the standard. In addition, during the on-site tour, the Auditor reviewed facility logbooks located in housing units B 3 and C 3 and confirmed during the period of January 15, 2023, through January 22, 2023, there were three unannounced security inspections conducted on B 3 and two announced security inspections conducted on C 3.

Does Not Meet (d): The facility does not meet subsection (d) of the standard. The Auditor reviewed facility logbooks located in housing units Bravo 3, Charlie 3, and confirmed during the period of January 15, 2023, through January 22, 2023, there were three unannounced security inspections conducted on Bravo 3 and two announced security inspections conducted on Charlie 3. In addition, interviews with custody supervisors confirmed that the facility requires one supervisor per shift to conduct one unannounced security inspection per week. In addition, during their interviews the three custody supervisors indicated that they were unaware of the facility's policy that prohibits employees from alerting others that the unannounced security inspections are occurring, unless such announcements are related to the legitimate operations functions of the facility. To become compliant, the facility must implement a practice that requires supervisors to make frequent unannounced security inspections on both day and night shifts as required by the standard. Once implemented, for a period of two months, the facility must submit to the Auditor documentation of unannounced security inspections that occurred during the Corrective Action Plan (CAP) period. In addition, the facility must train all custody staff on the facility's policy 3.1.1 that prohibits employees from alerting others that the unannounced security inspections are occurring, unless such announcements are related to the legitimate operations functions of the facility.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

According to the PAQ the facility housed one juvenile detainee during the audit period. In an interview with the FA, it was indicated that NWIPC does not accept juveniles or family detainees, however, on this one occasion ICE discovered that the detainee misrepresented his age, was immediately separated from general population for single management, and then released from NWIPC to the proper facility.

§115.15 - Limits to cross-gender viewing and searches.

Outcome: Does Not Meet Standard (corrective action required)

Notes:

(b)(c)(d): GEO Policy 3.1.1 states, "Cross-gender pat-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." Policy 3.1.1 further states, "Facilities shall not permit cross-gender pat-down searches of female Detainees, absent Exigent Circumstances. (See Attachment N - Cross Gender Pat Search Log)." A review of Policy 3.1.1 confirms it does not require staff to document all cross-gender pat-down searches nor did the uploaded policy include an Attachment N. The facility PAQ indicated the facility had not conducted any cross-gender pat searches of either a male or female detainees during the audit period. Random custody staff interviews indicated that staff had not conducted cross-gender pat-searches but that any such pat searches would be entered into the Cross-Gender Pat Search Log. Interviews with 29 detainees indicated they were pat-down searched only by staff of the same gender. The Auditor was able to observe a video recording of male detainees receiving a pat-down search during the intake process. On all occasions the male detainee's pat-down search was being conducted by a male staff member.

Recommendation (d): The Auditor recommends the facility update Policy 3.1.1 to contain the verbiage, "all cross-gender pat-down searches shall be documented."

(e)(f): GEO Policy 3.1.1 states, "Cross-gender strip searches and cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited except in the Exigent Circumstances including consideration of officer safety, or when performed by Medical Practitioners." However, a review of Policy 3.1.1 confirms it does not required staff to document all strip searches and visual cavity searches. The facility PAQ indicated that NWIPC conducted one strip search during the audit period; however, although during interviews with random custody line staff it was indicated that all strip frisks would be documented, the facility did not provide documentation to confirm the strip search conducted during the audit period was documented as required by subsection (f) of the standard.

Does Not Meet (f): The facility is not in compliance with subsection (f) of the standard. The facility PAQ indicated that NWIPC conducted one strip search during the audit period; however, during interviews with random custody line staff it was indicated that all strip frisks would be documented, the facility did not provide documentation to confirm the strip search conducted during the audit period was documented as required by subsection (f) of the standard. To become compliant the facility must provide the Auditor with documentation that the one strip frisk of a detainee that occurred during the audit period was documented. If the facility cannot provide documentation that the one strip frisk reported on the PAQ was documented, the Auditor requires that the facility document that all custody line staff received training on the standards requirement that all strip frisks be documented.

(g): GEO Policy 3.1.1 states, "Each Facility shall implement policies and procedures which allow Detainees to shower, change 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." Policy 3.1.1 further states, "Facilities policies and procedures shall require Employees of the opposite gender to announce their presence when entering housing units or any area where Detainees are likely to be showering, performing bodily functions, or changing clothes." In interviews, male and female random staff indicated that they announce their intention to enter the housing units prior to entering. During the onsite visit, the Auditor observed open toilets in two intake holding cells (Intake 1 and Intake 7). In addition, the Auditor observed open toilets in the housing units that consisted of cells, including but not limited to Alpha 1, Charlie 1, and Delta 1, administrative segregation, and medical holding cells. The Auditor discussed the open toilets in the housing units with the PSA Compliance Manager who indicated that the viewing is compliant as it's incidental to routine cell checks; however, during the on-site tour the Auditor observed a staff cleaning crew that enters the cell areas daily. During the on-site tour the Auditor further observed that staff assigned to the Control Center could view all areas of the facility at any time, including but not limited to the sleeping areas of the facility dorms were detainees dress and change their clothing. The Auditor inquired if the facility had a policy that requires the detainees to change in the shower area and if the detainees were aware the cameras viewed their sleeping area and received a negative response to both inquiries. During the on-site audit, the facility was able to eliminate the cross-gender viewing concerns in the intake area holding cells by installing a curtain around the open toilet area; however, the cross-gender viewing concerns in the cell housing units, administrative segregation, medical holding cells, and the Master Control Center were not corrected while the Auditor was on-site. During interviews with random custody line staff and random detainees it was indicated staff announce their presence when entering a housing unit that included detainees of the opposite gender. In addition, the Auditor observed the announcements being made during the on-site visit.

Does Not Meet (g): The facility is not in compliance with subsection (g) of the standard. During the on-site tour the Auditor observed open toilets in two intake holding cells (Intake 1 and Intake 7). In addition, the Auditor observed open toilets in the housing units that consisted of cells, including but not limited to Alpha 1, Charlie 1, and Delta 1, administrative segregation, and medical holding cells. The Auditor discussed the open toilets in the housing units with the PSA Compliance Manager who indicated that the viewing is compliant as it's incidental to routine cell checks; however, during the on-site tour the Auditor observed a staff cleaning crew that enters the cell areas daily. During the on-site tour the Auditor further observed that staff assigned to the Master Control Center could view all areas of the facility at any time, including but not limited to the sleeping areas of the facility dorms were detainees dress and change their clothing. The Auditor inquired if the facility had a policy that requires the detainees to change in the shower area and if the detainees were aware the cameras viewed their sleeping area and received a negative response to both inquiries. The facility was able to eliminate the cross-gender viewing concerns in the intake area holding cells by installing a curtain around the open toilet area; however, the cross-gender viewing concerns in the cell housing units and the Control Center were not corrected while the Auditor was on-site. To become compliant the facility must develop a process that provides privacy for all detainees to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine jail checks. Once implemented the facility must provide the Auditor with documentation that confirms the cross-gender viewing issues are no longer a concern.

(h): NWIPC is not designated as a Family Residential Center; therefore, provision (h) is not applicable.

(i): GEO Policy 3.1.1 states, "Facilities shall not search or physically examine a Transgender or Intersex Detainee solely to determine their genital status. If the genital status is unknown, it may be determined during private 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." In interviews with random custody line staff, the HSA, and AHSA it was indicated they were aware of the requirement to not search or examine a Transgender or Intersex detainee solely to determine their genital status. The Auditor interviewed the one transgender detainee housed at NWIPC during the on-site audit who confirmed she was not searched or physically examined to determine her genital status. There were zero intersex detainees housed at NWIPC during the audit period.

(j): The Auditor reviewed the facility training curriculum for staff and confirmed it included proper procedures for conducting pat-down searches of transgender and intersex detainees including conducting the pat-down searches in a professional and respectful manner, and in the least instructive manner possible, consistent with security needs and Agency policy including consideration of officer safety. Interviews with the Training Supervisor and security line staff, the review of the training lesson plans, which reinforce these policies in the annual training, and the review of security staff training records, confirmed that training is conducted as required by the standard. However, although the training was compliant with the standard requirement in all material ways, the security staff interviewed indicated that the search of a transgender or intersex detainee would be determined with how the detainee identified; however, despite recently receiving a facility "pocket training" on how to conduct pat-down searches of transgender and intersex detainees the majority of staff could not articulate the difference between conducting a regular pat-down search and conducting the pat-down search of a transgender or intersex detainee.

Recommendation (j): The facility was able to confirm that staff had recently received training on how to conduct pat-down searches of transgender and intersex detainees; however, despite recently receiving a facility "pocket training" on how to conduct pat-down searches of transgender and intersex detainees the majority of staff could not articulate the difference between conducting a regular pat-down search and conducting the pat-down search of a transgender or intersex detainee; and therefore, the Auditor recommends that the recent pocket training be repeated for all custody line staff.

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

Outcome: Does Not Meet Standard (requires corrective action)

Notes:

(a)(b): GEO Policy 3.1.1 states, "In all Facilities, education shall be provided 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." Policy 3.1.1 further states, "Facilities shall ensure that Individuals in a GEO Facility or Program 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 Company's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment. GEO shall ensure that all Facilities provide written materials to every individual in a GEO Facility or Program in formats or through methods that ensure effective communication with individuals with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision." Interviews with intake staff indicated that each detainee arriving at NWIPC receives the GEO Supplement to the ICE National Detainee Handbook, available in English and Spanish, the DHS-prescribed SAA Information pamphlet available in 15 of the most prevalent languages encountered by ICE: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Vietnamese, Turkish, and Ukrainian and the ICE National Detainee Handbook, available in 14 of the most prevalent languages encountered by ICE: Spanish, English, Arabic, French, Simplified Chinese, Haitian Creole, Portuguese, Vietnamese, Punjabi, Hindi, Russian, Romanian, Turkish, and Bengali. The Auditor reviewed the GEO Supplement and confirmed it contained PREA information specific to NWIPC that is not available to detainees who do not speak English or Spanish. In interviews with Intake staff, it was indicated that when they are confronted with a detainee that may be hearing impaired or deaf, information is provided to them in writing or through use of a text telephone (TTY). They also indicated for detainees who are blind, or have limited sight, they would provide to them individualized service including the reading of the PREA information. Detainees at NWIPC that have a low intellect, limited reading skills, or psychiatric difficulties would typically receive services from medical staff or mental health staff depending on the degree and extent of the disability. Intake staff further indicated that if a detainee did not speak one of the most prevalent languages encountered by ICE the facility also has access to an ERO Language Services contract to provide 24-hour telephonic interpretation services. However, during detainee interviews the Auditor interviewed three detainees whose preferred language was Gujarati and all three detainees interviewed indicated that they had not received any information in a format that they understood and did not have knowledge regarding the reporting of sexual abuse. The Auditor reviewed their detainee files and confirmed information was not provided to the three detainees in either a language that they could understand or through the ICE interpretive services.

Does Not Meet (b): The facility is not in compliance with subsection (b) of the standard. The Auditor reviewed the GEO Supplement to the ICE National Detainee Handbook and confirmed it contained PREA information specific to NWIPC that is not available to detainees who do not speak English or Spanish. In addition, interviews with three detainees whose preferred language was Gujarati confirmed they had not received any PREA information in a format they understood. To become compliant, the facility must adapt the practice of providing PREA Information located in the GEO Supplement to the ICE National Detainee Handbook to LEP detainees in a manner they understand. In addition, the facility must document the use of interpreter services for those detainees who do not speak one of the most prevalent languages offered for the ICE National Detainee Handbook and the DHS-prescribed SAA Information pamphlet. Once developed, all Intake staff must receive documented training on the new procedures. The facility must also provide the Auditor with 10 detainee files from different days that confirm detainees who speak languages, other than English or Spanish, have received the GEO Supplement to the ICE National Detainee Handbook in a manner they understand. If available, the facility is to specifically include any detainee who does not speak one of the languages available in the ICE National Detainee Handbook or the DHS-prescribed SAA Information pamphlet to confirm the PREA information is provided to the detainee in a manner that he/she understands.

(c): GEO Policy 3.1.1 states, "In matters relating to Sexual Abuse, the 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 and receive approval from ICE." In interviews with random custody line staff all staff interviewed indicated the use of interpreter services by another detainee is prohibited.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. Although policy 3.1.1 allows the use of another detainee, to interpret, if the victim detainee expresses a preference for another detainee to provide interpretation and the jail determines that such interpretation is appropriate and consistent with DHS policy, during interviews, custody line staff indicated the use of interpreter services by another detainee is prohibited. To become compliant, the facility shall train all custody line staff on the requirement that allows a detainee to use another detainee to provide interpretation for a victim of sexual abuse provided the Agency determines the interpretation is appropriate and consistent with DHS policy. In addition, the facility shall provide documentation of participation in the training provided.

§115.17 - Hiring and promotion decisions.

Outcome: Does Not Meet Standard (requires corrective action)

Notes:

(a)(b)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program 6-7.0, and ICE Suitability Screening Requirements for Contractor Personnel Directive 6-8.0 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." The ICE Personnel Security and Suitability Program policy 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." Policy 3.1.1 states, "GEO Facilities are prohibited from hiring or promoting anyone including contractors (who may have contact with individuals in a GEO facility or program) who has been engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings within the community 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 who has been civilly or administratively adjudicated to have engaged in such activity." Policy 3.1.1 further states, "GEO shall ask all applicants and Employees who may have contact with Individuals in a GEO Facility or Program directly about previous Sexual Abuse misconduct as part of its hiring and promotional processes including contractors, and during annual performance reviews for current Employees. GEO Facilities shall also impose upon Employees a continuing affirmative duty to disclose any such conduct." In addition, Policy 3.1.1 states, "Material omissions regarding such misconduct, or the provision materially false information, shall be ground for termination. Unless prohibited by law, GEO shall provide information on substantiated allegations of Sexual Abuse or Sexual Harassment involving a former Employee upon receiving a request from an institutional employer for whom such Employee has applied to work." GEO policy 5.1.2-E, Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection, states "All Employees, Contractors, and Volunteers have an affirmative duty to report all allegations or knowledge of Sexua Abuse, Sexual Harassment, romantic, or sexual contact that takes place with any GEO facility or program." The Auditor reviewed Policy 3.1.1 and confirmed that it does not prohibit the use of volunteer services if the volunteer has been engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community 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 who has been civilly or administratively adjudicated to have engaged in such activity, however, in an interview with HR staff, it was indicated that all applications are sent to GEO corporate office where the information is checked or verified, including background checks for criminal history and reference checks on staff, contractor applicants, and volunteers. The HR further indicated that GEO makes efforts to contact all prior institutional employers of an applicant for employment or promotion to obtain information on any allegations of sexual abuse or any resignation related to alleged sexual abuse, and unless prohibited by law and that the facility would provide information on substantiated allegations of sexual abuse involving former employees upon request from an institutional employer for which the employee has applied to work seeking new employment and regarding promotions, GEO requires an annual statement signed regarding any new offenses and also uses a check sheet during promotion reviews that addresses this potential behavior. A review of the 10 personnel files further indicated that in all cases the GEO employee had filled out an annual statement indicating no incidents of sexual misconduct to be reported. In addition, the Auditor reviewed one personnel file of a GEO staff member who was promoted during the audit period and confirmed that the candidate for promotion was asked directly about previous misconduct related to sexual abuse in a written application prior to being hired. The Auditor interviewed one SDDO who was promoted during the audit period and confirmed he had not been asked about previous misconduct either during an interview or by written application prior to receiving his promotion.

Recommendation (a): The Auditor recommends that Policy 3.1.1 be updated to include volunteers in the verbiage "GEO Facilities are prohibited from hiring or promoting anyone including contractors (who may have contact with individuals in a GEO facility or program) who has been engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings within the community 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 who has been civilly or administratively adjudicated to have engaged in such activity."

Does Not Meet (b): The Auditor interviewed one ICE SDDO promoted during the audit period, who confirmed that prior to receiving a promotion had not been asked directly about previous misconduct, including engaging and/or attempting to engage in sexual abuse either in an interview or by written application. To become compliant, the Agency must develop a process that requires that employees offered promotions are directly asked about previous misconduct related to sexual abuse, as outlined in subpart (b) of the standard. In addition, if applicable, the facility must provide the Auditor with documentation that confirms newly promoted ICE staff were directly asked about previous misconduct related to sexual abuse.

(c)(d): During a training session in November 2021, and through review of the training documentation available on SharePoint, the Unit Chief of OPR PSO explained that all ICE staff having contact with detainees must clear a background investigation through PSO before hiring. The staff complete an Electronic Questionnaire for Investigations Processing (e-QIP) and fingerprints to start the investigation process. The process takes an average of 45-60 days to determine suitability for hiring. If the prospective employee does not clear the background investigation, the individual will not be hired to work for ICE. Policy 3.1.1 states, "The facility shall conduct criminal background checks, 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 checks shall be repeated for all Employees at least every five (5) years." The Auditor submitted three ICE and three GEO employee names to PSO to verify the background check process; all were compliant. Documentation also confirmed the due dates for the five-year background rechecks. In addition, the Auditor reviewed 10 GEO personnel files and confirmed background checks were completed prior to the staff/contractor employment start date. There has been no use of volunteers during the audit period.

§115.18 - Upgrades to facilities and technologies.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a): A review of the PAQ and interviews conducted with the FA and PSA Compliance Manager confirmed the facility has not acquired a new facility or made a substantial expansion to the existing facility during the audit period. Therefore, subsection (a) of the standard is not applicable.

(b): GEO Policy 3.1.1 states, "The facility shall also consider the effect any (new or upgraded) video monitoring system, electronic surveillance system or other monitoring system might have on the facility's ability to protect detainees from sexual abuse." In interviews with the FA and PSA Compliance Manager, and a memo submitted with the PAQ, it was indicated that the facility has not installed or updated their electronic monitoring system but has upgraded their software from Vicon to Salient in December of 2019. According to the PAQ, this change in systems was determined to be an upgrade to their current video monitoring system, electronic surveillance system, or other monitoring system. The FA and PSA Compliance Manager confirmed that they considered sexual safety during the software upgrade and concluded no camera changes were necessary as the upgrade focused solely on the software.

§115.21 - Evidence protocols and forensic medical examinations.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c)(d)(e): GEO policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection states, "Facilities that are responsible for investigating allegations of Sexual Abuse are required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." GEO policy 5.1.2-E further states, "Facilities shall offer all Individuals in a GEO Facility or Program who experience Sexual Abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victims' consent and without cost to the individual and regardless of whether the victim names the accuser or cooperates with any investigation arising out of the incident" and Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite Qualified Medical Practitioner may perform the examination if a SAFE or SANE is not available." In addition, GEO policy 5.1.2-E states, "Upon request by the victim and with the victim's consent…the victim advocate may participate in supporting the victim through the forensic medical examination process…and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals." GEO policy 5.1.2-E further states, "Each facility will attempt to secure a PREA MOU with local law enforcement outlining the responsibilities of each entity related to conducting PREA investigations…" NWIPC has a Memorandum of Understanding (MOU), dated 2013 with no sunset date, with Rebuilding Hope Sexual Assault Services, a local victim advocate and support agency which states, "Rebuilding Hope Sexual Assault Services agrees to provide…emotional support, crisis intervention, information and referrals to detainees housed at NWIPC." The MOU further states, "Rebuilding Hope Sexual Assault Services agrees to provide, where available, a victim advocate to accompany and support the detainee through forensic medical examination process and investigatory interviews" and "NWIPC agrees to provide, where available, a qualified Agency staff member to accompany and support the detainee through forensic medical ex examination process and investigatory interviews." The Auditor spoke with a crisis staff provider at Rebuilding Hope Sexual Assault Services, via telephone, who confirmed their trained advocates provide emotional support, crisis intervention, information, and referrals. She also confirmed that her group has a relationship with both the hospital and the local police department, allowing a trained advocate to accompany the victim through any forensic exam and investigative process if requested. Contact information for Rebuilding Hope Sexual Assault Services is posted, in English and Spanish only, away from housing unit telephones. In interviews with the PSA Compliance Manager and facility Investigator it was indicated that detainee victims of sexual abuse are provided this advocacy information. The NWIPC Medical Department is managed and operated by IHSC. In an interview with the HSA, it was indicated that forensic exams are not conducted on site and that detainee victims requiring such services are taken to one of the local hospitals, St Joseph's Hospital or Tacoma General Hospital. In addition, the interview with the HSA also indicated both facilities have a Sexual Assault Forensic Examiner (SAFE) available around the clock if needed and at no cost to the detainee. The Auditor reviewed an email notification from the Education Director of Virginia Mason Franciscan Health (VMFH) which confirmed that they would provide a SAFE if a forensic exam was necessary at St. Joseph's Hospital or Tacoma General Hospital. During an interview with the facility Investigator, it was determined that the facility has one designated investigator who is trained to conduct administrative investigations. He advised that the facility would investigate using a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, and if it is determined that the reported allegation is criminal in nature, it would be referred to the Tacoma Police Department (TPD) to conduct a criminal sexual abuse investigation. In an email provided with the PAQ the facility attempted to enter an MOU with the TPD and requested the TPD follow the requirements of paragraphs (a) through (e) of the standard. In interviews with 21 detainees most detainees interviewed were unaware of their ability to request advocacy services; however, the Auditor reviewed four sexual abuse investigation files and confirmed that advocacy information was provided to all detainee victims alleging sexual abuse. In addition, a review of four sexual abuse allegation investigation files, confirmed that the TPD was notified in all cases, however, they did not complete any criminal investigations due to the allegations not being criminal in nature. A review of GEO policy 5.1.2-E confirmed it was approved by the Agency December 12, 2020.

Recommendation (b): The contact information for Rebuilding Hope Sexual Assault Services is posted in the housing units, away from the telephones, in English and Spanish only. The Auditor recommends that the facility provide the contact information to all detainees in a manner they understand and strategically place the contact information near the telephones for easy detainee access.

§115.22 - Policies to ensure investigation of allegations and appropriate agency oversight.
Outcome: Does Not Meet Standard (requires corrective action)
Notes:

(a)(b)(c)(d)(e)(f): The Agency provided a written directive, Policy 11062.2 Sexual Abuse and Assault Prevention and Intervention, section 5.7, 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)." During the pre-audit phase of the process the facility provided GEO policy 3.1.1 for compliance. The Auditor reviewed the policy and determined it did not contain all the elements of the standard, specifically the verbiage when a detainee, prisoner, inmate, 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 that the incident s promptly reported the Joint Intake Center (JIC), the ICE OPR or the DHS OIG as required by subsections (d) and (e) or the verbiage when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported the Joint Intake Center (JIC), the ICE OPR or the DHS OIG as required by subsections (d) and (f) of the standard. Based on the finding, the facility provided GEO policy 5.1.2-E for compliance. GEO policy 5.1.2-E states, "Each facility shall have a policy in place to ensure that all allegations of Sexual Abuse or Sexual Harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior." GEO policy 5.1.2-E further states, "GEO shall retain all written reports referenced this section for as long as the alleged abuser is incarcerated or employed ty the agency, plus five hears; however, for any circumstance, files shall be retained no less than ten years. Facilities shall offer all Individuals in a GEO Facility or Program who experience Sexual Abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victims' consent and without cost to the individual and regardless of whether the victim names the accuser or cooperates with any investigation arising out of the incident" and Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite Qualified Medical Practitioner may perform the examination if a SAFE or SANE is not available." In addition, GEO policy 5.1.2-E states, "Upon request by the victim and with the victim's consent…the victim advocate may participate in supporting the victim through the forensic medical examination process…and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals." The Auditor reviewed GEO policy 5.1.2-E and confirmed, as with GEO policy 3.1.1, the policy does not contain the verbiage when a detainee, prisoner, inmate, 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 that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, or the appropriate ICE Field Office Director (FOD) as required by subsections (d) and (e). In addition, the Auditor's review of GEO policy 5.1.2-E confirms that the policy, as with GEO policy 3.1.1, does not contain the verbiage when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, as well as the appropriate ICE FOD as required by subsections (e) and (f) of the standard. An initial review of the PREA allegation spreadsheet indicated that there were seven allegations of sexual abuse reported during the audit period; however, during the on-site visit the Auditor confirmed there were eight allegations of sexual abuse reported during the audit period. A review of the PREA allegation spreadsheet, modified on the last day of the on-site visit, included the unreported allegation of sexual abuse. The PREA allegation spreadsheet indicated all eight cases were closed, four cases were determined to be unsubstantiated, and four cases were determined to be unfounded by the facility investigator. The review of the PREA allegation spreadsheet further confirmed the ICE OPR was notified of all the allegations as documented in the investigation files; however, three cases did not have a date the JIC was notified noting "not provided". There were no cases referred for prosecution. In interviews with the FA and the PSA Compliance Manager it was indicated that all written report documents are maintained as long as the alleged abuser is incarcerated or no longer employed by the agency, plus 5 years with a minimum retention of no less than 10 years. The Auditor reviewed both the Agency website, (www.ice.gov/prea) and the GEO corporate website, (www.geogroup.com/prea) and confirmed both the Agency protocol and GEO protocol are posted; however, GEO policy 5.1.2-E is not compliant with subsections (d), (e), and (f) of the standard.

Does Not Meet (c)(d)(e)(f): A review of the facility website, (www.geogroup.com/prea) confirms it contains the facilities evidence protocol provided during the on-site visit (GEO policy 5.1.2-E); however, GEO policy 5.1.2-E is not compliant with subsections (d), (e), and (f) of the standard. An initial review of the PREA allegation spreadsheet indicated that there were seven allegations of sexual abuse reported during the audit period; however, during the on-site visit the Auditor confirmed there were eight allegations of sexual abuse reported during the audit period. A review of the PREA allegation spreadsheet, modified on the last day of the on-site visit, included the unreported allegation of sexual abuse. The PREA allegation spreadsheet indicated all eight cases were closed, four cases were determined to be unsubstantiated, and four cases were determined to be unfounded by the facility investigator. The review of the PREA allegation spreadsheet further confirmed the ICE OPR was notified of all the allegations as documented in the investigation files; however, three cases did not have a date the JIC was notified noting "not provided". To become complainant the facility must update GEO policy 5.1.2-E to contain the verbiage, "when a detainee, prisoner, inmate, 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 that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, or the appropriate ICE Field Office Director (FOD)" as required by subsections (d) and (e) of the standard. In addition, the facility must update GEO policy 5.1.2-E to contain the verbiage, "when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, as well as the appropriate ICE FOD" as required by subsections (d) and (f) of the standard. Once updated, all applicable staff must be trained on the updated evidence

protocol, GEO policy 5.1.2-E. If applicable, the facility must submit all closed sexual abuse allegation investigations with confirmation that the facility notified ICE OPR, the JIC, and the appropriate FOD of the reported allegation.

§115.31 - Staff training.
Outcome: Meets the Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c): GEO Policy 3.1.1 states, "All Employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program. Policy 3.1.1 further states, "Each Facility shall train all Employees who may have contact with Detainees on: 1) Its 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 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 sexual behavior; 6) Recognition of physical, behavioral and emotional signs of Sexual Abuse, and methods of preventing and responding to 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 to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes." In addition, policy 3.1.1 states, "SAAPI refresher training shall be conducted each year thereafter for all Employees. Refresher training shall include updates to Sexual Abuse and Assault policies" and "employees shall document through signature on the PREA Basic Training Acknowledgement Form (See Attachment E) that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-Service SAAPI Training." The Auditor reviewed the GEO SAAPI training curriculum and confirmed that it contained all required elements of subsection (a) of the standard. In an interview with the facility FA, who was providing information in lieu of the training supervisor who was out on medical leave, it was indicated that staff receives the required PREA, and refresher training as required by the standard and that the content of the training is documented by staff signature. The Auditor reviewed 10 GEO contract staff and 2 ICE training files and confirmed staff had received training as required by the standard.

§115.32 - Other training.
Outcome: Does Not Meet Standard (requires corrective action)
Notes:

(a)(b)(c): GEO Policy 3.1.1 states, "All Employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program." The Auditor reviewed the contractor and volunteer training curriculum provided by the facility and confirmed it is the same curriculum used during staff training, and therefore, includes, the Agency's and facility's zero-tolerance policies regarding sexual abuse and informs the contractor and volunteer how to report an incident of sexual abuse as required by the standard; however, in an interview with the PSA Compliance Manager it was confirmed that other contractors, as described in subsection (d) of the standard who provide services on a non-recurring basis to the facility pursuant to a contractual agreement with the Agency or facility are escorted by staff; and therefore, have not been trained on their responsibilities under the Agency's and the facility's sexual abuse prevention, detection, intervention and response policies and procedures. As other contractors are not provided the required training there is no documentation that confirms the facility keeps written documentation of the completed training. Per memo submitted with the PAQ the facility has not had any volunteers enter the facility during the audit period.

Does Not Meet (a)(c): The Auditor reviewed the contractor and volunteer training curriculum provided by the facility and confirmed it is the same curriculum used during staff training, and therefore, includes, the Agency's and facility's zero-tolerance policies regarding sexual abuse and informs the contractor and volunteer how to report an incident of sexual abuse as required by the standard; however, in an interview with the PSA Compliance Manager it was confirmed that other contractors, as described in subsection (d) of the standard, who provide services on a non-recurring basis to the facility pursuant to a contractual agreement with the Agency or facility are escorted by staff, and therefore, have not been trained on their responsibilities under the Agency's and the facility's sexual abuse prevention, detection, intervention and response policies and procedures. As other contractors are not provided the required training there is no documentation that confirms the facility keeps written documentation of the completed training. To become compliant, the facility must train all "other contractors" as described in subsection (d) of the standard, regardless of whether or not they are escorted by staff and provide written documentation to the Auditor that the required training has been completed.

§115.33 - Detainee education.
Outcome: Does Not Meet Standard (requires corrective action)
Notes:

(a)(b)(c)(d)(e)(f): GEO Policy 3.1.1 states, "During the intake process, Facilities shall ensure that the Detainee orientation program notifies and informs Detainees about the Company's zero tolerance policy regarding all forms of Sexual Abuse and Assault and includes instruction on 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 to any Employee, including an Employee other than immediate point-of contact line officer (i.e., the PSA 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 Sexual Abuse shall not negatively impact the Detainee's immigration proceedings; and 6. The right of a Detainee who has been subjected to Sexual Abuse to receive treatment and counseling." Policy 3.1.1 further states, "In all Facilities, education shall be provided in formats accessible to all

Detainees, including those are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to Detainees who have limited reading skills" and "facilities shall maintain documentation of Detainee participation in the intake process orientation which shall be retained in their individual files." In addition, Policy 3.1.1 states, "Facilities shall post on all housing unit bulletin boards the following notices: 1) The DHS-prescribed sexual assault awareness notice; 2) The name of the PSA Compliance Manager; and 3) The name of local organizations that can assist Detainees who have been victims of sexual Abuse" and "facilities shall make available and distribute the DHS-prescribed "Sexual Assault/Awareness Information" pamphlet." In interviews with intake staff, it was indicated that each detainee arriving at NWIPC receives the GEO Supplement to the ICE National Detainee Handbook in English or Spanish; the DHS-prescribed SAA Information pamphlet; available in 15 of the most prevalent languages encountered by ICE: English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese and French, and the ICE National Detainee Handbook, available in 14 of the most prevalent languages encountered by ICE: Spanish, English, Arabic, French, Simplified Chinese, Haitian Creole, Portuguese, and Vietnamese, Punjabi, Hindi, Russian, Romanian, Turkish, and Bengali. Intake staff indicated that when they are confronted with a detainee that may be hearing impaired or deaf, information is provided to them in writing or through use of a text telephone (TTY). They also indicated for detainees who are blind, or have limited sight, they would provide to them individualized service including the reading of the PREA information and that detainees at NWIPC that have a low intellect, limited reading skills, or psychiatric or speech difficulties would typically receive services from medical staff or mental health staff depending on the degree and extent of the disability. Intake staff further indicated, if a detainee did not speak one of the most prevalent languages encountered by ICE, the facility has access to an ERO Language Services contract to provide 24-hour telephonic interpretation services. In addition, interviews with Intake staff indicated that a PREA informational video produced by the National Institute of Correction (NIC) titled "Speaking Up, Discussing Prison Sexual Assault" is played during orientation and daily on the housing units. The Auditor reviewed a PowerPoint which supplied the content of the video. Although the content met the requirements of subsection (a) of the standard, it is only available in English and Spanish. Interviews with staff confirmed the videos could be played with closed captioning to provide the information to the detainee who was deaf, or hard of hearing; however, staff could not articulate how the PREA information included in the video would be provided to those detainees who are LEP or have a low intellect or speech or psychiatric difficulties. The Auditor reviewed the ICE National Detainee Handbook and confirmed it contained information about reporting sexual abuse. The Auditor observed in each of the detainee housing units at the DHS-prescribed sexual assault awareness notice, in Spanish and English, with the name and direct reporting line telephone number of the PSA Compliance Manager. The Auditor also observed on each of the detainee housing units contact information for Rebuilding Hope Sexual Assault Services also in English and Spanish. The Auditor interviewed nine LEP detainees. Five of the detainees interviewed indicated they did not receive the PREA information in a manner that they could understand. Out of the five detainees who indicated they did not receive the PREA information in a manner that they could understand, three of the detainees preferred language was Gujarati. In their interview, all three detainees confirmed they had not received any PREA information in a format they understood. The Auditor reviewed the detainee files of the men who spoke Gujarati and confirmed that the facility did not document participation in a PREA orientation including the receipt of the DHS-prescribed SAA Information pamphlet, ICE National Detainee Handbook, or the GEO Supplemental to the ICE National Detainee Handbook. The Auditor reviewed seven additional detainee files and confirmed the facility documented completion of orientation by use of the NWIPC Orientation checklist; however, the checklist only includes completion of orientation in English or Spanish and does not confirm what is covered during orientation as it pertains to Sexual Abuse/Assault.

Does Not Meet (b)(c)(e)(f): The facility does not meet subsections (b), (c), (e), and (f) of the standard. The Auditor interviewed and reviewed three files of detainees whose preferred language was Gujarati and confirmed that the facility did not document participation in a PREA orientation including the receipt of the DHS-prescribed SAA Information pamphlet, ICE National Detainee Handbook, or the GEO Supplemental to the ICE National Detainee Handbook. The Auditor reviewed seven addition detainee files and confirmed the facility documented completion of orientation by use of the NWIPC Orientation checklist, however, the checklist only includes completion of orientation in English or Spanish and does not confirm what is covered during orientation as it pertains to Sexual Abuse/Assault. Intake staff, during their interviews, indicated that they did provide the detainee the GEO Supplement to the ICE National Detainee Handbook; however, the supplement was only available in English or Spanish. The Auditor reviewed the PowerPoint of the PREA video and confirmed it contained the required training elements of subsection (a) of the standard; however, the information was only available in English or Spanish. Interviews with staff confirmed the videos could be played with closed captioning to provide the information to the detainee who was deaf, or hard of hearing; however, staff could not articulate how the PREA information included in the video would be provided to those detainees who are LEP or have a low intellect or speech or psychiatric difficulties. Intake staff further indicated if a detainee did not speak one of the most prevalent languages encountered by ICE the facility also has access to an ERO Language Services contract to provide 24-hour telephonic interpretation services, however, during interviews with three detainees who spoke Gujarati, it was confirmed the interviewed detainees had not received any PREA information in a format they understood. To become compliant, the facility must adapt the practice of providing the PREA education afforded in the PREA video, the PREA information included in the GEO Supplement to the ICE National Detainee Handbook, the DHS-prescribed SAA Information pamphlet, and the information provided in the ICE National Detainee Handbook in a manner in a manner that all LEP or have disabilities can understand. This includes distributing the written information in the preferred language of the detainee, turning on the closed captioning when playing the PREA video for the deaf or hard of hearing, and a procedure that would supply the PREA information to the intellectually impaired and to those who have speech or psychiatric difficulties. In addition, the facility must develop an orientation program that is presented in a manner that LEP and disabled detainees can understand, including the detainee signing that he/she received the information in their preferred language and not just in English or Spanish. Once developed, all Intake staff must receive documented training on the new procedures. The facility must also provide the Auditor with 10 detainee files from different days that confirm detainees who speak languages, other than English or Spanish, have received the GEO Supplement to the ICE National Detainee Handbook and the information available in PREA video in a manner they understand. If

applicable, the facility is to specifically include any detainee who does not speak one of the languages present in existing ICE National Detainee Handbook or the DHS-prescribed SAA Information pamphlet to confirm the PREA information is provided to the detainee in a manner that he/she understands.

§115.34 - Specialized training: Investigations.
Outcome: Meets the Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
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 Auditor reviewed the ICE OPR Investigating Incidents of Sexual Abuse and Assault training curriculum and found the curriculum to cover in-depth investigative techniques, evidence collection, and all aspects to investigate an allegation of sexual abuse in a confinement setting. The Agency also offers Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if a sexual abuse incident has taken place and whether to complete an administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled detainees; and an overall view of the investigative process. The Agency provides rosters of trained investigators and the specialized training curriculum on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirements. GEO policy 3.1.1 states, "Investigators shall be trained in conducting investigation of Sexual Abuse in confinement settings 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 training mandated for Employees. Facilities shall maintain documentation of this specialized training." At the time of the facility on-site visit, NWIPC had one trained Investigator. A review of training records confirmed the Investigator received specialized training through the National Institute of Corrections (NIC) entitled "Specialized Training – Investigating Sexual Abuse in Correctional Settings." The Auditor reviewed the training curriculum and confirmed it was compliant with the standard. The Auditor reviewed four sexual abuse allegation investigation files and confirmed all four investigations were completed by a specially trained facility investigator.

§115.35 - Specialized training: Medical and mental health care.
Outcome: Meets the Standard (substantial compliance; complies in all material ways with the standard for the relevant review period.
Notes:

(a)(b): GEO Policy 3.1.1 states, "Each Facility shall train all full-time and part-time Medical and Mental Health Care Practitioners who work regularly in its Facilities on certain topic areas, including detecting signs of Sexual Abuse, responding professionally to victims of Sexual Abuse and Sexual Harassment, and proper reporting allegations of suspicions of Sexual Abuse and Sexual Harassment. Note: this training shall be completed as part of the newly hired employee pre- service orientation" and "medical and Mental Health Care Practitioners shall receive this specialized training additional to the training mandated for all Employees depending on their status at the Facility." The Auditor reviewed the training curriculum Power Points and confirmed that the training provided to the IHSC medical and mental health staff at NWIPC meets the requirements of subsection (b) of the standard. In interviews with the HSA and HFCPM, it was indicated that all part time and full-time staff at NWIPC have completed the required mandatory training which was confirmed through review of IHSC training sign in sheets for both medical and mental health staff.

(c): The NWIPC employs IHSC medical and mental health staff. Therefore, subsection (c) of the standard is not applicable.

§115.41 - Assessment for risk of victimization and abusiveness.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b): GEO Policy 3.1.1 states, "All Individuals in a GEO Facility or Program shall be assessed during intake and upon transfer for their risk of being sexually abused by another individual in a GEO Facility or Program or being sexually abusive towards another Individual in a GEO Facility or Program." Policy 3.1.1 further states, "This screening shall take place within 12 hours of arrival." The Auditor reviewed Policy 3.1.1 and confirmed that it does not contain the verbiage, "Each new arrival shall be kept separately from the general population until he/she is classified and may be housed accordingly" or "the initial classification process and initial housing assignment should be completed within twelve hours of admission to the facility." There were no intakes during the on-site visit; and therefore, the Auditor toured intake processing with the guidance of Intake staff who narrated step-by-step the intake process. In interviews with intake staff, it was indicated that a vulnerability assessment is conducted in the intake area typically within the detainee's first hour after arriving to the facility. Intake staff further indicated that all newly arrived detainees, following the initial classification would be housed in a new inmate monitoring unit (NIM) for 10 days due to Covid quarantine. The Auditor toured the unit, speaking to staff and detainees, and confirmed that detainees are kept separate during recreation and detainee movement to avoid comingling until released from quarantine. In an interview with the classification officer, it was indicated that the classification process is conducted privately, in the intake area after the vulnerability assessment and before the detainee is moved to a housing placement. The classification officer, further indicated that the vulnerability assessment at intake and the classification process with housing placement, occurs within 12 hours. The Auditor reviewed 10 detainee files and found the initial vulnerability risk assessments, initial classification, and initial housing assignment had been completed within 12 hours as required by subsection (b) of the standard.

Recommendation (a)(b): The Auditor recommends that GEO policy 3.1.1 is updated to include the verbiage, "Each new arrival shall be kept separately from the general population until he/she is classified and may be housed accordingly" and "the initial classification process and initial housing assignment should be completed within twelve hours of admission to the facility."

(c)(d): GEO Policy 3.1.1 states, "The intake screening shall consider, at a minimum, the following criteria to assess Individuals in a GEO Facility or Program risk for sexual victimization: 1) Mental, physical or development disability; 2) Age; 3) Physical build and appearance; 4) Previous incarceration or detained; 5) Nature of criminal history; 6) Prior convictions for sex offenses against an adult of child; 7) Whether Detainee self-identify to be LGBTI or Gender Nonconforming; 8) Whether Detainee self-identify as having previously experienced sexual victimization; and 9) His/her own perception of vulnerability. Policy 3.1.1 further states, "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 the risk of being sexually abusive." The Auditor reviewed the NWIPC Detainee Classification form and a blank GEO PREA/SAAPI form and confirmed together they contain the nine required elements of subsection (c) of the standard. In addition, the Auditor interviewed Intake staff who further confirmed that all elements of subsections (c) and (d) are considered when determining a detainee's risk for sexual victimization or being sexually abusive. The Auditor reviewed 10 detainee files and confirmed all detainees were assessed utilizing the GEO PREA/SAAPI form; and therefore, all elements of subsections (c) and (d) where considered in determining a detainee's risk for sexual victimization and risk for being sexually abusive.

(e): GEO Policy 3.1.1 states, "Facilities shall ensure that between 60 to 90 days from the initial assessment at the facility, staff shall reassess each detainee's risk for victimization or abusiveness. Facilities shall use the GEO PREA vulnerability Reassessment Questionnaire to conduct the reassessment." Policy 3.1.1 further states, "At any point after the initial intake screening an Individual in a GEO Facility or Program may be reassessed for risk of victimization or abusiveness." The Auditor reviewed Policy 3.1.1 and although it states, "At any point after the initial intake screening an Individual in a GEO Facility or Program may be reassessed for risk of victimization or abusiveness." It does not include the specific requirements to reassess a detainee based on the receipt of additional, relevant information or following an incident of abuse of victimization. In an interview, the classification officer indicated that he conducts reassessments within the timeframe required but noted that many detainees are at NWIPC for two months or less and are departed before their reassessment comes due. The classification officer further indicated he does the review with the GEO PREA Vulnerability Reassessment Questionnaire. The Auditor reviewed the PREA Vulnerability Reassessment Questionnaire and confirmed that it does confirm compliance with the standard. The Auditor reviewed 10 detainee files and found detainees who were between 60-and-90 days from the day of their initial assessment had a reassessment conducted. In addition, the Auditor reviewed four sexual abuse allegation investigations and confirmed reassessments were conducted.

Recommendation (e): The Auditor recommends that facility update GEO policy 3.1.1 to include the specific requirements to reassess a detainee based on the receipt of additional, relevant information or following an incident of abuse of victimization.

(f)(g): GEO Policy 3.1.1 states, "Disciplining Individuals in a GEO Facility or Program for refusing to answer or not providing complete information in response to certain screening questions is prohibited." Policy 3.1.1 further states, "Facilities shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by Employees or other individuals in a GEO Facility or Program" and "sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions." In interviews with Intake staff, it was indicated that detainees are not disciplined for refusing to answer, or for not disclosing complete information, to questions asked during the initial screening. The PSA Compliance Manager informed the Auditor that appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness are maintained to ensure that sensitive information is not exploited by employees or other individuals and that the information is limited to need-to-know employees only for the purpose of treatment, programming, housing, security, and management decisions. During the on-site visit, the Auditor viewed the maintenance of detainee files and confirmed that they are stored in a locked file cabinet within a secure office.

§115.42 - Use of assessment information.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b): GEO policy 3.1.1 states, "Screening information from Intake and medical shall be used to determine housing, bed, work, education, and programming assignments within the Facility in order to keep potential victims away from potential abusers. The PSA Compliance Manager will maintain an "at risk log" of potential victims and potential abusers determined from the PREA Intake and Medical Risk Screening Assessment. The "at risk log" will be kept current and include current housing locations." Policy 3.1.1 further states, "When making housing and programming assignments for Transgender or 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 on a case-by-case basis." In addition, GEO policy 3.1.1 states, "Transgender and Intersex Detainees may be housed in medical as their initial housing and classification for up to 72 hours (excluding weekends, holidays and emergencies) until the appropriate housing determination is made by the Transgender Care Committee (TCC). TCC members shall consist of the Facility Administrator or Assistant Facility Administrator, Security Chief, Classification or Case Management Supervisor, Medical and/or Mental Health staff and PSA Compliance Manager. The Corporate PREA Coordinator may also be consulted." GEO policy 3.1.1 further states, "LGBTI individuals in a GEO facility or Program shall not be placed in housing units solely based on their identification as LGBTI." A review of GEO policy confirms it does not contain the verbiage, "or physical anatomy of the detainee" as consideration for housing. In an interview, the PSA Compliance Manager indicated he maintains an "at risk log" of potential victims and potential abusers determined from the PREA Intake and Medical Risk Screening Assessment. The Auditor reviewed the "at risk log" and was able to determine that included information considered by the facility when determining housing, specifically whether the detainee was vulnerable to sexual victimization or a risk of being sexually abusive. In addition, the PSA Compliance Manager, indicated that detainees at NWIPC do not participate in work, education, or program assignments and that all detainees attend recreation solely with their assigned housing unit.

This was further confirmed by the Auditor through observation during the on-site visit. In an interview with the classification supervisor, it was indicated, that transgender and intersex detainees receive the same vulnerability assessment upon arrival that all detainees receive during intake at NWIPC. The Classification Supervisor also indicated that the TCC, during their assessment of the transgender or intersex detainees' vulnerability for sexual abuse, considers the transgender or intersex detainee's gender self-identification; an assessment of the effect of placement has on both the facility and the detainee; and considers on a case-by-case basis whether such a placement would ensure the detainee's health and safety. In addition, he stated that the TCC does not make decisions based solely on identity documents or the physical anatomy and considers diagnoses of Gender Dysphoria and related treatment and accommodations. In an interview with the PSA Compliance Manager, it was indicated that the TCC would meet and reassess the placement and programming for each transgender and intersex detainee at least twice a year to review any threats to safety experienced by the detainee. The Auditor reviewed the detainee file of a transgender detainee during the on-site visit and confirmed the TCC, during their assessment of the transgender detainee's vulnerability for sexual abuse, considered the transgender's self-identification; the effect the placement would have on both the facility and the detainee; and considered on a case-by-case basis whether the placement would ensure the detainee's health and safety. In addition, the file review confirmed the TCC did not make their decision based solely on identity documents or the physical anatomy of the transgender and that the TCC had conducted a timely reassessment to review any threats to safety experienced by the detainee.

Recommendation (b): The Auditor recommends that the facility update GEO policy 3.1.1 to include the transgender or intersex detainee's physical anatomy" as consideration for housing.

(c): GEO Policy 3.1.1 states, "When operationally feasible, Transgender and Intersex Detainees shall be given an opportunity to shower separately from other Detainees." In interviews with random staff, it was indicated that showers on the housing units are individual stalls, however, if a transgender or intersex detainee feels uncomfortable showering with other detainees in the area, arrangements would be made for them to shower during count time. In an interview with a transgender detainee, it was confirmed that upon request the detainee would be given the opportunity to shower separately from other detainees.

§115.43 - Protective custody.

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

Notes:

(a)(b)(c)(e): GEO Policy 3.1.1 states, "Each Facility shall develop and follow written procedures governing the management of its administrative segregation unit. These procedures should be developed in consultation with the ICE Enforcement and Removal Operations Field Office Director having jurisdiction for the Facility and must document detailed reasons for placement of an individual in administrative segregation on the basis of a vulnerability to Sexual Abuse or assault." Policy 3.1.1 further states, "Use of administrative segregation 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" and "if segregated housing is used to protect vulnerable Detainees, they shall have access to programs, visitation, counsel and other services available to the general population to the maximum extent practicable." In addition, Policy 3.1.1 states, "Facilities shall notify the appropriate ICE Field Office Director no later than 72 hours after the initial placement in administrative segregation on the basis of a vulnerability to Sexual Abuse or assault for review and approval of the placement." In an interview with the FA, it was indicated that the use of administrative segregation to protect detainees vulnerable to sexual abuse is restricted to those instances where reasonable efforts have been made to provide appropriate housing, is used for the least amount of time practicable, and only when no other viable housing option exists. The FA further indicated that such an assignment would not ordinarily exceed a period of 30 days and while assigned the detainee would have access to programs, visitation, counsel, and other services available to the general population to the maximum extent practicable and that any placement of a detainee in administrative segregation requires him to notify the FOD within 72 hours for his review and approval. In interviews with the FA and PSA Compliance Manager it was indicated that segregation was not used for any detainee vulnerable to sexual abuse during the audit period. The Auditor reviewed the policy and confirmed that it was reviewed and approved by the Agency on January 17, 2023.

(d): GEO Policy 3.1.1 states, "Facilities shall implement written procedures for the regular review of all Detainees held in administrative segregation for their protection as follows: 1) A supervisory staff member shall conduct a review within 72 hours of the Detainees placement in administrative segregation to determine whether segregation is still warranted; and, 2) A supervisory staff member shall conduct, at a minimum, an identical review after the Detainee has spent seven (7) days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter." In an interview with the FA, it was indicated that all reviews of a detainee who has been placed in administrative segregation due to being vulnerable to sexual abuse would be performed in compliance with policy 3.1.1. In an interview with the PSA Compliance Manager, it was indicated that segregation was not used for any detainee vulnerable to sexual abuse during the audit period.

§115.51 - Detainee reporting.

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

Notes:

(a)(b)(c): GEO policy 3.1.1 states, "Each Facility shall provide multiple ways for Individuals in a GEO Facility or Program to privately report Sexual Abuse and Sexual Harassment, retaliation by other Individuals in a GEO Facility or Program or Employees for reporting Sexual Abuse and Sexual Harassment and staff neglect of violation of responsibilities that may have contributed to such incidents. At a minimum, confidential and anonymous options include the OIG, OPR, JIC, and DRIL." In addition, GEO policy 3.1.1 states, "facilities

shall provide contact information to individuals detained solely for civil immigration purposes for relevant consular officials and officials at the Department of Homeland Security." GEO policy 3.1.1 further states, "Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports." A review of GEO policy 3.1.1 confirms although the policy contains the verbiage that the detainee will be provided information on how to report an incident of sexual abuse to a public or private entity to include the OIG, it does not specify DHS. In interviews conducted with 12 random security staff, it was indicated they are responsible to accept all allegations of sexual abuse, received in any manner, and put in writing any verbal allegations received. The Auditor reviewed four sexual abuse allegation investigation files and confirmed all reports were put in writing as required by subsection (c) of the standard. The Auditor reviewed the facility's MOU with Rebuilding Hope Sexual Assault Services and confirmed that a detainee allegation would not be anonymous as it states "Building Hope, upon notification of sexual abuse and/or sexual harassment from or about a detainee housed at NWIPC agrees to immediately notify the NWIPC with as much information as possible. Preferable information includes the detainee A-number, housing unit, and any information about possible assailants." During the on-site visit, the Auditor observed DHS-prescribed sexual assault awareness notice, the contact information for consular officials, Rebuilding Hope Sexual Assault Services, and the ICE Detention Reporting and Information Line (DRIL), in Spanish and English, in each of the housing areas, posted on secure bulletin boards; however, the signage was on the opposite wall away from the telephones, and on many of the housing units toured the bulletin boards were blocked by storage of a make shift barrier used for providing privacy for detainees during video phone calls. In addition, the Auditor observed the posting of the signage during a tour of the administrative segregation unit; however, like the housing units the information wasn't readily accessible to those detainees wanting to report an allegation via the telephone. The contact information for consular officials, Rebuilding Hope Sexual Assault Services, and the ICE Detention Reporting and Information Line (DRIL) was also observed by the Auditor in each of the housing units. In interviews with random staff and the PSA Compliance Manager it was indicated that all detainees at NWIPC are provided multiple ways to report sexual abuse, retaliation and any staff neglect of their responsibilities, however, in interviews with nine LEP detainees it was indicated that 3 detainees who spoke Gujarati had no knowledge of how to report an incident of sexual abuse or to whom they could report. During the on-site visit, the Auditor tested three random phones and verified that accessing the reporting telephone line to the DHS OIG and DRIL was both awkward and difficult to accomplish and the attempts to call the DHS OIG and DRIL failed; however, the facility was able to correct the issue during the on-site visit by getting through to both entities and posting the directions on how to make anonymous calls correctly in several different languages.

Recommendation (a)(b): The Auditor recommends that the facility update GEO policy 3.1.1 to specify DHS when referring to the OIG. In addition, the Auditor recommends that the facility relocate all PREA signage posted in the housing units closer to the telephones to make information on how to report an incident of sexual abuse, via telephone, more accessible. The Auditor further recommends that the facility include the information with the rolling telephone in the administrative segregation unit to make information on how to report an incident of sexual abuse, via telephone, more accessible to detainees confined to the unit. In addition, the Auditor further recommends that the storage of video visitation privacy screens not block the PREA information from the detainee's line of sight.

§115.52 - Grievances.

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

Notes:

(a)(b)(c)(d)(e): GEO policy 3.1.1 states, "The Facility 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" and "the Facility shall not impose a time limit on when a Detainee may submit a grievance regarding allegation of Sexual Abuse." GEO policy 3.1.1 further states, "The Facility shall implement written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to Detainee health, safety, or welfare related to Sexual Abuse" and "facility staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment." In addition, GEO policy 3.1.1 states, "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." Geo Policy 3.5.3, Detainee Grievances, outlines the definition of an emergency grievance. GEO policy 3.5.3 defines an emergency grievance as "a formal complaint alleging an immediate threat to a detainee's health, safety, or welfare." GEO policy 3.5.3 further states, "Emergency grievances must receive a response from the facility administrator within 24 hours." In an interview with the Grievance Coordinator (GC), it was indicated that the facility would issue a decision on a detainee grievance within 5 days of receipt and respond to an appeal of the grievance decision within 30 days and that NWIPC would send all detainee grievances related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate FOD at the end of the grievance process. The GC also confirmed that there were no closed sexual abuse allegations reported through the grievance system during the audit period.

(f): GEO Policy 3.1.1 states, "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 these other parties." In interviews with random staff and with the GC, it was indicated that they were knowledgeable regarding the assistance requirements as it pertains to grievances. The GC further confirmed that there were no closed sexual abuse allegations reported through the grievance system during the audit period.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c)(d): GEO Policy 3.1.1 states, "The facility 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). The facility shall enable reasonable communication between detainees and SBSAS as well as inform detainees (prior to giving them access) of the extent to which GEO policy governs monitoring of their communities and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws." Policy 3.1.1 further states, the facility shall utilize Rebuilding Hope Sexual Assault 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." In addition, Policy 3.1.1 states, "The facility shall enable reasonable communication between detainees and SBSAS as well as inform detainees (prior to giving them access) of the extent to which GEO policy governs monitoring of their communities and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws." NWIPC has an MOU, dated 2013 with no sunset date, with the Rebuilding Hope Sexual Assault Services to provide valuable expertise and support in the areas of crisis intervention and counseling to appropriately address the needs of a detainee victim of sexual abuse. The Auditor spoke with a Crisis Advocate at Rebuilding Hope Sexual Assault who confirmed the organization's trained advocates provide emotional support, crisis intervention, information, and referrals to NWIPC detainees. She also confirmed that her group has a relationship with both the local hospital and the local police department allowing a trained advocate to accompany the victim through any forensic exam and investigative process if requested. During the on-site visit, the Auditor observed the Rebuilding Hope Sexual Assault Services contact information in English and Spanish, away from the telephones in all the housing units, and confirmed it included that the calls will not be monitored, and reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. In addition, the Auditor reviewed the GEO Supplement to the ICE National Detainee Handbook and confirmed that supplement does contain information on how to contact Rebuilding Hope Sexual Assault Services, the extent to which calls would be monitored and, and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The Auditor interviewed nine LEP detainees, and confirmed, none of the LEP detainees interviewed were aware of victim support services offered by the facility or who provided them.

Recommendation (c): The Auditor recommends that the facility provide the contact information for Rebuilding Hope Sexual Assault Services, the extent phone calls will be monitored, and the extent reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws in languages other than English and Spanish to provide accessibility of the information to all detainees in a manner they understand. The Auditor further recommends that the facility include the information with the rolling telephone in the administrative segregation unit to make information on how to report an incident of sexual abuse, via telephone, more accessible to detainees confined to the unit. In addition, the Auditor recommends that the facility relocate the Rebuilding Hope Sexual Assault Services poster closer to the telephones to make information on how to report an incident of sexual abuse, via telephone, more accessible.

§115.54 - Third-party reporting.

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

Notes:

GEO policy 3.1.1 states, "Each Facility 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." In interviews with custody line staff all staff interviewed indicated they would accept a third-party report of an allegation of sexual abuse on behalf of the detainee. The Auditor observed third party reporting posters in Spanish and English, in the NWIPC lobby and visitation areas. The Auditor reviewed the GEO supplement to the ICE National Detainee Handbook and confirmed it contains information regarding third party reporting including "informing family, friends, etc. who would make the notification" in English and Spanish. The Auditor also reviewed the GEO corporate website, www.geogroup.com/prea and the ICE website, (https://www.ice.gov) and confirmed both websites provide a means for the public to report incidents of sexual abuse and sexual harassment on behalf of a detainee victim of sexual abuse. During the on-site visit, the Auditor competed a call to both DHS OIG and ICE DRIL and confirmed both entities would accept a third-party report of sexual abuse on behalf of the detainee. The Auditor reviewed four sexual abuse allegation investigation files and confirmed none of the allegations were through a third party.

§115.61 - Staff reporting duties.

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

Notes:

(a)(b)(c): GEO Policy 3.1.1 states, "Employees and Contractors are required to immediately report any of the following: Knowledge, suspicion, or information regarding an incident of Sexual Abuse or Sexual Harassment that occurred in a Facility whether or not it is a GEO Facility; Retaliation against Individuals in a GEO Facility or Program or Employees who reported such an incident; and, any Employee neglect or violation of responsibilities that may have contributed to an incident or retaliation." Policy 3.1.1 further states, "Apart from reporting to designated supervisor or officials, Employees shall not reveal any information related to a Sexual Abuse report to anyone. Employees reporting Sexual Abuse or Sexual Harassment shall afforded the opportunity to report such information to the Chief of Security or Facility management privately if requested. In addition, staff may report outside the chain of command to OIG, JIC, Law Enforcement, GEO OPR – ethicspoint, etc.)" In an interview the PSA Compliance Manager indicated that the reporting requirements of staff are covered annually in the training provided to all staff. The Auditor interviewed custody line staff members, and each confirmed their responsibility to 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. The staff also indicated that they were aware of their right to go outside the chain of command to the OIG, JIC, or Law Enforcement and that they are required not to reveal any information related to a sexual abuse report to anyone.

(d): GEO Policy 3.1.1 states, "Unless precluded by Federal, State or local law, Medical and Mental Health Practitioners are required to report allegation of Sexual Abuse in which the alleged victim is under the age of 18 or considered a vulnerable adult to designated state or local services Agencies under applicable mandatory reporting laws." In an interview with the PSA Compliance Manager, it was indicated that if the facility encountered an incident of sexual abuse of a vulnerable adult, the facility would immediately report the incident to the ICE AFOD, who would be responsible for reporting the incident to the designated State or local services agency under applicable mandatory reporting laws. The facility does not house juveniles.

§115.62 - Protection duties.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

GEO Policy 3.1.1 states, "When a Facility learns that an Individual in a GEO Facility or Program is subject to substantial risk of imminent Sexual Abuse, it shall take immediate action to protect that alleged victim. Employees shall report and respond to all allegations of Sexually Abusive Behavior and Sexual Harassment. Employees should assume that all reports of sexual victimization, regardless of the source of the report (i.e., "third party") are credible and respond accordingly." In interviews with the FA, PSA Compliance Manager, and random staff, it was indicated that if a detainee was determined to be at an imminent risk of sexual abuse, the detainee would be immediately removed from the threat. The Auditor reviewed four sexual abuse allegation investigation files and confirmed all detainees who reported the allegation of sexual abuse were immediately separated from the alleged abuser.

§115.63 - Reporting to other confinement facilities.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c): GEO Policy 3.1.1 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 Assistant Facility 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 occur and notify the ICE Field Office as soon as possible, but no later than 72 hours after receiving the notification." Policy 3.1.1 further states, "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 PREA Compliance Manager and Corporate PREA Coordinator." In interviews with the FA and PSA Compliance Manager, it was indicated that the facility would follow the requirements under subsections (a), (b), and (c) of the standard should a detainee report that he/she was sexually abused while confined at another facility. They Auditor reviewed four sexual abuse investigation files and confirmed that none of the allegations of sexual abuse involved an incident of sexual abuse at another facility.

(d): GEO Policy 3.1.1 states, "Any Facility that receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA standards and reported to the appropriate ICE Field Office Director." Interviews with the FA and PSA Compliance Manager confirmed their obligation to investigate any allegation of sexual abuse when notified the abuse occurred. In addition, the FA and PSA Compliance Manager indicated that they were aware of their requirement to contact the Agency FOD upon being notified of an incident of sexual abuse that may have occurred at another facility. The Auditor reviewed four sexual abuse allegation investigation files and confirmed that none of the allegations of sexual abuse involved an incident of sexual abuse at another facility.

§115.64 - Responder duties.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a)(b): GEO policy 3.1.1 states, "Upon receipt of a report that an Individual in a GEO Facility or Program 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 or on call supervisor and remain on the scene until relieved by responding personnel; c) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; d) If the Sexual Abuse occurred within 96 hours, ensure that the alleged victim and abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing cloths, urinating, defecating, smoking, drinking, eating." The Auditor reviewed Policy 3.1.1 and confirmed it does not contain procedures for if the first responder is not a security staff member. In interviews with 11 custody line staff if was confirmed that only 1 staff member interviewed was able to satisfactorily respond and describe first responder responsibilities even though the facility issued custody line staff cards to personally carry that outlined first responder duties in detail. The Auditor reviewed four sexual abuse allegation investigation files and confirmed all cases were reported days later; and therefore, did not include the actions of facility first responders. During the on-site visit there were no staff members who acted as a non-security first responder; and therefore, no interviews were conducted.

Does Not Meet (a)(b): The facility is not in compliance with subsections (a) and (b) of the standard. A review of GEO policy 3.1.1 confirms it does not contain first responder procedures for staff who are not security. In addition, in interviews with 11 custody line staff if was confirmed that only 1 staff member interviewed was able to satisfactorily respond and describe first responder responsibilities even though the facility issued custody line staff cards to personally carry that outlined first responder duties in detail. To become compliant the facility must update GEO policy 3.1.1 to include the first responder responsibilities of staff who are not security. In addition, the facility must conduct first responder refresher training for all custody line staff and for all staff who are not security staff. The facility must provide the Auditor with documentation that both trainings have been conducted. If applicable, the facility must submit to the Auditor copies of all sexual abuse allegation investigation files that occurred during the CAP period to confirm all first responders are knowledgeable in their first responder duties during an incident of sexual abuse.

§115.65 - Coordinated response.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a)(b): GEO policy 3.1.1 states, "Each Facility shall develop written Facility plans to coordinate the actions taken in response to incidents of Sexual Abuse. The plans shall coordinate actions of staff first responders, Medical and Mental Health Practitioners, investigators, and Facility leadership." In interviews with the facility FA, PSA Compliance Manager, and HSA, indicated that they are knowledgeable in their role responsibilities to the coordinated team approach to responding to an incident of sexual abuse; however, in interviews with 11 custody line staff it was confirmed that only 1 staff member interviewed was able to satisfactorily respond and describe first responder responsibilities even though the facility issued custody line staff cards to personally carry that outlined first responder duties in detail. The Auditor reviewed GEO policy 3.1.1 submitted as the facility's SAAPI Coordinated Response Plan and confirmed it does not include procedures for if the first responder is not a security staff member.

Does Not Meet (a): The facility is not in compliance with subsection (a) of the standard. A review of GEO policy 3.1.1 confirms it does not contain first responder procedures for staff who are not security. In addition, in interviews with 11 custody line staff if was confirmed that only 1 staff member interviewed was able to satisfactorily respond and describe first responder responsibilities even though the facility issued custody line staff cards to personally carry that outlined first responder duties in detail. To become compliant the facility must update the facility SAAPI Coordinated Response Plan to include the first responder responsibilities of staff who are not security. In addition, the facility must conduct first responder refresher training for all custody line staff and for all staff who are not security staff. The facility must provide the Auditor with documentation that both trainings have been conducted. If applicable, the facility must submit to the Auditor copies of all sexual abuse allegation investigation files that occurred during the CAP period to confirm all first responders are knowledgeable in their first responder duties during an incident of sexual abuse.

(c)(d): GEO policy 3.1.1 states, "If the victim of Sexual Abuse is transferred between DHS Immigration Detention 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. If the victim of Sexual Abuse is transferred to a non-DHS Facility, 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." A review of GEO policy 3.1.1 confirms it does not contain the language of subsections (c) and (d) that specifies, "covered by subpart A or B of [standard 115.65]." In an interview, the facility HSA indicated that prior to any sexual assault victim being transferred, the healthcare staff would contact the receiving facility and provide both medical and mental health information as necessary unless, in the case of a detainee being transferred to a non-DHS facility, the detainee requests otherwise; however the standard requires if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard and not a non-DHS facility as indicated by the HSA.

Does Not Meet (c)(d): A review of the facility SAAPI Coordinated Response Plan confirms it does not contain the language of subsections (c) and (d) that specifies, "covered by subpart A or B of [standard 115.64]. To become compliant the facility must update the facility SAAPI Coordinated Response Plan to include the language of subsections (c) and (d) that specifies, "covered by subpart A or B of [standard 115.64]. In addition, the facility must provide documented training of all medical states on the specific requirements of subsections (c) and (d) of the standard. If applicable, the facility must submit to the Auditor copies of all sexual abuse allegation investigation files that occurred during the CAP period to confirm all first responders are knowledgeable in their first responder duties during an incident of sexual abuse.

§115.66 - Protection of detainees from contact with alleged abusers.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

GEO policy 3.1.1 states, "In every case where the alleged abuser is an Employee, Contractor or Volunteer, there shall be no contact between the alleged abuser and the alleged victim 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 PSA Compliance Manager it was indicated that any staff, contractor, or volunteer at NWIPC who was being investigated for an allegation of sexual abuse is prohibited from having contact with any detainee until the completion of the investigation. In an interview with the FA, it was indicated that it the alleged abuser was a staff person, the facility would place the alleged abuser in a non-contact assignment or remove the staff member from the facility depending on the seriousness of the sexual abuse allegation pending the outcome of the investigation. The FA further indicated that if the alleged abuser was a contractor or volunteer the facility would remove them from the facility pending the outcome of the investigation. The Auditor reviewed one sexual abuse investigation file, and interviewed the named staff, in an allegation of sexual abuse that included staff-on-detainee, and confirmed, the staff member was removed from detainee contact until the investigation was determined to be unfounded.

§115.67 - Agency protection against retaliation.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a)(b)(c): GEO Policy 3.1.1 states, "Facilities shall implement procedures to protect Individuals in a GEO Facility or Program and Employees who report Sexual Abuse or Sexual Harassment or cooperate with investigations, from retaliation by other Individuals in a GEO Facility or Program or Employees." Policy 3.1.1 further states, "Facilities shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims, and

emotional support services or staff who fear retaliation for reporting Sexual Abuse or Sexual Harassment or for cooperating with investigations" and "for at least 90 days following a report of Sexual Abuse, the Facility shall monitor the conduct and treatment of Individuals in a GEO Facility or Program or Employees who reported the Sexual Abuse to see if there are changes that may suggest possible retaliation by Individuals in a GEO Facility or Program or staff, and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined to be unfounded." In an interview with the PSA Compliance Manager, it was confirmed that he is responsible for monitoring retaliation of staff and detainees. The PSA Compliance Manager indicated that monitoring begins the day the allegation is made and continues for a period of 90 days or longer if monitoring for retaliation is required and or needed. He further indicated that monitoring for retaliation would include the review of detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff and that every contact is documented and maintained in the Protection from Retaliation Log. The Auditor reviewed four sexual abuse allegation investigation files where retaliation monitoring had begun. In one case the allegation was determined to be unsubstantiated, and the monitoring ended. In one case monitoring continued as required by the standard and in two cases monitoring was discontinued after the allegations were determined to be unfounded. In addition, the facility provided a "Protection From Retaliation Log" that confirmed monitoring on a detainee who reported sexual abuse was discontinued after 56 days due to what the facility noted as "claim closed."

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard which requires that "For at least 90 days following an incident of sexual abuse, the agency and facility, shall monitor to see if there are facts that may suggest possible retaliation by detainees or staff…" GEO policy 3.1.1 states, "For at least 90 days following a report of Sexual Abuse, the Facility shall monitor the conduct and treatment of Individuals in a GEO Facility or Program or Employees who reported the Sexual Abuse to see if there are changes that may suggest possible retaliation by Individuals in a GEO Facility or Program or staff and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded." The Auditor reviewed four sexual abuse allegation investigation files where retaliation monitoring had begun. In one case the allegation was determined to be unsubstantiated, and the monitoring ended. In one case monitoring continued as required by the standard and in two cases monitoring was discontinued after the allegations were determined to be unfounded. In addition, the facility provided a "Protection From Retaliation Log" that confirmed monitoring on a detainee who reported sexual abuse was discontinued after 56 days due to what the facility noted as "claim closed." To become compliant the facility must update their practice to monitor the detainee victim of sexual abuse for at least 90 days to see if there are facts that may suggest possible retaliation by detainees or staff. In addition, the facility must train all applicable staff involved in the monitoring of detainee victims of sexual abuse regarding the new practice and document such training. The facility must also provide the Auditor with copies all detainee sexual abuse allegation investigation files and the corresponding Protection from Retaliation Log that occurred during the CAP period to confirm all detainees who required monitoring due to an incident of sexual abuse are monitored as required by the standard.

§115.68 - Post-allegation protective custody.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c)(d): GEO policy 31.1 states, "The facility 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)." GEO policy 3.1.1 further states, "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" and "a detainee victim who is in protective custody after having been subjected to Sexual Abuse shall not be returned to 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." In addition, GEO policy 3.1.1 states, "Facilities 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 interviews with the FA and the PSA Compliance Manager, it was indicated that the facility would consider the use of administrative segregation for victims of sexual abuse only as a last resort. In addition, they both indicated that a supportive environment, such as an infirmary bed, would be used if available at the time of need and that prior to returning the detainee to general population, the facility would conduct a re-assessment taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse. In an interview with the PSA Compliance Manager, it was confirmed that the facility would notify the appropriate ICE FOD whenever a detainee victim has been held in administrative segregation for 72 hours." In addition, the PSA Compliance Manager confirmed there have been no detainees placed in protective custody due to an allegation of sexual abuse during the audit period.

§115.71 - Criminal and administrative investigations.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a)(b)(c)(e): GEO policy 3.11, states, "The facility shall develop written procedures for administrative investigations, including provisions requiring: 1) Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; 2) Interviewing alleged victims, suspected perpetrators, and witness; 3) Reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator; 4) Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph; 5) An effort to determine whether actions or failures to act at the facility contributed to the abuse; 6) Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; 7) Retention for such reports for as long as the alleged abuse is detained or employed by the agency or facility, plus five years." A review of GEO policy 3.1.1 confirms it does not contain all the requirement of subsection (b) of the standard; however, it requires the facility develop written procedures for

administrative investigations. During the on-site visit, the Auditor advised the facility that GEO policy 3.1.1 did not meet all the requirements of the standard and requested a copy of the facility's written procedures for administrative investigations, required to be developed by GEO policy 3.1.1. The Auditor was provided a copy of GEO policy 5.1.2-E for standard compliance. GEO policy 5.1.2-E states, "All cases of alleged sexual contact in accordance with Policy 5.1.2, Sexually Abusive Behaviors Prevention and intervention, shall be promptly, thoroughly, and objectively investigated" and "GEO shall use investigators who have received specialized training in Sexual Abuse investigations." GEO policy 5.1.2-E further states, "The departure of the alleged abuser or victim from the employment of control of the facility or agency shall not provide a basis for terminating an investigation" and "substantiated allegations of conduct that appears to be criminal shall be referred for prosecution." A review of GEO policy 5.1.2-E confirms it contains written procedures for the preservation of direct and circumstantial evidence, interviewing alleged victims, suspected perpetrators, and witnesses, assessment of the credibility of an alleged victim, suspect, or witness, documentation of each investigation by a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessment, and investigative facts and findings, and the retention of such reports for as long as the alleged abuse is detained or employed by the Agency or facility plus five years. A review of GEO policy 5.1.2-E confirms it does not include the verbiage "Upon conclusion of a criminal investigation where the allegation was Substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was Unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office with DHS, and the assigned criminal investigative entity." In addition, a review of GEO policy 5.1.2-E confirms it does not contain written procedures to include reviewing prior complaints or reports of sexual abuse involving the suspected perpetrator or efforts to determine whether the actions or failures to at the facility contributed to the allegation of sexual abuse. In an interview with the facility Investigator, it was confirmed the Tacoma Police Department (TPD) is responsible for conducting criminal investigations in the facility and that NWIPC is responsible for conducting administrative investigations. The facility Investigator further confirmed an administrative investigation is immediately conducted on all allegations of sexual abuse and would be simultaneously conducted with the criminal investigation regardless of the outcome of the criminal investigation. In addition, in an interview with the facility Investigator, it was confirmed that he does not review prior complaints or reports of sexual abuse involving the suspected perpetrator or efforts to determine whether the actions or failures to at the facility contributed to the allegation of sexual abuse. A review of four sexual abuse allegation investigation files confirmed that the investigator was specially trained to conduct sexual abuse allegation investigations as required by the standard and that the investigations were prompt, thorough and objective.

Does Not Meet (b)(c): The facility is not in compliance with subsections (b) and (c) of the standard. A review of GEO policy 5.1.2-E confirms it does not include the verbiage "Upon conclusion of a criminal investigation where the allegation was Substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was Unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office with DHS, and the assigned criminal investigative entity." In addition, a review of GEO policy 5.1.2-E confirms it does not contain written procedures to include reviewing prior complaints or reports of sexual abuse involving the suspected perpetrator or efforts to determine whether the actions or failures to at the facility contributed to the allegation of sexual abuse. In an interview with the facility Investigator, it was confirmed an administrative investigation is immediately conducted on all allegations of sexual abuse and would be simultaneously conducted with the criminal investigation regardless of the outcome of the criminal investigation. In addition, in an interview with the facility Investigator, it was confirmed that he does not review prior complaints or reports of sexual abuse involving the suspected perpetrator or efforts to determine whether the actions or failures to at the facility contributed to the allegation of sexual abuse. To become compliant, the facility must update GEO policy 5.1.2-E to include all elements of subsections (b) and (c) of the standard and shall train all investigative staff on the updated GEO policy 5.1.2-E requirements of subsections (b) and (c). In addition, the facility shall provide the Auditor with all allegations of sexual abuse investigation files that are closed during the CAP period.

(f): Geo Policy 5.1.3-E states, "When outside agencies investigate Sexual Abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation." In an interview with the facility Investigator, it was indicated that when an incident of sexual abuse is being investigated by outside investigators, the facility will cooperate with them and endeavor to remain informed about the progress of the investigation. The Auditor reviewed four sexual abuse allegation investigation files and determined they were completed in accordance with the standard.

§115.72 - Evidentiary standard for administrative investigations.

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

Notes:

ICE Policy 11062.2 states, "Administrative investigations imposes no standard higher than the preponderance of the evidence to substantiate an allegation of sexual abuse or assault." Additionally, the ICE OPR Investigations Incidents of Sexual Abuse and Assault training required for investigators includes the evidentiary standard for administrative investigations. GEO policy 3.1.1 states, "The facility shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse are substantiated." In an interview with the facility Investigator, it was indicated that he utilizes the evidence standard of preponderance when determining if a case is substantiated or not. A review of four sexual abuse allegation investigation files confirmed that a preponderance of the evidence was the standard utilized to determine the investigation outcomes.

§115.73 - Reporting to detainees.

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

Notes:

GEO Policy 3.1.1 states, "At the conclusion of all investigations conducted by facility investigators, the facility investigator or staff member designated by the Facility Administrator shall inform the Detainee victim of Sexual Abuse in writing, whether the allegation has been: Substantiated, Unsubstantiated or Unfounded. The Detainee shall receive the original completed "Notification of Outcome of Allegation" form in a timely manner and a copy of the form shall be retained as part of the investigative file." Policy 3.1.1 further states, "The Detainee will be provided an updated notification at the conclusion of a criminal proceeding, if the Detainee is still in custody at the facility" and "the facility's obligation to report under this section shall terminate if the Detainee is released from custody." In an interview with the facility Investigator, it was indicated that each detainee receives the original completed "Notification of Outcome of Allegation" form and a copy of the form is retained as part of the investigative file. The Auditor reviewed four sexual abuse allegation investigation files and confirmed that in all cases the alleged victim was notified of the results of the investigation and any responsive action taken. In addition, the Auditor submitted two detainee victim names to ERO POC and was advised that both detainees had left ICE custody prior to the investigation closing date.

§115.76 - Disciplinary sanctions for staff.

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

Notes:

(a)(b): GEO Policy 3.1.1 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." Policy 3.1.1 further states, "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 procedures specify disciplinary or adverse actions for staff, up to and including removal from their position and from Federal service for staff, when there is a substantiated allegation of sexual abuse, or when has been a violation of agency sexual abuse rules, policies, or 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." The Auditor reviewed Policy 3.1.1 and confirmed it was reviewed and approved by the Agency on January 17, 2023. In interviews with the FA and HR staff person, it was indicated that removal from service is the presumptive disciplinary sanction for staff violation of the sexual abuse policy and any disciplinary action is continuously coordinated with the Agency. The Auditor reviewed two sexual abuse allegation investigation files that included staff-on-detainee. Both allegations were determined to be unfounded. There were no staff disciplined for sexual abuse against a detainee during the audit period.

(c)(d): GEO Policy 3.1.1 states, "The facility 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" and "the facility shall make reasonable efforts to report removals or resignations in lieu of removal for violations of agency or facility's sexual abuse policies to any relevant licensing bodies, to the extent known." In an interview with the FA, it was indicated that 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 are made from his office. In addition, he indicated that any removals or resignations in lieu of removal for violations of agency or facility's sexual abuse policies to any relevant licensing bodies, if known, would also be made by his office. The Auditor reviewed two sexual abuse allegation investigation files that included staff-on-detainee. Both allegations were determined to be unfounded. There were no staff disciplined for sexual abuse against a detainee during the audit period.

§115.77 - Corrective action for contractors and volunteers.

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

Notes:

(a)(b)(c): GEO Policy 3.1.1 states, "Any contractor or volunteer who has engaged in sexual abuse shall be prohibited from contact with detainees. The 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." Policy 3.1.1 further states, "Contractors and Volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation" and "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." In an interview with the FA, it was indicated that any contractor or volunteer suspected of perpetrating sexual abuse would be removed from all duties requiring detainee contact pending the outcome of an investigation. The FA also indicated that he would consider whether to prohibit any further contact with detainees if any contractor or volunteer had not engaged in sexual abuse but had violated other provisions within the standards. The Auditor reviewed the PREA Allegation spread sheet and confirmed that the facility had no reported allegations of sexual abuse made against a contractor or volunteer during the audit period.

§115.78 - Disciplinary sanctions for detainees.

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

Notes:

(a)(b)(c): GEO Policy 3.1.1 states, "The facility 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." Policy 3.1.1 further states, "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." In an interview with the PSA Compliance Manager, it was indicated that any sexual abuse allegations involving detainees would be handled through the detainee disciplinary process if substantiated. The PSA Compliance Manager further indicated that there were no detainees disciplined for an incident of

sexual abuse during the audit period. The Auditor reviewed two sexual abuse allegation investigation files that involved detainee-on-detainee and confirmed that none of the cases were substantiated and none of the detainees involved were disciplined.

(c)(d): GEO Policy 3.1.1 states, "The facility holding detainees in custody shall have a detainee disciplinary system with progressive levels of reviews, appeals, procedures, and documentation procedure" and "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." In an interview the FA indicated that the NWIPC has a disciplinary process providing for progressive levels of reviews, appeals, procedures, and documentation procedures. The FA further indicated that detainees are afforded staff representative assistance, upon request, or automatically if the detainee is considered cognitively impaired, is LEP, or otherwise needs special assistance and that the disciplinary process considers 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.

(e)(f): GEO Policy 3.1.1 states, "The NWIPC policy 3.1.1 requires NWIPC not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact." Policy 3.1.1 further states, "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." In an interview with the FA, it was indicated that detainees would not be disciplined for sexual contact with staff unless there is a finding that the staff member did not consent to the conduct. In addition, the FA further confirmed that no detainees were discipline for filing an allegation of sexual abuse during the audit period.

§115.81 - Medical and mental health assessments; history of sexual abuse.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c): GEO Policy 3.1.1 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." Policy 3.1.1 further states, "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 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." In interviews with the intake staff, it was indicated that any known or referenced victimization or history of abusiveness by any detainee automatically requires a referral to either medical or mental health via email to the HSA. In interviews with the HSA and the Acting Clinical Director of Mental Health (ACD), it was indicated that detainee referrals for any reason are typically seen on the day of arrival but no longer than 48 hours for medical staff and 72 hours for mental health. The Auditor reviewed medical and mental health records for a detainee who experienced a history of sexual abuse and confirmed that he was immediately referred to mental health during the initial intake screening and seen within 72 hours as required by the standard.

§115.82 - Access to emergency medical and mental health services.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b): GEO Policy 3.1.1 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, where medically appropriate. All services shall be provided without financial cost to the victim and regardless of whether that victim names the abuser or cooperates with any investigation arising out of the incident." NWIPC Medical Department is managed and operated by the IHSC. Forensic exams are not conducted on site. In an interview with the HSA, it was indicated that victims requiring such services are taken to one of the local hospitals, St Joseph's Hospital or Tacoma General Hospital and both local hospitals provide the detainee victim of sexual abuse timely and unimpeded access to emergency medical treatment and crisis intervention services. In addition, the HSA indicated that detainees would be offered timely information about, and timely access, to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. A review of four sexual abuse allegation investigative files confirmed that the detainee victims were immediately seen by facility medical staff at the time the facility became aware of the allegation and that no forensic medical exams, or crisis intervention services were needed.

§115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c): GEO Policy 3.1.1 states, "Each Facility shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of Sexual Abuse that occurs in any prison, jail, lockup, or juvenile Facility" Policy 3.1.1 further states, "The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or release" and "these services shall be provided in a manner that is consistent with the level of care the individual would receive in the community and include pregnancy test and all lawful pregnancy-related medical services where applicable." In interviews with the HSA, HCPM, and ACD, it was indicated that evaluation and treatment for alleged victims of sexual abuse would include follow-up services, treatment plans, and (when necessary) referrals for continued care following their transfer or release. They also indicated that services at NWIPC are consistent with the level of care the detainee would receive in the community. The Auditor

reviewed four sexual abuse allegation investigation files and confirmed that none of the detainee victims needed to be transported to an outside hospital to receive emergency medical assistance for sexual assault related injuries or treatment.

(d)(e)(f)(g): GEO Policy 3.1.1 states, "Victims shall also be offered test for sexually transmitted infections as medically appropriate" and "all services shall be provided without financial cost to the victim." Policy 3.1.1 further states, "The Facility shall attempt to conduct a mental health evaluation on all known Individuals in a GEO Facility or Program 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 SAAPI investigation determined either administratively substantiated or substantiated by outside law enforcement." In an interview with the HSA, it was indicated that female detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated would be offered pregnancy tests and if pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy related medical services. The HSA further stated, the facility could provide the initial pregnancy testing with follow-up care at the local hospital and any detainee victim of sexual abuse would be offered tests for sexually transmitted infections and services would be at no cost to the victim, even if the victim refused to cooperate with any investigation. In an interview with the ACD, it was indicated that his department offers both individual and group counseling to any detainee who has a history of victimization or is a known abuser. During the on-site audit, the Auditor reviewed the mental health records of one know sexual abuser and confirmed the offering of mental health services. In addition, the Auditor reviewed the PREA allegation spreadsheet and confirmed there were no substantiated detainee-on-detainee sexual abuse allegations during the audit period.

§115.86 - Sexual abuse incident reviews.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a)(b)(c): GEO policy 3.1.1 states, "Facilities are required to conduct a Sexual Abuse incident review at the conclusion of every Sexual Abuse investigation" and "such review shall occur within 30 days of the conclusion of the investigation." Policy 3.1.1 further states, "A DHS Sexual Abuse or Assault Incident Review" form (see Attachment J) 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." The Auditor reviewed Policy 3.1.1 and confirmed it does not require the facility to submit copies of sexual abuse incident review reports and the responses to the Agency PSA Coordinator as required by subsection (b) of the standard. In addition, a review of Policy 3.1.1 further confirmed that it does not require the facility to send a copy of the annual PREA report to the Agency PSA Coordinator as required by subsection (c) of the standard. In an interview with the PSA Compliance Manager, it was indicated that the facility has an incident review team consisting of himself, an upper-level management, official (usually the Facility Administrator or Assistant Administrator), with input from line supervisors, and medical or mental health practitioners. He further indicated the teams' findings are outlined on the DHS Sexual Abuse or Assault Incident Review form as the incident review report. The review form requires the team determine whether the incident 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. In addition, the PSA Compliance Manager stated that the team can recommend changes in policy or practice to better prevent, detect, or respond to sexual abuse and the facility is required to adopt the recommendations made by this review or document the reasons for failure to implement the recommendations. The PSA Compliance Manager further confirmed that he submits the completed incident review, and corresponding response, to the Corporate PSA Coordinator; however, he does not submit copies to the Agency PSA Coordinator. The documentation provided shows the facility utilizes the GEO PREA After Action Review Report, which covers all the required components of the standard requirement, including: facility information, date/times of incident and report, area of allegation, findings, investigative entity, investigator name, summary of allegation/incident, individuals involved, items reviewed (video footage, reports, statements, medical reports, and other information), participants in the after action review, questions on each component of the standard with a narrative summary box if any component is a factor within the review, an area to address staff actions, and recommendations/results from the incident review. The completed incident review form must be submitted to the local PSA Compliance Manager and Corporate PREA Coordinator no later than 30 working days after the review, however, the form only requires completed reviews to be forwarded to the Corporate PSA Coordinator and not the Agency PSA Coordinator. The Auditor's review of four completed sexual abuse allegation investigation files confirmed all files included the GEO PREA After Action Review Report forms completed within 30-days; however, the file review could not confirm a copy of the incident was referred to the Agency PSA Coordinator. The incident reviews indicated there were no recommendations for changes and/or policy practices needed. The Auditor reviewed the Annual PREA report dated December 12, 2022, and confirmed it was submitted to the ICE FOD; however, it was not submitted to the Agency PSA Coordinator as required by subsection (c) of the standard.

Does Not Meet (a)(c): The facility is not in compliance with subsections (a) and (c) of the standard. In an interview, the PSA Compliance Manager confirmed he submits the completed incident review, and corresponding response, to the Corporate PSA Coordinator; however, he does not submit copies to the Agency PSA Coordinator. The Auditor's review of four completed sexual abuse allegation investigation files confirmed all files included the GEO PREA After Action Review Report forms completed within 30-days; however, the file review could not confirm a copy of the incident was referred to the Agency PSA Coordinator. The Auditor also reviewed the Annual PREA report dated December 12, 2022, and confirmed it was submitted to the ICE FOD: however, it was not submitted to the Agency PSA Coordinator as required by subsection (c) of the standard. To become compliant the facility must update their practice to include submitting the sexual abuse incident review report, the response to the report, if any, and the annual PREA report to the Agency PSA Coordinator and, the facility must provide the Auditor with documentation that the 2022 annual PREA report

has been sent to the Agency PSA Coordinator. The facility must also provide the Auditor with all completed sexual abuse incident review reports, and corresponding responses, if applicable, that occur during the CAP period.

§115.87 - Data collection.

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

Notes:

GEO Policy 3.1.1 states the "Facility shall maintain in a secure area all case records associated with claims of Sexual Abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendation for post-release treatment, if necessary, and/or counseling in accordance with the PREA standard and applicable agency policies and established schedules." In an interview, the PSA Compliance Manager confirmed data collected is securely maintained in his office, under lock and key, with access to only staff requiring a need to review. He further indicated the records are retained for at least five years after the date of the initial collection unless federal, state, or local law requires otherwise. During the on-site visit the Auditor viewed where the records are stored and confirmed the records are stored in a secured area.

§115.201 - Scope of audits.

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

Notes:

(d): The Auditor was allowed access to the entire facility and able to revisit areas of the facility as needed during the site visit.

(e): The Auditor was provided with and allowed to view all relevant documentation as requested.

(i): Formal interviews with detainees were conducted in a private confidential setting.

(j): Notices of Audit were posted and observed throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. The Auditor received no staff or detainee, or other party correspondence.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button: **Update Outcome Summary**

SUMMARY OF AUDIT FINDINGS **(Use the Update Outcome Summary button, Do Not Manually Enter)**	
Number of standards exceeded:	0
Number of standards met:	27
Number of standards not met:	12
Number of standards N/A:	2
Number of standard outcomes not selected (out of 41):	0

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.

Sabina Kaplan 2/16/2023

Auditor's Signature & Date

Sabina Kaplan 2/19/2023

Assistant Program Manager's Signature & Date

James T. McClelland 2/22/2023

Program Manager's Signature & Date