

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



**Homeland
Security**

AUDITOR INFORMATION

.Name of auditor:	Robin Bruck	.Organization:	Creative Corrections, LLC
.Email address:	(b) (6), (b) (7)(C)	.Telephone #:	(409) 866- (b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

.Name of PM:	(b) (6), (b) (7)(C)	.Organization:	Creative Corrections, LLC
.Email address:	(b) (6), (b) (7)(C)	.Telephone #:	(409) 866- (b) (6), (b) (7)(C)

AGENCY INFORMATION

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

.Name of Field Office:	New Orleans
.Field Office Director:	Melissa Harper
.ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
.Field Office HQ physical address:	1250 Poydras Street, Suite 325, New Orleans, LA 70113

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

.Name of facility:	Pine Prairie ICE Processing Center
.Physical address:	1133 Hampton Dupre Road, Pine Prairie, Louisiana 70576
.Telephone number:	337-599-2198
.Facility type:	Dedicated Inter-governmental Service Agreement
.PREA Incorporation Date:	6/11/2015

Facility Leadership

.Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
.Email address:	(b) (6), (b) (7)(C)	Telephone #:	337-599- (b) (6), (b) (7)(C)
.Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
.Email address:	(b) (6), (b) (7)(C)	Telephone #:	337-459- (b) (6), (b) (7)(C)

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 Pine Prairie ICE Processing Center met 37 standards, had 1 standard that exceeded, had 1 standard that was non-applicable, and had 2 non-compliant standards. As a result of the facility being out of compliance with 2 standards, the facility entered a 180-day corrective action period which began on May 20, 2024, and ended on November 16, 2024. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

Number of Standards Initially Not Met: 2

- §115.52 - Grievances.
- §115.53 - Detainee access to outside confidential support services.

Number of Standards Exceeded: 0

Number of Standards Met: 2

- §115.52 - Grievances.
- §115.53 - Detainee access to outside confidential support services.

Number of Standards Not Met: 0

PROVISIONS

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

§115.52 - Grievances.

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

Notes:

(a)(b)(c)(d)(e)(f): PPIPC policy 10.1.1 states, “PPIPC shall permits 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. PPIPC shall not impose a time limit on when a detainee may submit a grievance regarding allegation of Sexual Abuse. PPIPC 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. PPIPC staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. To prepare a grievance, a Detainee may obtain assistance from another Detainee, the housing officer or other facility staff, family members, or legal representatives. Staff shall take reasonable steps to expedite requests for assistance from these other parties. PPIPC shall issue a decision on the grievance within five (5) days of receipt and shall respond to an appeal of the grievance decision within 30 days. PPIPC shall send all grievance related to Sexual Abuse and the Facility’s decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process. The PSA Compliance Manager shall receive copies of all grievances related to Sexual Abuse or Sexual Activity for monitoring purposes.” The Auditor reviewed PPIPC policy 10.1.1 and confirmed PPIPC policy 10.1.1 does not include written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to Detainee health, safety, or welfare related to sexual abuse. An interview with the facility PSA Compliance Manager/GO, indicated a detainee can access the grievance forms in the housing units and submit them through locked grievance boxes located in the corridors of the facility. An interview with the facility PSA Compliance Manager/GO, further indicated there are no time limits imposed on grievances alleging sexual abuse and if a detainee expresses a need for assistance in filing a grievance, she will facilitate the detainee request and ensure he receives assistance as needed. In addition, an interview with the PSA Compliance Manager/GO indicated all grievances alleging sexual abuse and the facilities response to the grievance, are forwarded to the FOD at the completion of the grievance process and grievances alleging sexual abuse are considered time-sensitive and an immediate threat to detainee health, safety, and welfare; and therefore, if she were to receive a grievance alleging sexual abuse, after ensuring the detainee was safe, she would inform security and medical staff to ensure immediate action is taken including a medical assessment. During the on-site audit, the Auditor tested the grievance process, and a test grievance was placed into a grievance box within a housing unit. The Auditor did timely receive notification that the grievance had been received. Interviews with 29 detainees indicated they were aware they could file a grievance to report sexual abuse if needed. The Auditor reviewed three investigative files; however, none of the allegations had been reported utilizing the grievance process.

Corrective Action:

The facility is not in compliance with subsection (c) of the standard. The Auditor reviewed PPIPC policy 10.1.1 and confirmed PPIPC policy 10.1.1 does not include written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to Detainee health, safety, or welfare related to sexual abuse. To become compliant the facility must establish and implement a written procedure for identifying and handling time-sensitive grievances involving an immediate threat to detainee health, safety or welfare related to

sexual abuse. Once the written procedure has been established and implemented the facility must submit documentation to confirm all applicable staff, to include the GO, have been trained on the implemented policy and procedure.

Corrective Action Taken:

The facility submitted updated policies 10.1.1, 9.1.3 Grievance, and the local supplement to the ICE National Handbook. The Auditor reviewed updated policies 10.1.1, 9.1.3 Grievance, and the local supplement to the ICE National Handbook and confirmed the updated policies and handbook include the procedures for identifying and handling time-sensitive grievances involving an immediate threat to detainee health, safety or welfare related to sexual abuse. In addition, the facility submitted sign-in sheets documenting all applicable staff, to include security staff, medical staff, and the Grievance Officer, have received training on the updated policies and local supplement to the ICE National Handbook. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c)(d): PPIPC policy 10.1.1 states, “PPIPC shall utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to address victim's needs most appropriately. PPIPC shall make information available to Detainees about local organizations that can assist detainees who have been victims of Sexual Abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available). If local providers are not available, PPIPC shall make available the same information about national organizations. PPIPC shall enable reasonable communication between Detainees and these organizations as well as inform Detainees (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. PPIPC is required to maintain or attempt to enter into agreements with community service providers to provide Detainees with confidential emotional support services related to the Sexual Abuse while in custody, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime. PPIPC shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements.” The Auditor reviewed a Memorandum of Understanding (MOU) signed on October 31, 2023, with no end date, between PPIPC and the St. Landry-Evangeline Sexual Assault Center to provide legal advocacy and confidential emotional support services for detainee victims of sexual assault. During the on-site audit, the Auditor observed the St. Landry-Evangeline Sexual Assault Center and the Rape, Abuse and Incest National Network (RAINN) flyers posted in all housing units in English and Spanish; however, an interview with the PSA Compliance Manager indicated the flyer can be translated to other languages if needed. The Auditor reviewed the flyer and confirmed the flyer provides the detainees with a mailing address and telephone numbers to access St. Landry-Evangeline Sexual Assault Center and states, “If you are a victim of a sexual assault, there is access to outside confidential emotional support services.” and “these calls will be made at no cost to you and will not be monitored.” A review of the St. Landry-Evangeline Sexual Assault Center flyer further confirms it provides instructions to the detainee on how to utilize their services anonymously and confidentially; however, a review of both the St. Landry-Evangeline Sexual Assault Center and RAINN flyer and confirmed neither flyer notified detainees the extent to which reports of abuse will be forwarded to the authorities in accordance with mandatory reporting laws, prior to giving the detainee access to the outside resource. In addition, the Auditor reviewed the facility local supplement to the ICE National Detainee Handbook and confirmed the facility local supplement did not include information regarding community resources available to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to address victim's needs most appropriately. Utilizing the detainee telephones and the instructions provided the Auditor

successfully called the St. Landry-Evangeline Sexual Assault Center and RAINN. During the call to St. Landry-Evangeline Sexual Assault Center the Auditor spoke with a victim advocate and confirmed services provided would include emotional support, crisis intervention, accompaniment to provide emotional support during a forensic medical examination, support during investigatory interviews and court proceedings, and information and referrals that may be needed; however, the advocate confirmed she has received calls from the facility and was unable to speak to the detainee caller due to a language barrier as they do not have access to a language line in order to speak with detainees utilizing the service who do not speak English.

Corrective Action:

The facility is not in compliance with subsection (c) and (d) of the standard. During the on-site audit the Auditor reviewed both the St. Landry-Evangeline Sexual Assault Center and RAINN flyer and confirmed neither flyer notified detainees the extent to which reports of abuse will be forwarded to the authorities in accordance with mandatory reporting laws prior to giving the detainee access to the outside resource. In addition, the Auditor reviewed the facility local supplement to the ICE National Detainee Handbook and confirmed the facility local supplement did not include information regarding community resources available to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to address victim's needs most appropriately. During the on-site audit the Auditor placed a call to St. Landry-Evangeline Sexual Assault Center and confirmed St. Landry-Evangeline Sexual Assault Center does not have access to a language line to speak with any detainee utilizing the service who does not speak English. To become compliant, the facility must establish and implement a process to ensure detainees are informed, prior to giving them access to outside resources, of the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws in a manner all detainees can understand. In addition, the facility must establish and implement a process which allows for reasonable communication between detainees and St. Landry-Evangeline Sexual Assault Center to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to address victim's needs most appropriately. Once implemented the facility must provide documentation which confirms all applicable staff, to include medical, mental health, and facility investigators have been trained on the implemented procedure.

Corrective Action Taken:

The facility submitted a revised St. Landry-Evangeline Sexual Assault Center Flyer which includes a description to which reports of abuse will be forwarded to the authorities in accordance with mandatory reporting laws. The facility submitted an updated supplement to the local handbook. The Auditor reviewed the flyer and updated handbook and confirmed the flyer and updated handbook include the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility submitted an email between the facility and St. Landry-Evangeline Sexual Assault Center with instructions for the use of the facility language line to establish effective communication with those detainee victims who are limited English proficient. The facility submitted training sign-in sheets which confirmed applicable staff, including security staff, medical staff, and investigators have been trained on the implemented procedures. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (c) and (d) of the standard.

AUDITOR CERTIFICATION:

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

Robin Bruck 8/5/2024

Auditor's Signature & Date

(b) (6), (b) (7)(C) 8/7/2024

Program Manager's Signature & Date

(b) (6), (b) (7)(C) 8/5/2024

Assistant Program Manager's Signature & Date

**PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report**



**Homeland
Security**

AUDIT DATES

From:	3/19/2024	To:	3/21/2024
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AUDITOR INFORMATION

Name of auditor:	Robin Bruck	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(409) 866-(b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(409) 866-(b) (6), (b) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	New Orleans
Field Office Director:	Melissa Harper
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	1250 Poydras Street, Suite 325, New Orleans, LA 70113

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Pine Prairie ICE Processing Center
Physical address:	1133 Hampton Dupre Road, Pine Prairie, Louisiana 70576
Telephone number:	337-599-2198
Facility type:	Dedicated Inter-governmental Service Agreement
PREA Incorporation Date:	6/11/2015

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone #:	337-599-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone #:	337-459-(b) (6), (b) (7)(C)

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of Pine Prairie ICE Processing Center (PPIPC) was conducted March 19, 2024 – March 21, 2024, by U.S. Department of Justice (DOJ) and DHS Certified PREA Auditor Robin M. Bruck, employed by 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) (b) (6), (b) (7)(C) and Assistant Program Manager (APM) (b) (6), (b) (7)(C), both DOJ and DHS Certified PREA Auditors. The PM's role is to provide oversight for the ICE PREA audit process and liaison with ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit review process. The purpose of the audit was to assess the facility compliance with the DHS PREA Standards. PPIPC is privately operated by the GEO Group and operates under contract with the DHS, Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO). The facility is located in Pine Prairie, Louisiana. This audit was the third DHS PREA audit for the facility and includes a review of the period between March 21, 2023, through March 24, 2024. The facility does not house juveniles. The facility has the ability to house females; however, there were no females housed at the facility during the audit period.

Approximately 30 days prior to the on-site audit, the ERAU Inspections and Compliance Specialist (ICS) Team Lead (TL) (b) (6), (b) (7)(C), provided the Auditor with the facility Pre-Audit Questionnaire (PAQ), Agency policies, facility policies, and other supporting documentation through the ICE SharePoint. The PAQ, policies, and supporting documentation had been organized utilizing the PREA Pre-Audit: Policy and Document Request DHS Immigration Detention Facilities form and placed into folders for ease of auditing. Prior to the on-site audit, the Auditor reviewed all documentation provided, the Agency website and the facility website. The main policy that governs PPIPC's sexual abuse prevention, intervention, and response efforts is policy 10.1.1 Sexual Abuse Assault Prevention and Intervention (SAAPI) Program for Immigration Detention Facilities.

An entrance briefing was held in the PPIPC's conference room on Tuesday, March 19, 2024, at 8:15 a.m. The ICE ERAU TL, (b) (6), (b) (7)(C), opened the briefing and turned it over to the Auditor. In attendance were:

(b) (6), (b) (7)(C) TL, ICS/ICE/OPR/ERAU
(b) (6), (b) (7)(C) Facility Administrator (FA), CLIPC, GEO
(b) (6), (b) (7)(C) FA, PPIPC, GEO
(b) (6), (b) (7)(C) Director of Operations (DO), GEO
(b) (6), (b) (7)(C) Acting FA, GEO
(b) (6), (b) (7)(C) Regional Health Service Manager, GEO
(b) (6), (b) (7)(C) PSA Compliance Manager, GEO
(b) (6), (b) (7)(C) Human Resource Manager (HRM), GEO
(b) (6), (b) (7)(C) Assistant Field Office Director (AFOD), ICE/ERO
Robin Bruck, DOJ/DHS Certified PREA Auditor, Creative Corrections, LLC

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

An on-site tour of the facility was conducted by the Auditor and key staff from PPIPC and ICE. All areas of the facility where detainees are afforded the opportunity to go were observed. This included housing units, programming, booking/intake, recreation, visitation, laundry, food service, library, and medical areas. In addition, the Auditor observed the control center, sally port, and administrative offices. During the on-site audit, the Auditor made visual observations of (b) (7)(E)

(b) (7)(E) There were no notable blind spots within the facility. The Auditor observed PREA information in all common areas of the facility and near the detainee telephones which included the DHS-prescribed sexual assault notice, the Detention and Reporting Information Line (DRIL) poster, DHS Office of Inspector General (OIG) poster, the Rape Abuse, and Incest National Network (RAINN) poster, and information for contacting consular officials. The posters were predominately in English and Spanish. During the on-site audit, the Auditor tested the telephone numbers provided for DRIL, OIG, RAINN, and the facility PREA Hotline and confirmed all were in good working order.

PPIPC utilizes (b) (7)(E) to assist with monitoring the detainees. (b) (7)(E)

(b) (7)(E) to include but not limited to, (b) (7)(E)

(b) (7)(E) (b) (7)(E)

(b) (7)(E) The Auditor reviewed (b) (7)(E)

(b) (7)(E) in the state of undress could be observed by staff of the opposite gender.

PPIPC current employs 130 staff who may have recurring contact with detainees, which includes 85 correctional staff (39 males and 46 females), 12 medical staff, and 1 mental health staff. Additional staff include administration, food service, and religious services. In addition, the facility utilizes volunteers for religious services. Correctional staff work in two shifts 0600-1800, 1800-0600. The facility provided the Auditor with staff rosters for random selection for interviews and file reviews. As many of the staff perform multiple job duties, the Auditor interviewed 20 staff members, utilizing 23 interview protocols which included: the FA, PREA Compliance Manager, HRM, Staff member who conducts unannounced PREA rounds, Retaliation Monitor, Investigator, Classification Manager, Grievance Officer (GO), Disciplinary Officer, Incident Review Team Member, Licensed Practical Nurse (LPN), Psychologist, Intake Property Sergeant, Restrictive Housing Lieutenant, and 6 random correctional officers (COs). In addition, the Auditor interviewed one ICE AFOD and one contracted staff member. The Auditor did not conduct interviews with volunteers as there were none working in the facility during the on-site audit. All interviews were conducted in a private setting allowing for confidentiality for those participating in the interview process.

The facility PAQ indicates the top three nationalities of the facility population is El Salvador, Guatemala, and Venezuela. The Auditor conducted 29 detainee interviews, which included 2 detainees who reported prior victimization and 1 gay detainee. All detainees interviewed were Limited English Proficient (LEP) (28 Spanish and 1 Russian detainee). Interviews required the use of a language line through Language Services Associates (LSA) provided by Creative Corrections, LLC. All interviews were conducted in a private setting allowing for confidentiality for those participating in the interview process.

The facility PREA Allegation Spreadsheet indicated the facility has had three detainee-on-detainee PREA allegations closed during the reporting period (two unsubstantiated and one unfounded).

An exit briefing was conducted on Thursday, March 21, 2024, at 1:30 p.m. The ICE ERAU TL opened the briefing and turned it over to the Auditor. In attendance were:

(b) (6), (b) (7)(C) TL, ICS/ICE/OPR/ERAU

(b) (6), (b) (7)(C) FA, PPIPC, GEO

(b) (6), (b) (7)(C) DO, GEO

(b) (6), (b) (7)(C) Acting FA, GEO

(b) (6), (b) (7)(C) PSA Compliance Manager, GEO

(b) (6), (b) (7)(C) Compliance Administrator, GEO

(b) (6), (b) (7)(C) Supervisory Detention and Deportation Officer (SDDO), ICE/ERO

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

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

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 1

- §115.35 - Specialized training: Medical and mental health care

Number of Standards Met: 37

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

Number of Standards Not Met: 2

- §115.52 - Grievances
- §115.53 - Detainee access to outside confidential support services

Number of Standards Not Applicable: 1

- §115.14 - Juvenile and family detainees

PROVISIONS

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

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

Outcome: Meets Standard

Notes:

(c): PPIPC policy 10.1.1 states, "PPIPC maintains a zero-tolerance policy for all forms of sexual abuse or assault." PPIPC policy 10.1.1 includes definitions of sexual abuse and general PREA definitions. The policy outlines the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment through, but not limited to, hiring practices, training, unannounced security inspections, mandatory reporting protocols, investigations, and support from victim advocates. During the on-site audit, the Auditor observed the DHS-prescribed sexual abuse and assault awareness notice posted in the housing units and programming areas of the facility. Interviews with staff indicated they were knowledgeable regarding the Agency and the facility zero tolerance policies. Interviews with the FA, PSA Compliance Manager, and the AFOD confirmed PPIPC policy 10.1.1 had been submitted and approved by the Agency.

(d): PPIPC policy 10.1.1 states, "Each Facility Administrator shall designate a local PSA Compliance Manager for each U.S. Secure Services Immigration Facility who will assist in ensuring facility compliance with sexual abuse and assault prevention and intervention policies and procedures and who shall serve as the Facility point of contact for the DHS PSA Coordinator and Corporate PREA Coordinator." An interview with the PSA Compliance Manager confirmed she has the time and the authority necessary to oversee the facility's efforts to comply with the facility sexual abuse prevention and intervention policies and procedures. An interview with the PSA Compliance Manager further confirmed she does serve as the facility point of contact for the Agency PREA Coordinator and the GEO Corporate PREA Coordinator.

Corrective Action:

No corrective action needed.

§115.13 - Detainee supervision and monitoring

Outcome: Meets Standard

Notes:

(a)(b)(c): PPIPC policy 10.1.1 states, "PPIPC shall ensure that it maintains sufficient supervision of Detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect Detainees against Sexual Abuse and Assault. PPIPC shall develop and document comprehensive Detainee supervision guidelines to determine and meet the Detainee supervision needs and shall review those guidelines at least annually. In determining adequate levels of Detainee supervision and determining the need for video monitoring, PPIPC shall take into consideration: 1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) The physical layout of each Facility; 4) The composition of the Detainee population; 5) The prevalence of substantiated and unsubstantiated incidents of Sexual Abuse; 6) The findings and recommendations of Sexual Abuse incident review reports; 7) Any other relevant factors, including but not limited to the length of time Detainees spend in Facility custody. The "Annual PREA Facility Assessment" (see Attachment A Corporate Policy 5.1.2 - D), shall be completed and submitted to the local PSA Compliance Manager and Corporate PREA Coordinator annually as determined by GEO's U.S. Secure Services division."

The Auditor reviewed the 2022 and the 2023 PPIPC Annual PREA Facility Assessments, and confirmed the facility considered all elements required by subsection (c) of the standard to determine adequate staffing levels and the need for video monitoring to include; generally accepted detention and correctional practices, judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, and any other relevant factors, including but not limited to the length of time detainees spend in the agency custody. During the on-site audit, the Auditor reviewed the facility comprehensive detainee guidelines and confirmed they are reviewed and updated if needed on an annual basis. In addition, the Auditor confirmed staff are required to review daily and sign an acknowledgment confirming they had reviewed the guidelines. During the on-site audit, there were no notable “blind spots” within the facility and adequate staff and (b) (7)(E).

(d): PPIPC policy 10.1.1 states, “PPIPC Supervisory staff (intermediate and high-level supervisors) shall conduct and document random unannounced security inspections to identify and deter staff sexual abuse and sexual harassment of Detainees. These “PREA Unannounced Security Inspections” may be conducted in conjunction with other daily and weekly rounds as required. PREA Unannounced Security Inspections shall be conducted at least once per shift by the Assistant Shift Supervisor and Shift Supervisor. Daily Unannounced Security Inspections through each housing unit will be conducted by the Chief of Security and the Shift Supervisor documented in the housing unit logbook as PREA Unannounced Security Inspections in red ink. Other members of the executive team shall make less unannounced visits as schedules allow. Such inspections shall be implemented for night as well as day shifts. g. Employees are prohibited from alerting others that these security inspections are occurring unless such announcement is related to the legitimate operational functions of PPIPC.” An interview with the PSA Compliance Manager indicated all supervisors are required to conduct unannounced security inspections at the facility and document the round in the housing unit logbooks in red ink. An interview with the PSA Compliance Manager further indicated if a staff member is found to be alerting other staff the unannounced security inspections are occurring the staff member could face disciplinary action. During the on-site audit, the Auditor reviewed the housing unit logbooks and confirmed unannounced security inspections are being conducted daily at different times and on all shifts.

Corrective Action:

No corrective action needed.

§115.14 - Juvenile and family detainees

Outcome: Not Applicable

Notes:

(a)(b)(c)(d): The Auditor reviewed a memorandum to the file which states, “Pine Prairie Ice Processing Center does not house juvenile detainees.” Interviews with the facility FA, PSA Compliance Manager, and the Auditor’s on-site observations confirmed the facility does not house juveniles or family units; and therefore, standard 115.14 is not applicable.

Corrective Action:

No corrective action needed.

§115.15 - Limits to cross-gender viewing and searches

Outcome: Meets Standard

Notes:

(b)(c)(d)(e)(f): PPIPC policy 10.1.1 states, “Searches-may be necessary to ensure the safety of officers, civilians, and Detainees; to detect and secure evidence of criminal activity; and to promote security, safety, and related interest at Immigration Detention Facilities. Searches shall be performed in the following manner: Cross-gender pat-down searches of male detainees shall not be conducted unless, after reasonable diligence, staff of the same

gender is not available at the time the pat-down search is required or in Exigent Circumstances. Cross-gender pat-down searches of female Detainees, absent Exigent Circumstances are prohibited. All strip searches, visual body cavity searches, and cross-gender pat-down searches shall be documented. (See Attachment N-Cross Gender Pat Search Log). Cross-gender strip searches or cross-gender visual body cavity searches shall not be conducted except in Exigent Circumstances, including consideration of officer safety or when performed by Medical Practitioners.” The Auditor reviewed two memorandums to the file which state, “Pine Prairie Ice Processing Center has not conducted any cross-gender pat-down searches” and “Pine Prairie Ice Processing Center has not conducted any strip searches or visual body cavity searches.” Interviews with the PSA Compliance Manager and six random COs confirmed they were aware cross-gender pat-down searches, strip searches, cross-gender strip searches, and visual body cavity searches are strictly prohibited and are not to be conducted at the facility; however, if there were exigent circumstances requiring a cross-gender pat-down search, strip search, cross-gender strip search, or visual body cavity search it would be documented. Interviews with 29 detainees indicated they had been subjected to pat-down searches conducted by an officer of the same gender in a professional and respectful manner. In addition, all 29 detainees reported they had not been subjected to a strip search or a cross-gender strip search while housed at the facility. The facility has the ability to house females; however, there were no females housed at the facility during the audit period.

(g): PPIPC policy 10.1.1 states, “Detainees are allowed to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstance or instances when the view is incidental to routine cell checks or otherwise appropriate in connection with a medical examination or monitored bowel movement under medical supervision. Employees of the opposite gender shall announce their presence when entering housing units or any areas where Detainees are likely to be showering, performing bodily functions, or changing clothes. PREA announcements are to be documented in the housing unit log.” Interviews with six random COs indicated an announcement is made and documented in the logbook each time female staff enter a housing unit. The announcement is made in both English and Spanish. During the on-site audit, the Auditor observed the announcement being made by female staff. During the on-site audit, the Auditor further determined through observation detainees have sufficient privacy to shower, change clothing, and perform bodily functions without being seen by the opposite gender staff. In addition, during the on-site audit, the Auditor observed (b) (7)(E)

. All 29 detainees interviewed confirmed they are afforded privacy when showering, changing clothing and performing bodily functions. The Auditor did not observe a pat-down search during the on-site audit as one was not conducted during the on-site tour.

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

(i)(j): PPIPC policy 10.1.1 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 conducting in private by a Medical Practitioner.” PPIPC policy 10.1.1 further states, “Security Staff shall be trained to conduct pat-down searches, including cross-gender pat-down searches and searches of Transgender and Intersex Detainees in a professional and respectful manner, and in the least intrusive manner possible, including consideration of officer safety.” The Auditor reviewed the GEO Limits to Cross-Gender Viewing and Searches training curriculum and confirmed the training curriculum includes how to conduct pat-down searches and searches of transgender and intersex detainees in a professional respectful manner in the least intrusive manner possible, consistent with security needs and Agency policy, including consideration of officer safety. An interview with the PSA Compliance Manager indicated all staff are required to complete the training during the initial on-the-job training prior to working with detainees and during annual in-service training. Interviews with six random COs confirmed their knowledge on conducting pat-down searches of detainees. Interviews with six

random COs further confirmed each officer could articulate the procedure to be utilized in conducting pat-down searches of transgender and intersex detainees. The Auditor reviewed 12 staff training files and confirmed all applicable staff had received the training for 2022 and 2023.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b): PPIPC policy 10.1.1 states, “PPIPC shall ensure that Detainees with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the Company’s efforts to prevent, detect, and respond to Sexual Abuse and Assault. PPIPC shall provide written materials to every Detainee in formats or through methods that ensure effective communication with Detainees with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. Methods to ensure effective communication shall include, when necessary, access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation.” Interviews with the PSA Compliance Manager, an Intake Property Officer, and six random COs indicated reasonable accommodations are made to ensure a detainee receives notification, orientation, and instruction on the facility sexual abuse prevention and response, to include but not limited to, the use of a teletypewriters (TTY) or a Telecommunication device for the deaf (TDD). Interviews with the PSA Compliance Manager, an Intake Property Officer, and six random COs further indicated for those detainees who have limited reading skills or are LEP, staff will utilize the facility language line to interpret the information and if a detainee is blind or has limited site, staff would read the information to the detainee. In addition, interviews with the PSA Compliance Manager, an Intake Property Officer, and six random COs indicated if a detainee has intellectual, psychiatric, or other disabilities, staff will try to explain things to the best of their ability and would seek the assistance of medical or mental health staff to ensure effective communication is established. During the on-site audit, the Auditor observed the ICE National Detainee Handbook, and confirmed it is available in 15 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, K’iche’(Quiche)/Kxlantzij, and Vietnamese. During the on-site audit the Auditor further observed the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet, in 15 of the most prevalent languages encountered by ICE, specifically English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, Punjabi, Bengali, Romanian, Russian, Turkish, Ukrainian, and Vietnamese. In addition, during the on-site audit, the Auditor observed the facility Supplement to the ICE National Detainee Handbook and the St. Landry-Evangeline Sexual Assault Center flyer readily available in English and Spanish and the facility provided the Auditor with the PREA video script in 15 languages to include English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, K’che’ and Vietnamese. During the on-site audit, the Auditor confirmed through observation the facility had the ability to translate all documents with the use of Microsoft 360 into any language needed to provide PREA education in a detainee’s preferred language. During the on-site audit, the Auditor further observed an intake of a detainee and confirmed the detainee was taken into a private room, with a telephone, and all written documentation was read and explained to the detainee with the use of the facility language line. Interviews with 29 LEP detainees confirmed all written documentation had been provided to them in a manner they could understand. During the on-site audit, the Auditor reviewed 12 detainee files and confirmed the use of the language line to provide detainees effective communication was documented in each file.

(c): PPIPC policy 10.1.1 states, “In matters relating to Sexual Abuse, PPIPC 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 ICE/ERO determines that such

interpretation is appropriate. Any use of these interpreters under these type circumstances shall be justified and fully documented in the written investigative report. Minors, alleged abusers, Detainees who witnessed the alleged abuse, and Detainees who have a significant relationship with the alleged abuser shall not be utilized as Interpreters in matters relating to allegations of Sexual Abuse.” Interviews with the facility PSA Compliance Manager and six random COs confirmed they would not utilize another detainee to interpret for a detainee victim of sexual abuse; unless there was an emergency, the detainee victim requested another detainee to interpret, and it was approved by ICE. Interviews with the facility PSA Compliance Manager and six random COs further confirmed if there is a circumstance that would require the use of another detainee for interpretation it would be documented.

Corrective Action:

No corrective action needed.

§115.17 - Hiring and promotion decisions

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, collectively require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks. ICE Directive 6-7.0 outlines “misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application.” The Unit Chief of OPR Personnel Security Operations (PSO) informed auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. PPIPC policy 10.1.1 states, “PPIPC is prohibited from hiring or promoting anyone who may have contact with detainees, and shall not enlist the services of any contractor or volunteer who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility or other institution who has been convicted of engaging in sexual activity facilitated by force, overt or implied threats of force, or 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. PPIPC shall conduct a background investigation to determine whether the candidate for hire is suitable for employment, including a criminal background record check and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to hiring new Employees. Background investigations, including criminal background records checks shall be repeated for all Employees at least every five years. Upon request, PPIPC shall submit written documentation showing the detailed elements of the Facility’s background check for each Employee and the Facility’s conclusions. PPIPC shall also impose upon employees and contractors a continuing affirmative duty to disclose any such conduct by completing a PREA disclosure form annually as part of its hiring and promotional processes, and during annual performance reviews for current employees & contractors. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of employment, as appropriate. Unless prohibited by law, PPIPC shall provide information on substantiated allegations of Sexual Abuse involving a former Employee upon receiving a request from an institutional employer for whom such Employee has applied to work.” An interview with the HRM indicated all potential employees and contractors are required to complete an application on-line, an interview, and a background check through Accurint, to

determine if the potential employee or contractor is suitable for employment with the facility. The Auditor reviewed the on-line application and confirmed the application includes a PREA section, which requires the potential candidate to answer all the questions as stated above. In addition, the application indicates “This questionnaire is not complete until fully completed, signed, and all statements below have been read and initialed. I hereby certify that all the information I provided in this questionnaire (or any other accompanying or required documents) is correct, accurate and completed to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in this questionnaire or any other accompanying or required documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.” An interview with the HRM further indicated if the candidate has prior correctional experience or is being transferred between facilities the facility would utilize the Accurant database to conduct an additional PREA background check and will contact the candidate’s previous employers to inquire about the reasons for separation and if there had been any allegations or investigations of sexual abuse. In addition, an interview with the HRM further indicated background checks of volunteers are also completed through Accurant. In an interview with the HRM it was further indicated all employees are required to complete the PREA Disclosure and Authorization Form Annual Performance Evaluation which includes the above questions and the statement “I understand that GEO employees have a continuing duty to disclose any conduct identified in 1-3 above and that any omission regarding such misconduct, or the provision of materially false information, shall be grounds for termination.” The HRM further indicated that employees being promoted are required to complete a PREA Disclosure and Authorization Form- Promotions which asks the questions and includes the same statement as above. The Auditor reviewed 14 staff files which included 7 employees with either prior correctional experience, had been transferred, or promoted, during the reporting period. In addition, the Auditor reviewed one contractor file and one volunteer file. All files contained documentation of the PREA Disclosure and Authorization Form, a criminal background check (including five files with a five-year background check), and a PREA background check for those with prior correctional experience. A review of the employee files which included staff up for promotion confirmed each staff member was asked about previous misconduct prior to being promoted. In addition, utilizing the PSO Background Investigation for Employees and Contractors, the Auditor received documentation, confirming completed background checks for two ICE staff currently working within the facility. There were no ICE staff promoted during the audit period.

Corrective Action:

No corrective action needed.

§115.18 - Upgrades to facilities and technologies

Outcome: Meets Standard

Notes:

(a): PPIPC policy 10.1.1 states, “PPIPC shall consider the effect any (new or upgrade) design, acquisition, substantial expansion or modification of the physical plant might have on our ability to protect Detainees from Sexual Abuse.” The Auditor reviewed a memorandum to the file which states, “Pine Prairie ICE Processing Center has not designed or modified any new or existing expansions to the facility during the reporting period.” This was confirmed during interviews with the FA and the PSA Compliance Manager.

(b): PPIPC policy 10.1.1 states, “PPIPC shall also consider the effect any (new or upgrade) video monitoring system, electronic surveillance system or other monitoring system might have on our ability to protect Detainees from Sexual Abuse.” The Auditor reviewed a memorandum which states, “Pine Prairie ICE Processing Center has added new (b) (7)(E) attempt to prevent sexual abuse/assaults.” The facility did not provide documentation to confirm the facility considered the effect any (new or upgrade) video monitoring system, electronic surveillance system, or other monitoring system might have on their ability to protect Detainees from Sexual Abuse; however, in an interview with the FA it was confirmed the FA could articulate to the Auditor’s satisfaction the new cameras were added to ensure there were no blind spots within the facility where a sexual abuse could occur.

Corrective Action:

No corrective action needed.

§115.21 - Evidence protocols and forensic medical examinations**Outcome:** Meets Standard**Notes:**

(a)(b)(c)(d)(e): The Agency's Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency's evidence and investigation protocols. Per Policy 11062.2, "when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted." PPIPC policy 10.1.1-A states, "PPIPC is responsible for investigating allegations of Sexual Abuse and is required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceeding and criminal prosecutions. The protocol shall be developmentally appropriate for juveniles where applicable, developed in coordination with Department of Homeland Security (DHS). PPIPC shall offer to all Detainees who experience Sexual Abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim's consent and without cost to the detainee and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Examination 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. The outside or internal victim advocate shall provide emotional support, crisis intervention, information, and referrals. As requested by the victim, the presence of his or her outside or internal victim advocate, including any available advocacy services offered by a hospital conducting the forensic exam, shall be allowed for support during a forensic exam and investigatory interviews." Interviews with the FA, PSA Compliance Manager, and a facility PREA Investigator indicated the facility is responsible for conducting administrative investigations and the Evangeline Parish Sheriff's Department (EPSD) is responsible for conducting criminal investigations. The Auditor reviewed a Mutual Assistance Agreement (MAA) between PPIPC and the EPSD and confirmed there is an agreement in place to conduct criminal investigations within the facility. In addition, the Auditor reviewed a memorandum for the PSA Compliance Manager to the EPSD requesting that when investigating allegations in the facility, the EPSD follow §115.21 (a-d). Interviews with the FA, PSA Compliance Manager, and a PREA Investigator further confirmed the facility will call EPSD for every allegation reported at the facility. In addition, interviews with the FA, PSA Compliance Manager, and a PREA Investigator indicated a detainee victim would be transported to the Christus St. Frances Cabrini Hospital for a SANE/SAFE examination, if needed. During the on-site audit, the Auditor confirmed with St. Francis Cabrini Hospital, the hospital does have a SANE Unit; however, the Auditor has been unable to speak with someone from the SANE/SAFE unit to confirm the services offered to a detainee victim of sexual abuse. During the on-site audit the Auditor interviewed an advocate from St. Landry-Evangeline Sexual Assault Center and confirmed an advocate would accompany a detainee victim through the exam process and investigatory interviews to provide the detainee emotional support, crisis intervention and counseling, and any referrals needed. An interview with an LPN, confirmed a SANE exam and any follow up services needed would be at no cost to a detainee victim of sexual abuse. The Auditor reviewed three sexual abuse allegation investigation files and confirmed no allegations required a SANE exam.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): The Agency provided Policy 11062.2, which states in part that; “when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO’s Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding “Protocol on Reporting and Tracking of Assaults” (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG).” PPIPC policy 10.1.1-A (Investigating Allegations of Sexual Abuse and Assault and Evidence Collection in Immigration Detention Facilities) states, “PPIPC shall have a policy in place to ensure that each allegation of Sexual Abuse is investigated by the facility or referred to an appropriate law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. PPIPC shall document all referrals. Each facility shall attempt to secure a PREA MOU with local law enforcement outlining the responsibilities of each entity related to conducting PREA investigations that involve potentially criminal behavior and unsuccessful attempts to secure a law enforcement MOU shall also be documented and retained by the facility. GEO shall publish such Corporate policy on its website. When a Detainee of the Facility in which an alleged Detainee victim is housed is alleged to be the perpetrator of Detainee Sexual Abuse, PPIPC shall ensure the incident is promptly reported to the appropriate ICE Field Officer Director, and if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation. When an Employee, Contractor or Volunteer is alleged to be the perpetrator of Detainee Sexual Abuse, PPIPC 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.” PPIPC policy 10.1.1-A further states, “PPIPC shall retain all written reports referenced this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years.” The Auditor reviewed the GEO Group, Inc. website <https://www.geogroup.com/PREA> and the Agency website (<https://www.ice.gov/prea>) and confirmed the required protocols are posted and available to the public. In an interview with the facility PREA Investigator it was indicated when the facility receives an allegation of sexual abuse EPSD is immediately notified and an administrative investigation would begin, once the EPSD has decided if a criminal investigation will continue or if they decline to investigate. An interview with the FA indicated all allegations are reported to the AFOD, Joint Intake Center, and ICE OPR. The Auditor reviewed three investigations and confirmed notification had been made to the AFOD, Joint Intake Center, ICE OPR and to EPSD; however, they did not appear to be criminal in nature.

Corrective Action:

No corrective action needed.

§115.31 - Staff Training

Outcome: Meets Standard

Notes:

(a)(b)(c): PPIPC policy 10.1.1 states, “All Employees, Contractors, and Volunteers shall receive initial training on GEO’s Sexually Abusive Behavior Prevention and Intervention Program. See Section F for Volunteer requirements and Section G for Contractor Requirements. PPIPC 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, suspicions or information of Sexual Abuse or assault; 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; 11) Working with vulnerable populations and addressing their potential vulnerability in the general population. PREA refresher training shall be conducted each year thereafter for all Employees. Refresher training shall include updates to Sexual Abuse and Assault policies. 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 SA-API Training.” The Auditor reviewed the Sexual Abuse and Assault Prevention and Intervention (PREA) 2023 In-Service training curriculum and confirmed the training includes the Agency and facility zero tolerance policies for all forms of sexual abuse; definitions and examples of prohibited behavior; the right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; recognition of situations where sexual abuse may occur; recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing and responding to such occurrences; how to avoid inappropriate relationships with detainees; how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees; procedures for reporting knowledge or suspicion of sexual abuse; and the requirement to limit reporting sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim’s welfare and for law enforcement or investigation purposes. Interviews with the facility PSA Compliance Manager and six random COs indicated all employees are required to attend PREA training on an annual basis. Interviews with six random COs confirmed their knowledge of PREA. The Auditor reviewed 14 employee training files and confirmed training had been received and documented for the years 2022 and 2023. The Auditor reviewed the training curriculum for ICE employees and confirmed the training does not include the facility’s zero-tolerance policy; however, as PPIPC is an ICE processing facility, the Auditor accepts the Agency zero-tolerance policy and the facility zero-tolerance policy is one and the same. The Auditor reviewed training certificates for two ICE employees and confirmed both ICE staff received PREA training for the year 2023.

Corrective Action:

No corrective action needed.

§115.32 - Other Training

Outcome: Meets Standard

Notes:

(a)(b)(c): PPIPC policy 10.1.1 states, “The facility shall ensure that all volunteers and other contractors who have contact with detainees have been trained on their responsibilities under the facility’s sexual abuse prevention, detection, intervention and response policies and procedures. The level and type of training for volunteers and contractors will be based on the services they provide and their level of contact with detainees; however, all volunteers and contractors who have any contact with detainees must be notified of the facility’s zero-tolerance policy and informed how to report such incidents. In this paragraph “other contractors” mean a person who provides services on a non-recurring basis to the facility pursuant to a contractual agreement with the agency or facility.” An interview with the facility PSA Compliance Manager indicated the facility utilizes volunteers for religious services and each volunteer is required to complete the same PREA training as facility staff. The Auditor reviewed a volunteer training file and confirmed training had been completed for 2022 and 2023. In an interview with the PSA Compliance Manager, it was further indicated “other” contractors, also identified as vendors, must enter the facility through the main lobby and are required to sign in upon entering. During the on-

site audit, the Auditor reviewed the Sign-in sheet and confirmed the Sign-in sheet contains the statement, “By signing and dating below I certify I have received training on the agency’s zero tolerance policies and all forms of sexual abuse; the right of residents and employees to be free from sexual abuse, and from retaliation for reporting sexual abuse; definitions and examples of prohibited and illegal sexual behavior; recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing such occurrences; procedures for reporting knowledge or suspicion of sexual abuse; the requirement to limit reporting sexual abuse to personnel with a need-to-know in order to make decision concerning the victim’s welfare and for law enforcement purposes.” In addition, an interview with the PSA Compliance Manager indicated each vendor is provided “A Guide to the Prevention and Reporting of Sexual Misconduct with Residents while at PPIPC” brochure. The Auditor reviewed the “A Guide to the Prevention and Reporting of Sexual Misconduct with Residents while at PPIPC” brochure and confirmed the brochure provides ways for reporting an incident of sexual abuse and the consequences for participating in sexual abuse or assault or failure to report sexual abuse or assault. A review of the “A Guide to the Prevention and Reporting of Sexual Misconduct with Residents” and the Sign-in sheet and further confirmed neither document includes the facility’s zero tolerance policy; however, as PPIPC is an ICE processing facility, the Auditor accepts the Agency zero-tolerance policy and the facility zero-tolerance policy are one and the same. The Auditor did not interview a volunteer or “other” contractor as there were none within the facility during the on-site audit.

Corrective Action:

No corrective action needed.

§115.33 - Detainee Education

Outcome: Meets Standard

Notes:

(a)(b)(c)(f): PPIPC policy 10.1.1 states, “During the intake process, PPIPC 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 or assault, 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 Detention and Reporting Information Line(DRIL), the DHS Office of Inspector General, and the Joint Intake Center and the ICE/OPR investigation process; 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. At PPIPC, education/notification 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. PPIPC shall maintain documentation of Detainee participation in the intake process orientation which shall be retained in their individual files.” An interview with the PSA Compliance Manager indicated the facility does have an orientation program which is completed within 12 hours of the detainee’s intake into the facility. Interviews with the PSA Compliance Manager, an Intake Property Officer, and six random CO’s indicated reasonable accommodations are made to ensure a detainee receives notification, orientation and instruction on the facility sexual abuse prevention and response, to include but not limited to, the use of a teletypewriter (TTY) or Telecommunication device for the deaf (TDD). Interviews with the PSA Compliance Manager, an Intake Property Officer, and six random COs further indicated for those detainees who have limited reading skills or are LEP staff will utilize the facility language line to interpret the information and if a detainee is blind or has limited sight staff would read the information to the detainee. In addition, interviews with the PSA Compliance Manager, an Intake Property Officer, and six random COs indicated if a detainee has intellectual, psychiatric, or other disabilities, staff will try to explain things to the best of their ability and would seek the assistance of medical or mental health staff to ensure effective communication is established. During the on-site

audit, the Auditor observed the ICE National Detainee Handbook, and confirmed it is available in 15 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, K'iche'(Quiche)/Kxlantzij, and Vietnamese. During the on-site audit the Auditor further observed the DHS-prescribed SAA Information pamphlet in 15 of the most prevalent languages encountered by ICE, specifically English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, Punjabi, Bengali, Romanian, Russian, Turkish, Ukrainian, and Vietnamese. In addition, during the on-site audit, the Auditor observed the facility Supplement to the ICE National Detainee Handbook and the St. Landry-Evangeline Sexual Assault Center flyer readily available in English and Spanish and the facility provided the Auditor with the PREA video script in 15 languages to include English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, K'che' and Vietnamese. During the on-site audit, the Auditor confirmed through observation the facility had the ability to translate all documents with the use of Microsoft 360 into any language needed to provide PREA education in a detainee's preferred language. During the on-site audit, the Auditor reviewed the ICE National Detainee Handbook and confirmed the handbook includes information on the Agency's zero tolerance policy, prevention and intervention strategies, definitions and examples of detainee-on-detainee sexual abuse, explanation of methods for reporting sexual abuse, information about self-protection, reporting sexual abuse will not negatively impact your immigration proceeding and the right to receive treatment and counseling if subjected to sexual abuse. During the on-site audit, the Auditor further reviewed the facility Supplement to the ICE Detainee Handbook and confirmed the handbook is available in English and Spanish, with the ability to translate into other languages utilizing Microsoft 360, and includes information on the facility's zero tolerance policy, definitions, and examples of detainee-on-detainee sexual abuse, avoiding sexual assault, how to report sexual abuse and assault, reporting sexual abuse will not negatively impact your immigration proceeding, and information regarding counseling through St. Landry-Evangeline Sexual Assault Center, the National Domestic Violence Hotline and RAINN. In addition, during the on-site audit, the Auditor observed a detainee orientation during intake and confirmed all written documentation was read and explained to the detainee with the use of the facility language line. Interviews with 29 detainees and a review of 12 detainee files confirmed the detainees had received both the ICE National Detainee Handbook and the Supplement to the ICE National Detainee Handbook, the DHS-prescribed SAA Information pamphlet, and observed the PREA video, or was provided a script of the video, during an orientation program provided during intake into the facility.

(d)(e): PPIPC policy 10.1.1 states, "PPIPC 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. Facilities shall make available and distribute the DHS-prescribed "Sexual Assault Awareness Information" pamphlet." During the on-site audit, the Auditor observed the DHS-prescribed sexual assault awareness notice, which contained the name of the facility PSA Compliance Manager, and the St. Landry-Evangeline Sexual Assault Center flyer posted in most of the housing units; however, the Auditor observed the postings in the corridors of the 8-man and 14-man housing units and not on the housing unit bulletin boards as required by subsection (d) of the standard. Upon notification of the deficiency the facility immediately posted all documentation in each unit which was confirmed by the Auditor prior to completing the on-site audit.

Corrective Action:

No corrective action needed.

§115.34 - Specialized training: Investigations

Outcome: Meets Standard

Notes:

(a)(b): The Agency policy 11062.2 states, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The lesson plan is the ICE OPR Investigations Incidents of Sexual Abuse

and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conduct an investigation of sexual abuse in a confinement setting. The Agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled residents; and an overall view of the investigative process. The Agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirement. PPIPC policy 10.1.1 states, "PPIPC investigators shall be trained in conducting investigations on Sexual Abuse and effective cross-agency coordination. All investigations into alleged Sexual Abuse must be conducted by qualified investigators. Investigators shall receive this specialized training in addition to the general training mandated for Employees in Section E (1). Facilities shall maintain documentation of this specialized training." The facility PAQ indicates the facility has two investigators who have received specialized training on sexual abuse and effective cross-agency coordination. The Auditor reviewed the National PREA Resource Center PREA Specialized Training: Investigating Sexual Abuse in Correctional Setting curriculum and confirmed the curriculum contains all elements required by the standard. The Auditor further reviewed training certificates to confirm each investigator has received the specialized training and the general PREA training as required by §115.31. In addition, the Auditor reviewed three sexual abuse allegation investigation files and confirmed all were conducted by specially trained facility investigators.

Corrective Action:

No corrective action needed.

§115.35 - Specialized training: Medical and mental health care

Outcome: Exceeds Standard

Notes:

(a): PPIPC does not employ DHS or Agency employees who serve as full and part-time medical and mental health practitioners; and therefore, subsection (a) of the standard is not applicable.

(b)(c): PPIPC policy 10.1.1 states, "PPIPC 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 and Assault, preserving physical evidence of Sexual Abuse, responding professionally to victims of Sexual Abuse, and proper reporting of allegations of suspicions of Sexual Abuse and Assault. Medical and Mental Health Care Practitioners shall receive this specialized training in addition to the general training mandated for all Employees in Section E (1) or Contractors in Section G (1) depending upon their status at the Facility. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Forensic 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. PPIPC shall maintain documentation of this specialized training." Interviews with the PSA Compliance Manager, an LPN, and a psychologist indicated medical and mental health staff are required to complete specialized training and the general staff PREA training annually. The Auditor reviewed the GEO Specialized Medical and Mental Health PREA Training curriculum. The curriculum includes detecting and assessing signs of sexual abuse and sexual harassment, identifying, and preserving physical evidence of sexual abuse, responding effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The Auditor reviewed four medical and mental health staff files and confirmed they each had received the specialized training and the general PREA training as required by §115.31. Based on facility medical and mental health completing specialized and general PREA training annually the Auditor finds the facility exceeds subsection (b) of the standard.

Corrective Action:

No corrective action needed.

§115.41 - Assessment for risk of victimization and abusiveness**Outcome:** Meets Standard**Notes:**

(a)(b)(c)(d)(e)(f)(g): PPIPC policy 10.1.1 states, “All Detainees shall be assessed during intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house Detainees to prevent Sexual Abuse, taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the Facility. Facilities shall use the GEO PREA Risk Assessment Tool (See Attachment B) to conduct the initial risk screening assessment. In addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records (e.g., medical files or, 213/216 remand, etc.) that can assist them with risk assessment. PPIPC shall also consider, to the extent that the information is available, the following criteria to assess Detainees for risk of sexual victimization: 1) Mental, physical or developmental 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 or child; 7) Whether Detainee self-identified as LGBTI or Gender Nonconforming; 8) Whether Detainee self-identified as having previously experienced sexual victimization; and, 9) Own concerns about his/her physical safety. The intake screening shall also consider prior acts of Sexual Abuse, prior convictions for violent offenses, and history of prior institutional violence or Sexual Abuse, as known to the Facility, in assessing the risk of being sexually abusive. PPIPC shall ensure that between 60 and 90 days from the initial assessment at the Facility, staff shall reassess each Detainee’s risk for victimization or abusiveness using the PREA Vulnerability Reassessment Questionnaire which is to be completed by Case Managers. The PREA Risk Assessment form is completed initially upon arrival. Facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire (See Attachment C) to conduct the reassessment. At any point after the initial intake screening, a Detainee shall be reassessed for risk of victimization or abusiveness when warranted based upon the receipt of additional, relevant information or following an incident or abuse or victimization. Disciplining Detainees for refusing to answer or not providing complete information in response to certain screening questions is prohibited. PPIPC 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 Detainees. Sensitive information shall be limited to need-to-know Employees only for the purpose of treatment, programming, housing and security and management decisions.” The Auditor reviewed the GEO PREA Assessment Tool and confirmed the assessment tool considers whether the detainee has a mental, physical, or developmental disability; the age of the detainee, the physical build and appearance of the detainee; whether the detainee has previously been incarcerated or detained; the nature of the detainee’s criminal history; whether the detainee has any convictions for sex offenses against an adult or child; whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the detainee has self-identified as having previously experienced sexual victimization; the detainee’s own concerns about his or her physical safety; prior acts of sexual abuse; prior convictions for violent offenses; and a history of prior institutional violence or sexual abuse. An interview with the Intake Property Sergeant indicated each detainee is assessed upon intake and although the facility has up to 12 hours to complete the process it is usually completed within a few hours of arriving at the facility. An interview with the Intake Property Sergeant further indicated if a detainee is LEP the facility will utilize a language line service for interpretation. In addition, an interview with the Intake Property Sergeant indicated if a detainee is identified as being at risk for sexual victimization or as a potential predatory, they will confirm the location of any known predators to ensure separation from a detainee at risk for sexual victimization when housing detainees and detainees are not disciplined for refusing to answer or provide complete answers to questions asked during the intake screening. During the on-site audit, the Auditor observed an intake of a detainee and confirmed all questions were asked of the detainee in a private setting and with the use of the language line. The Auditor reviewed 12 detainee files and confirmed all detainees had been assessed and had

completed the initial classification process and received their initial housing within 12 hours of the detainee's arrival at the facility. An interview with the Classification Manager indicated the facility will complete a reassessment at 90 days of all detainees housed at the facility, whenever it is warranted based upon the receipt of additional relevant information or following an incident or sexual abuse or victimization. The Auditor reviewed two detainee files and confirmed a reassessment had been completed at 90 days. In addition, the Auditor reviewed three sexual abuse allegation investigation files and confirmed a reassessment had been completed with the detainee following a report of sexual abuse.

Corrective Action:

No corrective action needed.

§115.42 - Use of assessment information

Outcome: Meets Standard

Notes:

(a)(b)(c): PPIPC policy 10.1.1 states, "Screening information from standard 115.41 Section C (1) shall be used to inform assignment of Detainees to housing, recreation and other activities, and voluntary work. PPIPC shall make individualized determinations about how to ensure the safety of each Detainee. The PSA Compliance Manager will maintain an "at risk log" of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The "at risk log" will be kept current and include current housing locations." Note: Following a reported allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the "at risk" log as soon as possible and tracked as a potential victim and housed separate from potential abusers pending the outcome of the investigation. If the investigation is determined "unfounded", the victim may be removed from the "at risk" log. PSA Compliance Manager will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. When making assessments and housing decisions for Transgender and Intersex Detainees, PPIPC shall consider the Detainee's gender self-identification and an assessment of the effects of placement on the Detainee's health and safety. A Medical or Mental Health Practitioner shall be consulted as soon as practicable on these assessment and placement decisions which shall not be based solely on the identity documents or physical anatomy of the Detainee." PPIPC policy 10.1.1 further states, "Housing and programming assignments for each Transgender and Intersex Detainee shall be reassessed at least twice a year to determine any threats to safety experienced by the Detainee. This assessment is completed by the PREA PSA Compliance Manager. Serious considerations shall be given to the individual's own views with respect to his/her own safety. Facilities shall use the Transgender Care Committee form (See Attachment D) to conduct the six-month reassessment. When operationally feasible, Transgender and Intersex Detainees shall be given an opportunity to shower separately from other Detainees." An interview with the PSA Compliance Manager and the Intake Property Sergeant indicated the facility utilizes a PREA At-Risk Assessment Tracking log to track the location of all detainees who are potential victims and/or potential abusers. An interview with the PSA Compliance Manager and the Intake Property Sergeant further indicated prior to housing a detainee or assigning voluntary work or recreation, individualized determinations are made, utilizing the information from the risk assessment and the log to ensure an at-risk sexual abuse victim is not housed or assigned to voluntary work or recreation with those detainees who have been identified as being at risk for sexual aggression to ensure the safety of each detainee. In addition, an interview with the PSA Compliance Manager and the Intake Property Sergeant indicated medical and mental health would be consulted on the immediate placement of a transgender or intersex detainee and housing would be determined based on the detainee's own self-identification of gender and not by physical anatomy. An interview with the PSA Compliance Manager and the Intake Property Sergeant indicated a transgender or intersex detainee's housing would be consistent with the safety and security of the facility and a transgender or intersex detainee would be provided an opportunity to shower separate from other detainees. An interview with the PSA Compliance Manager indicated a transgender or intersex detainee would be reassessed every six months; however, there were no transgender or intersex detainees housed at the facility during the audit period.

Corrective Action:

No corrective action needed.

§115.43 - Protective Custody**Outcome:** Meets Standard**Notes:**

(a)(b)(c)(d)(e): PPIPC policy 10.1.1 states, “PPIPC shall develop and follow written procedures governing the management of its administrative restriction unit. These procedures should be developed in consultation with the ICE Enforcement and Removal Operations Field Office Director having jurisdiction for the Facility, must document detailed reasons for placement of a detainee in administrative segregation on the basis of a vulnerability to sexual abuse or assault. 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. PPIPC should assign Detainees vulnerable to Sexual Abuse or assault to administrative restriction for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If a restricted 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. Facilities shall implement written procedures for the regular reviews of all Detainees held in administrative restriction for their protection as follows: 1) A supervisory staff member shall conduct a review within 72 hours of the Detainees placement in administrative restriction to determine whether restriction is still warranted; and 2) A supervisor staff member shall conduct, at a minimum, an identical review after the detainee has spent seven (7) days in administrative restriction. A supervisory staff member shall conduct additional reviews every week for the first 30 days, and every 10 days thereafter. Facilities shall utilize the "DHS Sexual Assault/Abuse Available Alternatives Assessment" form to document the assessments (See Attachment G). All completed forms shall be reviewed and signed by the Facility Administrator or Assistant Facility Administrator upon completion. 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.” The Auditor reviewed two memorandums to the file which state, “Pine Prairie ICE Processing Center has not had a detainee placed in protective custody/segregation during this audit period.” and “if a detainee is placed in Protective Custody/Administrative Custody an email will be sent to the AFOD notifying of such within 72 hours of placement. The Restrictive Housing Lieutenant will send the notification.” Interviews with the FA and the PSA Compliance Manager indicated a detainee vulnerable to sexual abuse would only be placed in administrative segregation/protective custody if it is the best option, and as a last resort, until alternative arrangements could be made, and placement would not exceed 30 days. Interviews with the FA and the PSA Compliance Manager further indicated detainees vulnerable to sexual abuse would be provided access to programming, visitation, counsel, and any other services provided to the general population. In addition, interviews with the FA and the PSA Compliance Manager indicated any time a detainee is placed into segregation or protective custody, the ICE FOD is immediately notified. An interview with the Restrictive Housing Lieutenant indicated a detainee vulnerable to sexual abuse has not been placed in segregation or protective custody; however, if a detainee vulnerable to sexual abuse were placed in restrictive housing, the Lieutenant would receive an Administrative Segregation Order which included the reason the detainee was to be placed into restrictive housing. In an interview with the Restrictive Housing Lieutenant, it was confirmed the Lieutenant was knowledgeable and could articulate the review process required by subsection (d) of the standard. In an interview with the Restrictive Housing Lieutenant, it was further confirmed a detainee victim would not normally remain in restrictive housing longer than 30 days unless it was at the victim’s request. The Auditor reviewed three files which included detainees who identified as being vulnerable to sexual abuse and confirmed none of the detainees had been placed into restrictive housing after disclosing previous sexual abuse. An interview with the AFOD confirmed PPIPC policy 10.1.1 was developed in consultation with the ICE FOD having jurisdiction over PPIPC.

Corrective Action:

No corrective action needed.

§115.51 - Detainee Reporting**Outcome:** Meets Standard**Notes:**

(a)(b)(c): PPIPC policy 10.1.1 states, "PPIPC shall provide multiple ways for Detainees to privately report Sexual Abuse and Assault, retaliation for reporting Sexual Abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. Facilities shall provide contact information to Detainees for relevant consular officials, the DHS Office of Inspector General, the Joint Intake Center, as appropriate, another designated office, to confidentially and, if desired, anonymously, report these incidents. Facilities shall provide Detainees contact information on how to report Sexual Abuse or Assault to a public or private entity or office that is not part of GEO (i.e., contracting agency ICE) and that is able to receive and immediately forward Detainee reports of Sexual Abuse to Facility or GEO officials, allowing the detainee to remain anonymous upon request. Facilities shall provide Detainees contact information on how to report Sexual Abuse or Assaults to the Facility PSA Compliance Manager. Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports." During the on-site audit, the Auditor observed information in English and Spanish posted in the housing units and common areas of the facility, advising detainees how to contact their consular official, the DHS OIG, and DRIL, to confidentially and if desired anonymously report an incident of sexual abuse. Interviews with the facility PSA Compliance Manager and six random COs indicated detainees are provided multiple ways to report sexual abuse, retaliation, and any staff neglect of their responsibilities which may have contributed to an incident of sexual abuse. Interviews with six random COs further indicated all reports received verbally, in writing, anonymously, and from third parties must be immediately reported and documented. Interviews with 29 detainees confirmed they were aware of several ways they could report an allegation, including ways to report anonymously, if desired. During the on-site audit, the Auditor tested all telephone numbers provided to the detainees to report an allegation of sexual abuse and confirmed they were all in good working order.

Corrective Action:

No corrective action needed.

§115.52 - Grievances**Outcome:** Does Not Meet Standard**Notes:**

(a)(b)(c)(d)(e)(f): PPIPC policy 10.1.1 states, "PPIPC 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. PPIPC shall not impose a time limit on when a detainee may submit a grievance regarding allegation of Sexual Abuse. PPIPC 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. PPIPC staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. To prepare a grievance, a Detainee may obtain assistance from another Detainee, the housing officer or other facility staff, family members, or legal representatives. Staff shall take reasonable steps to expedite requests for assistance from these other parties. PPIPC shall issue a decision on the grievance within five (5) days of receipt and shall respond to an appeal of the grievance decision within 30 days. PPIPC shall send all grievance related to Sexual Abuse and the Facility's decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process. The PSA Compliance Manager shall receive copies of all grievances related to Sexual Abuse or Sexual Activity for monitoring purposes." The Auditor reviewed PPIPC policy 10.1.1 and confirmed PPIPC policy 10.1.1 does not include written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to Detainee health, safety, or welfare related to sexual abuse. An interview with the facility PSA Compliance Manager/GO, indicated a detainee can access the grievance forms in

the housing units and submit them through locked grievance boxes located in the corridors of the facility. An interview with the facility PSA Compliance Manager/GO, further indicated there are no time limits imposed on grievances alleging sexual abuse and if a detainee expresses a need for assistance in filing a grievance, she will facilitate the detainee request and ensure he receives assistance as needed. In addition, an interview with the PSA Compliance Manager/GO indicated all grievances alleging sexual abuse and the facilities response to the grievance, are forwarded to the FOD at the completion of the grievance process and grievances alleging sexual abuse are considered time-sensitive and an immediate threat to detainee health, safety, and welfare; and therefore, if she were to receive a grievance alleging sexual abuse, after ensuring the detainee was safe, she would inform security and medical staff to ensure immediate action is taken including a medical assessment. During the on-site audit, the Auditor tested the grievance process, and a test grievance was placed into a grievance box within a housing unit. The Auditor did timely receive notification that the grievance had been received. Interviews with 29 detainees indicated they were aware they could file a grievance to report sexual abuse if needed. The Auditor reviewed three investigative files; however, none of the allegations had been reported utilizing the grievance process.

Corrective Action:

The facility is not in compliance with subsection (c) of the standard. The Auditor reviewed PPIPC policy 10.1.1 and confirmed PPIPC policy 10.1.1 does not include written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to Detainee health, safety, or welfare related to sexual abuse. To become compliant the facility must establish and implement a written procedure for identifying and handling time-sensitive grievances involving an immediate threat to detainee health, safety or welfare related to sexual abuse. Once the written procedure has been established and implemented the facility must submit documentation to confirm all applicable staff, to include the GO, have been trained on the implemented policy and procedure.

§115.53 - Detainee access to outside confidential support services

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d): PPIPC policy 10.1.1 states, “PPIPC shall utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to address victim's needs most appropriately. PPIPC shall make information available to Detainees about local organizations that can assist detainees who have been victims of Sexual Abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available). If local providers are not available, PPIPC shall make available the same information about national organizations. PPIPC shall enable reasonable communication between Detainees and these organizations as well as inform Detainees (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. PPIPC is required to maintain or attempt to enter into agreements with community service providers to provide Detainees with confidential emotional support services related to the Sexual Abuse while in custody, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime. PPIPC shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements.” The Auditor reviewed a Memorandum of Understanding (MOU) signed on October 31, 2023, with no end date, between PPIPC and the St. Landry-Evangeline Sexual Assault Center to provide legal advocacy and confidential emotional support services for detainee victims of sexual assault. During the on-site audit, the Auditor observed the St. Landry-Evangeline Sexual Assault Center and the Rape, Abuse and Incest National Network (RAINN) flyers posted in all housing units in English and Spanish; however, an interview with the PSA Compliance Manager indicated the flyer can be translated to other languages if needed. The Auditor reviewed the flyer and confirmed the flyer provides the detainees with a mailing address and telephone numbers to access St. Landry-Evangeline Sexual Assault Center and states, “If you are a victim of a sexual assault, there is access to outside

confidential emotional support services.” and “these calls will be made at no cost to you and will not be monitored.” A review of the St. Landry-Evangeline Sexual Assault Center flyer further confirms it provides instructions to the detainee on how to utilize their services anonymously and confidentially; however, a review of both the St. Landry-Evangeline Sexual Assault Center and RAINN flyer confirmed neither flyer notified detainees the extent to which reports of abuse will be forwarded to the authorities in accordance with mandatory reporting laws, prior to giving the detainee access to the outside resource. In addition, the Auditor reviewed the facility local supplement to the ICE National Detainee Handbook and confirmed the facility local supplement did not include information regarding community resources available to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to address victim's needs most appropriately. Utilizing the detainee telephones and the instructions provided the Auditor successfully called the St. Landry-Evangeline Sexual Assault Center and RAINN. During the call to St. Landry-Evangeline Sexual Assault Center the Auditor spoke with a victim advocate and confirmed services provided would include emotional support, crisis intervention, accompaniment to provide emotional support during a forensic medical examination, support during investigatory interviews and court proceedings, and information and referrals that may be needed; however, the advocate confirmed she has received calls from the facility and was unable to speak to the detainee caller due to a language barrier as they do not have access to a language line in order to speak with detainees utilizing the service who do not speak English.

Corrective Action:

The facility is not in compliance with subsection (c) and (d) of the standard. During the on-site audit, the Auditor reviewed both the St. Landry-Evangeline Sexual Assault Center and RAINN flyer and confirmed neither flyer notified detainees the extent to which reports of abuse will be forwarded to the authorities in accordance with mandatory reporting laws prior to giving the detainee access to the outside resource. In addition, the Auditor reviewed the facility local supplement to the ICE National Detainee Handbook and confirmed the facility local supplement did not include information regarding community resources available to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to address victim's needs most appropriately. During the on-site audit the Auditor placed a call to St. Landry-Evangeline Sexual Assault Center and confirmed St. Landry-Evangeline Sexual Assault Center does not have access to a language line to speak with any detainee utilizing the service who does not speak English. To become compliant, the facility must establish and implement a process to ensure detainees are informed, prior to giving them access to outside resources, of the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws in a manner all detainees can understand. In addition, the facility must establish and implement a process which allows for reasonable communication between detainees and St. Landry-Evangeline Sexual Assault Center to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to address victim's needs most appropriately. Once implemented the facility must provide documentation which confirms all applicable staff, to include medical, mental health, and facility investigators have been trained on the implemented procedure.

§115.54 - Third-party reporting

Outcome: Meets Standard

Notes:

PPIPC policy 10.1.1 states, “PPIPC 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 poster shall be posted in all public areas in English and Spanish to include lobby, visitation and staff break areas.” A review of the Agency website (www.ice.gov/prea) confirmed it provides the public with information (telephone number & address) regarding third-party reporting of sexual abuse on behalf of the detainee. In addition, the Auditor reviewed the GEO website (www.geogroup.com/prea) and confirmed the website advises the public how to report allegations of sexual abuse/sexual harassment of someone in a GEO facility. A review of the GEO website further confirmed contact information is provided for the GEO Group PREA Coordinator including a phone number. The Auditor tested

the third-party email provided on the website at preainfo@geogroup.com and received an email back acknowledging receipt from the GEO PREA Coordinator.

Corrective Action:

No corrective action needed.

§115.61 - Staff and Agency Reporting Duties

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): The Agency’s policy 11062.2 mandates, “All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” ICE Directive 11062.2 states, “If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state or local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section.” PPIPC policy 10.1.1 states, “Employees are required to immediately report in accordance with Agency policy any of the following: 1) Knowledge, suspicion, or information regarding an incident of Sexual Abuse or Assault that occurred in a Facility whether or not it is a GEO Facility; 2) Retaliation against Detainees or Employees who reported such an incident or participated in an investigation about such incident; 3) Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisor or officials, Employees shall not reveal any information related to a Sexual Abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other Detainees or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions. Employees reporting Sexual Abuse shall be afforded the opportunity to report such information to the Chief of Security or Facility Management privately if requested and may also utilize the employee hotline or contact the Corporate PREA Coordinator directly to privately report these types of incidents. Allegations of Sexual Abuse in which the alleged victim is under the age of 18 or considered a vulnerable adult to designated state or local vulnerable persons statute, PPIPC shall report to designated State or local services Agencies under applicable mandatory report laws.” Interviews with six random COs confirmed they were very knowledgeable and could articulate their responsibilities to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation, or staff failure to perform their duties, to their immediate supervisor. Interviews with six random COs further confirmed they were aware sharing of information regarding a sexual abuse is limited to only those who are on a need-to-know basis and they could anonymously report an allegation of sexual abuse through the GEO employee hotline or utilize the same numbers provided to the detainees. Interviews with the FA and the PSA Compliance Manager indicated the facility does not house juvenile detainees and if an allegation of sexual abuse involved a vulnerable adult, Louisiana mandatory reporting laws require a report to be made to the Adult Protective Services. An interview with the AFOD confirmed he was knowledgeable regarding his reporting duties under Agency policy 1106.2. During the on-site audit the Auditor reviewed three sexual abuse allegation investigation files and confirmed none of the allegations involved a vulnerable adult. The facility does not house juveniles. An interview with the AFOD further confirmed PPIPC policy 10.1.1 has been submitted and approved by the Agency.

Corrective Action:

No corrective action needed.

§115.62 - Protection Duties

Outcome: Meets Standard

Notes:

PPIPC policy 10.1.1 states, "When an Employee or PPIPC staff member has reasonable belief that a Detainee is subject to substantial risk of imminent Sexual Abuse, he or she shall take immediate action to protect that Detainee. Employees shall report and respond to all allegations of Sexually Abusive Behavior. Employees should assume all reports of sexual victimization, regardless of the source of the report (i.e., "third party") are credible and respond accordingly. Any allegation to staff of sexual assault or attempt sexual assault will be reported immediately through the facility's chain of command, from the reporting official to the highest facility official as well as the Field Office Director. When reporting an allegation of sexual assault staff can report outside of chain of command. Only designated employees specified by policy should be informed of the incident, as it is important to respect the victim's security, identity, and privacy. All allegations of sexual abuse shall be handled in a confidential manner throughout the investigation. All conversations and contact with the victim should be sensitive, supportive, and non-judgmental." Interviews with the FA, PSA Compliance Manager, and six random COs indicated if they become aware a detainee is at substantial risk of sexual abuse their first response would be to separate the detainee and ensure his safety. The Auditor reviewed three sexual abuse allegation investigation files and confirmed staff took immediate action to protect the detainee following an allegation of sexual abuse by separating the detainee victim from the alleged abuser.

Corrective Action:

No corrective action needed.

§115.63 - Reporting to other Confinement Facilities

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): PPIPC policy 10.1.1 states, "In the event a Detainee alleges Sexual Abuse occurred while confined at another Facility, PPIPC 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 occurred and notify the ICE Field Office as soon as possible, but no later than 72 hours after receiving the notification. PPIPC shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PSA Compliance Manager. PPIPC is that [sic] 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." The Auditor reviewed a memorandum to the file which states, "Pine Prairie ICE Processing Center has not had any notification of sexual abuse that occurred at another confinement facility. If Pine Prairie Ice Processing Center has such, PREA Compliance Manager will meet with detainee to gather specifics, type memo to the Facility Administrator, the Facility Administrator will forward the email to the AFOD and the Facility Administrator at the receiving facility. Notification will be sent no later than 72 hours." An interview with the FA indicated if he receives an allegation from another facility administrator indicating an alleged sexual abuse had occurred at PPIPC he would immediately refer the allegation to the facility investigator for investigation and would notify the FOD. An interview with the FA further indicated if he received an allegation a detainee had experienced sexual abuse at another facility, he would notify the appropriate agency officials by email where the alleged sexual abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation. The Auditor reviewed three sexual abuse allegation investigation files and confirmed none of the files included a detainee who reported an allegation of sexual abuse at another facility.

Corrective Action:

No corrective action needed.

§115.64 - Responder Duties

Outcome: Meets Standard

Notes:

(a)(b): PPIPC policy 10.1.1 states, “Upon learning of an allegation that a Detainee was Sexually Abused, or if the Employee sees abuse, the first Security Staff member to respond to the report shall: a. Separate the alleged victim and abuser; b. Immediately notify the on duty security supervisor and remain on the scene until relieved by responding personnel; c. Preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence; d. If the Sexual Abuse occurred within 96 hours, request that the alleged victim and ensure the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; e. The alleged victim and abuser should be placed (separately) in a dry cell or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; until the forensic examination can be performed. f. A Security Staff member of the same sex shall be placed outside the cell or area for direct observation to ensure these actions are not performed, g. If the first responder is not a Security Staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify Security Staff; h. Apart from reporting to designated supervisors, Employees shall not reveal any information related to the incident to anyone other than to staff involved with investigating the alleged incident.” Interviews with six random COs confirmed if a detainee reported an allegation of sexual abuse to them, their duties as a security first responder would be to separate the detainee, call for backup, secure the scene, request the detainee victim, and ensure the abuser does not take any action which could destroy physical evidence. Interviews with two non-security first responders indicated they would immediately call for officers, instruct the detainees to separate, request the victim not to take any action which could destroy physical evidence, would ensure the perpetrator does not take action which could destroy physical evidence, and would immediately notify their supervisor of the incident. The Auditor reviewed three sexual abuse allegation investigation files and confirmed both the victim, and the abuser, were immediately separated and taken to medical for care and observation.

Corrective Action:

No corrective action needed.

§115.65 - Coordinated Response

Outcome: Meets Standard

Notes:

(a)(b): PPIPC policy 10.1.1 states, “a. PPIPC shall develop written Facility plans to coordinate the actions taken by staff first responders, Medical and Mental Health Practitioners, investigators, and Facility leadership in response to incidents of Sexual Abuse and Assault. b. PPIPC shall use a coordinated, multidisciplinary team approach to responding to Sexual Abuse and Assault to include addressing any safety, medical, or mental health needs. The PSA Compliance Manager shall be a required participant and the Corporate PREA Coordinator may be consulted as part of this coordinated response.” The Auditor reviewed the facility coordinated response plan and confirmed the plan takes a multidisciplinary team approach to responding to sexual abuse and coordinates the actions taken by facility staff to include first responders, medical and mental health staff, investigators, and facility leadership in response to an incident of sexual abuse. Interviews with the FA, the PSA Compliance Manager, a LPN, and six random COs confirmed their knowledge and responsibilities required by the response plan. If a detainee reported an allegation of sexual abuse to them, they would separate the detainee, call for backup, secure the scene, call for medical and request the detainee victim and ensure the abuser does not take any action that could destroy physical evidence. The Auditor reviewed three sexual abuse allegation investigation files and confirmed the facility utilized a coordinated, multidisciplinary response, in responding to each allegation.

(c)(d): PPIPC policy 10.1.1 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." However, the standard requires the PREA Coordinated Response Plan include all requirements of subsection (c) of the standard which states, "If a victim of sexual abuse is transferred between facilities covered by subpart A or B of standard 115.65, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services" and subsection (d) of the standard which states, "If a victim is transferred from a DHS immigration detention facility to a facility, not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." The Auditor reviewed a memorandum which states, "Pine Prairie ICE Processing Center has not had a victim of sexual abuse transferred to another facility not covered by the DHS PREA Standards. 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 victims potential need for medical services, unless the victim requests otherwise. Email notification will be promptly sent out to the receiving facility." Interviews with the Facility Administrator and an LPN confirmed they were aware of all requirements of subsections (c) and (d).

Recommendation (c)(d): The Auditor recommends the facility update PPIPC policy 10.1.1 to coincide with facility practice which meets the requirements of subsection (c) and (d) of the standard.

Corrective Action:

No corrective action needed.

§115.66 - Protection of detainees from contact with alleged abusers

Outcome: Meets Standard

Notes:

PPIPC policy 10.1.1 states, "Employees, Contractors and Volunteers suspected of perpetrating Sexual Abuse shall be removed from all duties requiring Detainee contact pending the outcome of an investigation. Separation orders requiring "no contact" shall be documented by facility management via email or memorandum within 24 hours of the reported allegation. The email or memorandum shall be printed and maintained as part of the related investigation file." Interviews with the FA, PSA Compliance Manager, and the HRM indicated staff, contactors, and volunteers would be removed from contact with detainees pending the outcome of the investigation. The Auditor reviewed three sexual abuse allegation investigation files and confirmed none of the allegations included staff-on-detainee.

Corrective Action:

No corrective action needed.

§115.67 - Agency protection against retaliation

Outcome: Meets Standard

Notes:

(a)(b)(c): PPIPC policy 10.1.1 states, "Employees, Contractors and Volunteers, and Detainees shall not retaliate against any person, including a Detainee, who reports, complains about, or participates in an investigation into an allegation of Sexual Abuse, or for participating in Sexual Activity as a result of force, coercion, threats, or fear of force. PPIPC shall employ multiple protection measures, such as housing changes, removal of alleged staff abusers from contact with victims, and emotional support services for detainees and employees who fear retaliation for reporting sexual abuse or for cooperating with investigations. PPIPC's PSA Compliance Manager or Mental Health personnel shall be responsible for monitoring detainee retaliation. 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 who fear retaliation for reporting sexual abuse or for cooperating with investigations. A Mental Health staff member or the PSA Compliance Manager shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. Any issues discussed shall be noted on the "Protection from Retaliation Log (see Attachment H)" to include corrective actions taken to address the issue. For at least 90 days following a report of Sexual Abuse, PPIPC shall monitor the conduct and treatment of in a GEO Program or Employees who reported the Sexual Abuse to see if there are changes that may suggest possible retaliation by Detainees or staff and shall promptly to remedy such retaliation. [sic] Items to be monitored for Detainees include disciplinary reports and housing or program changes. For at least 90 days following a report of Staff Sexual Misconduct (abuse or harassment) by another employee, the PPIPC's Human Resources Staff or Facility Investigator as designated by the Facility Administrator shall monitor the conduct and treatment of the employee who reported the Staff Sexual Misconduct (abuse or harassment) or employee Witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Designated staff shall meet every 30 days for 90 days with employees in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. The Employee Assistance Program (EAP) may also be offered for emotional support services for employees who fear retaliation. Any issues discussed shall be noted on the "Employee Protection from Retaliation Log (see Attachment I)", to include corrective actions taken to address the issue. Items to be monitored for employees include negative performance reviews and employee reassignments. If any other individual expresses a fear of retaliation, PPIPC shall take appropriate measures to protect that individual as well. Completed Monitoring Logs shall be retained in the investigative file of the corresponding SA-API incident." An interview with the PSA Compliance Manager/Retaliation Monitor, indicated she is responsible for retaliation monitoring of detainee victims of sexual abuse and the HRM is responsible to monitor staff. An interview with the PSA Compliance Manager/Retaliation Monitor further indicated when a detainee reports an allegation of sexual abuse, she will begin monitoring the detainee victim immediately and if the detainee victim expresses fear of retaliation for reporting the allegation or for cooperating with the investigation, she will ensure the victim detainee is offered emotional support services. In addition, the PSA Compliance Manager/Retaliation Monitor indicated she will meet with the detainee every week for up to 90 days, or longer if needed. The monitoring process includes a review of the detainee's housing record, disciplinary record, or any program changes. An interview with the HRM indicated staff who express fear of retaliation will be offered emotional support through the EAP and are monitored every 30 days for up to 90 days, or longer if needed, to ensure there have not been negative reviews or reassignments based on reporting an allegation of sexual abuse or cooperating in an investigation. An interview with the HRM further indicated there has not been a staff member requiring retaliation monitoring during the audit period. The Auditor reviewed three sexual abuse allegation investigation files and confirmed all files contained documentation confirming retaliation monitoring began within a few days of the detainee victim of sexual abuse reporting an allegation. In addition, a review of three sexual abuse allegation investigation files confirmed monitoring of all detainees who made an allegation of sexual abuse continued for 90 days.

Corrective Action:

No corrective action needed.

§115.68 - Post-allegation protective custody

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): PPIPC policy 10.1.1 states, "PPIPC shall take care to place Detainee victims of Sexual Abuse in a supportive environment that represents the least restrictive housing option possible (e.g., protective custody), subject to the requirements of 115.43. (See Section J1). Such detainees should be assigned to administrative segregation for protective custody only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. Detainee victims shall not be

held for longer than five (5) days in any type of administrative restriction, except in unusual circumstances or at the request of the Detainee. A Detainee victim who is in protective custody after having been subjected to Sexual Abuse shall not be returned to the general population until completion of a proper reassessment, taking into consideration any increased vulnerability of the Detainee as a result of the Sexual Abuse. PPIPC 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.” The Auditor reviewed a memorandum to the file which states, “Pine Prairie Ice Processing Center has not had any instances of a detainee being placed in segregated housing for protection due to sexual abuse in the review period.” Interviews with the FA, PSA Compliance Manager, and a Restrictive Housing Lieutenant indicated if a detainee victim was placed into segregated housing due to an incident of sexual abuse the ICE FOD would be immediately notified. Interviews with the FA, PSA Compliance Manager, and a Restrictive Housing Lieutenant further indicated prior to placing a detainee victim of sexual abuse into administrative segregation, the facility would explore other options to ensure the detainee victim of sexual abuse is placed in a supportive environment which represents the least restrictive housing possible and supervisory staff would conduct all reviews as required by standard §115.43. In an interview with the PSA Compliance Manager/Classification Manager it was indicated a detainee victim would not be returned to general population until the completion of a reassessment considering any increased vulnerability as a result of the recent sexual abuse. Interviews with the FA, PSA Compliance Manager, and a Restrictive Housing Lieutenant confirmed there were no detainee victims of sexual abuse placed into administrative segregation during the reporting period. The Auditor reviewed three sexual abuse allegation investigation files and confirmed no detainee victim had been placed in administrative segregation or protective custody after reporting an incident of sexual abuse.

Corrective Action:

No corrective action needed.

§115.71 - Criminal and administrative investigations

Outcome: Meets Standard

Notes:

(a)(b)(e)(f): PPIPC policy 10.1.1-A states, “An administrative investigation shall be completed for all allegations of Sexual Abuse at PPIPC, regardless of whether a criminal investigation is completed. Coordination of internal administrative investigations as well as coordination with the ICE Office of Responsibility (OPR) should be coordinated in a way as to not interfere with the assigned criminal investigative entity criminal investigations.” PPIPC policy 10.1.1-A further states, “When PPIPC conducts its own investigations into allegations of Sexual Abuse, it shall do so promptly, thoroughly, objectively for all allegations, including third-party and anonymous reports.” PPIPC policy 10.1.1-A further states, “When outside agencies investigate Sexual Abuse, PPIPC shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Facilities shall request copies of completed investigation reports. Upon receipt, the investigative report will be forwarded to the Corporate PREA Director for review and closure. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as Detainee or staff.” An interview with the facility PREA investigator indicated the facility will complete an administrative investigation on allegations reported at the facility. An interview with the facility PREA Investigator further indicated all allegations are reported to the EPSD and she will remain in contact with the EPSD to cooperate with the investigation and to keep informed of the investigation’s progress. In addition, in an interview with the facility PREA Investigator it was indicated the facility will begin an investigation once EPSD and ICE OPR has indicated she can do so. An interview with the facility PREA investigator indicated an investigation would be completed regardless of whether the detainee or the perpetrator is no longer housed or employed at the facility. The Auditor reviewed and confirmed two investigators have received specialized training in sexual abuse and effective cross-agency coordination and has received general PREA training as required by §115.31. In addition, the Auditor reviewed three investigative files and confirmed the investigations had been completed promptly, thoroughly and objectively by specially trained facility investigators.

(c): PPIPC policy 10.1.1-A states, “An investigative report shall be written for all investigations of allegations of Sexual Abuse conducted at the facility level. PPIPC shall utilize the investigative report template (See attachment A) for all PREA investigations. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review all prior complaints and reports of Sexual Abuse involving the suspected perpetrator. Administrative Investigations (1) shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.” PPIPC policy 10.1.1-A further states, “PPIPC shall retain all written reports referenced this section for as long as the alleged abuse is incarcerated or employed by the agency, plus five years; however, for any circumstances, files shall be retained no less than ten years.” The Auditor reviewed three sexual abuse allegation investigation files and confirmed each investigation included a description of the physical and testimonial evidence, the reasoning behind credibility assessments, a review of prior complaints and reports of sexual abuse involving the abuser, efforts to determine whether staff actions or failures to act contributed to the abuse and the investigative facts and findings.

Corrective Action:

No corrective action needed.

§115.72 - Evidentiary standard for administrative investigations

Outcome: Meets Standard

Notes:

Agency Policy 11062.2 states, “The OPR shall conduct either an OPR review or investigation, in accordance with OPR policies and procedures. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse.” PPIPC policy 10.1.1-A states, “Evidentiary standard for administrative investigations (§115.72). Facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of Sexual Abuse are Substantiated.” An interview with the facility PREA Investigator indicated the facility does not impose a standard higher than a preponderance of evidence to substantiate an allegation of sexual abuse. The Auditor reviewed three sexual abuse allegation investigation files and confirmed the facility did not impose a standard higher than a preponderance of evidence when determining the outcome of the administrative investigation.

Corrective Action:

No corrective action needed.

§115.73 - Reporting to detainees

Outcome: Meets Standard

Notes:

PPIPC policy 10.1.1-A 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.” An interview with the PSA Compliance Manager indicated the detainee victim of sexual abuse is notified of the outcome of the investigation and of any responsive action taken on the case. The Auditor submitted a Notification to Detainee of PREA Investigation Results form to the ERAU TL for confirmation of the notifications and confirmed detainee notification had been made to the three detainee victims alleging sexual abuse. During the on-site audit the Auditor reviewed three sexual abuse allegation investigation files and confirmed all files included a letter notifying the detainee victim of sexual abuse of the result of the investigation and the responsive action taken by the facility.

Corrective Action:

No corrective action needed.

§115.76 - Disciplinary sanctions for staff**Outcome:** Meets Standard**Notes:**

(a)(b)(c)(d): PPIPC policy 10.1.1-A states, “Staff shall be subject to disciplinary or adverse action up to and including removal from their position and the Federal service for substantiated allegations of Sexual Abuse or for violating agency or facility Sexual Abuse policies. The Agency shall review and approve facility policies and procedures regarding disciplinary or adverse actions for staff and shall ensure that the facility policy and procedures specify disciplinary or adverse actions for staff, up to and including removal from their position and from the Federal service for staff, when there is a substantiated allegation of Sexual Abuse, or when there has been a violation of agency sexual abuse rules, policies, or standards. Removal from their position and from the Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in Sexual Abuse, as defined under the definition of Sexual Abuse of a Detainee by an Employee, Contractor, or Volunteer. PPIPC 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. The facility shall also report all such incidents of substantiated abuse, removals or resignations in lieu of removal to the Field Office Director, regardless of whether the activity was criminal, and shall make reasonable efforts to report such information to any relevant licensing bodies, to the extent known. PPIPC shall make reasonable efforts to report removals or resignations in lieu of removal for violations of Agency or facility Sexual Abuse policies to any relevant licensing bodies, to the extent known.” Interviews with six random COs indicated they were aware they would be terminated for engaging in sexual abuse or sexual harassment of a detainee or for violating the facility SA-API policy. Interviews with the FA, PSA Compliance Manager, and the HRM indicated staff are subject to discipline, including removal from their position from federal service if they engage in sexual abuse or violate the facility or Agency SA-API policy. Interviews with the FA and PSA Compliance Manager confirmed they would notify any licensing body necessary if a licensed staff member is removed or resigns in lieu of removal for violating the facility sexual abuse policies. The Auditor reviewed three sexual abuse allegation investigation files and confirmed there has not been a substantiated allegation against a staff member during the reporting period. Interviews with the FA and the AFOD confirmed PPIPC policy 10.1.1-A has been submitted and approved by the Agency.

Corrective Action:

No corrective action needed.

§115.77 - Corrective action for contractors and volunteers**Outcome:** Meets Standard**Notes:**

(a)(b)(c): PPIPC policy 10.1.1-A states, “Any contractor or volunteer who has engaged in Sexual Abuse shall be prohibited from contact with Detainees. PPIPC 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. The facility shall also report such incidents of substantiated abuse by a contractor or volunteer to the Field Office Director, regardless of whether the activity was criminal, and shall make reasonable efforts to report such information to any relevant licensing bodies, to the extent known. Contractors and Volunteers suspected of perpetrating Sexual Abuse shall be removed from all duties requiring Detainee contact pending the outcome of an investigation. PPIPC 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.” An interview with the FA and the PSA Compliance Manager indicated any contractor or volunteer suspected of engaging in sexual abuse with a detainee would be removed from all

duties involving detainee contact and local law enforcement would be notified. Interviews with the FA and PSA Compliance Manager further indicated should a contractor violate any other provisions of facility policies they would be removed from the facility, and any further contact with detainees, until an investigation had been completed. In an interview with the FA, it was indicated an incident of sexual abuse would be reported to the contractor's employer and any other licensing bodies necessary. The Auditor reviewed three sexual abuse allegation investigation files and confirmed none of the allegations involved a contractor or volunteer.

Corrective Action:

No corrective action needed.

§115.78 - Disciplinary sanctions for detainees

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): PPIPC policy 10.1.1-A states, "PPIPC shall subject a detainee to Disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the Detainee engaged in Sexual Abuse. At all steps in the disciplinary process any sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations in the future. PPIPC shall have a Detainee disciplinary system with progressive levels of reviews, appeals, procedures, and documentation procedure. The disciplinary process shall consider whether a Detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed. PPIPC shall not discipline a Detainee for sexual contact with staff unless there is a finding the staff member did not consent to such contact. For the purpose of disciplinary action, a report of Sexual Abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation." Interviews with the FA, the PSA Compliance Manager, and the Restrictive Housing Lieutenant/Disciplinary Officer indicated detainees are subject to disciplinary sanction pursuant to a formal disciplinary process for an administrative or criminal finding the detainee engaged in sexual abuse. Interviews with the FA, the PSA Compliance Manager, and the Restrictive Housing Lieutenant/Disciplinary Officer further indicated detainees are not disciplined for reports made in good faith based on a reasonable belief the alleged conduct had occurred. An interview with the Restrictive Housing Lieutenant/Disciplinary Officer confirmed during the disciplinary hearings process, the hearing officer will consider whether a detainee's mental illness or disabilities contributed to the behavior when determining the sanctions to be imposed. An interview with the Restrictive Housing Lieutenant/Disciplinary Officer further indicated the disciplinary process includes appropriate levels of reviews and appeals. The Auditor reviewed three sexual abuse allegation investigation files and confirmed there were no substantiated cases of detainee-on detainee sexual abuse; and therefore, no disciplinary records were reviewed.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c): PPIPC policy 10.1.1 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 referred to a Qualified Medical and/or Mental Health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the Detainee shall receive a health evaluation no later than two (2) working days from the date of assessment. When a referral for mental health follow-up is initiated, the Detainee shall receive a mental health evaluation no later than 72 hours after the referral." An interview with the Intake Property Sergeant

indicated if during the initial risk assessment, a detainee is identified as experiencing prior sexual victimization or perpetrating sexual abuse, intake staff will immediately send an email to the PSA Compliance Manager, medical staff, mental health, and the medical clerk. An interview with an LPN and the facility Psychologist indicated upon receiving the email from intake the medical clerk will set an appointment for the detainee to be seen by medical staff within two working days and mental health staff within 72 hours. The Auditor reviewed three files of detainees who reported previous sexual abuse and one file of a detainee identified as potential aggressor and confirmed an immediate referral had been made to medical and mental health. In addition, the Auditor reviewed the corresponding medical and mental health files and confirmed each detainee had received a health evaluation within two working days and a referral was made to mental health; however, each detainee declined mental health services. The Auditor interviewed one detainee who identified as experiencing sexual abuse and confirmed an immediate referral had been made; however, the detainee declined mental health services.

Corrective Action:

No corrective action needed.

§115.82 - Access to emergency medical and mental health services

Outcome: Meets Standard

Notes:

(a)(b): PPIPC policy 10.1.1 states, “Victims of Sexual Abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” Interviews with an LPN and a facility Psychologist indicated should a detainee be a victim of sexual abuse he would be triaged to address any emergency medical issues or crisis intervention and would be transported to the Christus St. Frances Cabrini Hospital for a SANE/SAFE exam. Interviews with an LPN and a facility Psychologist further indicated the hospital would provide emergency medical treatment, including emergency contraception, and sexually transmitted infections prophylaxis and once returned the facility would continue with follow-up care. In addition, interviews with an LPN and a facility Psychologist indicated ICE detainees are not charged for medical services related to sexual abuse even if they do not name the abuser. During the on-site audit, the Auditor confirmed with St. Francis Cabrini Hospital, the hospital does have a SANE Unit; however, the Auditor has been unable to speak with someone from the SANE/SAFE unit to confirm the services offered to a detainee victim of sexual abuse. In addition, during the on-site audit, the Auditor conducted an interview with a victim advocate from St. Landry-Evangeline Sexual Assault Center who confirmed if a detainee was involved in a sexual assault and consented to forensic exam he would be transported to Christus St. Frances Cabrini Hospital and a victim advocate would accompany the detainee through the process and through any investigatory interviews to provide emotional support, crisis intervention, and counseling, regardless if they name the abuser. The Auditor reviewed three sexual abuse allegation investigation files and confirmed each detainee victim was seen by medical and mental health staff after reporting an incident of sexual abuse; however, none of the detainees alleging sexual abuse required a SANE or SAFE exam.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f)(g): PPIPC policy 10.1.1 states, “PPIPC shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of Sexual Abuse while in immigration detention. The evaluation and

treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer to, or placement in other Facilities, or release from custody. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community. Victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of Sexual Abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services. Victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. PPIPC shall attempt to conduct a mental health evaluation on all known Detainee-on-Detainee abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners. Note: "known abusers" are those in which a SA-API investigation determined either administratively substantiated or substantiated by outside law enforcement. All refusals for mental health services shall be documented." Interviews with an LPN and a facility Psychologist indicated detainees would receive timely emergency access to medical and mental health treatment to include as appropriate, pregnancy tests with information for all options of pregnancy related medical services, follow up tests for sexually transmitted infections, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to or placement in, other facilities, or their release from custody in accordance with professionally accepted standards of care. Interviews with an LPN and a facility Psychologist further indicated the treatment of care received at the facility is consistent, if not better than the community level of care. In addition, interviews with an LPN and a facility Psychologist indicated all medical and mental health treatment is provided at no cost to the victim of sexual abuse. An interview with the facility Psychologist indicated detainee perpetrators of sexual abuse would receive an evaluation immediately upon learning about the detainee's sexual abuse history and a treatment plan would be established if the abuser is willing to participate. The Auditor reviewed three sexual abuse allegation investigation files and confirmed the detainees alleging sexual assault were immediately referred and seen by medical and mental health. In addition, a review of three sexual abuse allegation investigation files confirmed there were no substantiated findings of sexual abuse; and therefore, no abuser was referred to mental health.

Corrective Action:

No corrective action needed.

§115.86 - Sexual abuse incident review

Outcome: Meets Standard

Notes:

(a)(b)(c): PPIPC policy 10.1.1 states, "PPIPC is required to conduct a Sexual Abuse incident review at the conclusion of every Sexual Abuse investigation. Such review shall occur within 30 days of the conclusion of the investigation. The review team shall consist of upper-level management officials, the PSA Compliance Manager, Medical and Mental Health Practitioners. The Corporate PREA Coordinator may attend via telephone or in person. A DHS "Sexual Abuse or Assault Incident Review" form (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. PPIPC shall implement the recommendations for improvement or document its reasons for not doing so. Annually, PPIPC shall conduct a review of all Sexual Abuse investigations and resulting incident reviews to assess and improve Sexual Abuse intervention, prevention, and response efforts. If there have not been any reports of Sexual Abuse during the annual reporting period, then PPIPC shall prepare a negative report. PPIPC shall document the review utilizing the "DHS Annual Review of Sexual Abuse Incidents" form (See Attachment K of Corporate Policy 5.1.2-D). The results and finding shall be provided to the Facility Administrator, Field Office Director or his/her designee and Corporate PREA Coordinator upon completion." An interview with the PSA Compliance Manager/Incident Review Team, indicated the facility has established a review team consisting of upper-level management and allows for input from custody staff, facility Investigators, and medical and mental health practitioners. An interview with the PSA

Compliance Manager/Incident Review Team further indicates the facility utilizes a Sexual Abuse or Assault Incident Review form to document the review which is completed within 30 days of the conclusion of the investigation. The Auditor reviewed the Sexual Abuse or Assault Incident Review form and confirmed the review team considers whether the incident or allegation was motivated by race; ethnicity; gender identity: lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. During the on-site audit the Auditor reviewed three sexual abuse allegation investigation files and confirmed each file contained a Sexual Abuse or Assault Incident Review form with recommendations for improvement which was completed within 30 days of the conclusion of the investigation. In addition, during the on-site audit the Auditor reviewed the facility annual PREA review for 2023 and confirmed the report and all Sexual Abuse Incident Review forms had been forwarded to the FA, GEO PREA Coordinator, the AFOD, and the Agency PSA Coordinator.

Corrective Action:

No corrective action needed.

§115.87 - Data collection

Outcome: Meets Standard

Notes:

(a): PPIPC policy 10.1.1 states, “PPIPC shall collect and retain data related to Sexual Abuse as directed by the Corporate PREA Coordinator. PPIPC 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 recommendations for post-release treatment, if necessary, and/or counseling in accordance with the PREA standards and applicable agency policies and established schedules.” An interview with the facility PSA Compliance Manager indicated all case records associated with allegations of sexual abuse are maintained in her office under lock and key. During the on-site audit, the Auditor observed the files and confirmed they were locked in a filing cabinet in the PSA Compliance Manager’s office.

Corrective Action:

No corrective action needed.

§115.201 - Scope of Audit

Outcome: Meets Standard

Notes:

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

Corrective Action:

No corrective action needed.

AUDITOR CERTIFICATION:

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

Robin Bruck 5/6/2024

Auditor's Signature & Date

(b) (6), (b) (7)(C) 5/16/2024

Program Manager's Signature & Date

(b) (6), (b) (7)(C) 5/16/2024

Assistant Program Manager's Signature & Date