

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



**Homeland
Security**

AUDIT DATES

From:	6/16/2021	To:	6/17/2021
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AUDITOR INFORMATION

Name of auditor:	Sharon R. Shaver	Organization:	Creative Corrections
Email address:	(b) (6), (b) (7)(C)	Telephone number:	474-454-(b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections
Email address:	(b) (6), (b) (7)(C)	Telephone number:	202-381-(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:	Houston
Field Office Director:	Daniel Bible
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	126 Northpoint Drive, Houston, TX 77060
Mailing address: (if different from above)	Click or tap here to enter text.

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Joe Corley Processing Center
Physical address:	500 Hilbig Road, Conroe, TX 77301
Mailing address: (if different from above)	Click or tap here to enter text.
Telephone number:	936-521-4000
Facility type:	IGSA
PREA Incorporation Date:	7/9/2015

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	936-521-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PREA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone number:	936-521-(b) (6), (b) (7)(C)

ICE HQ USE ONLY

Form Key:	29
Revision Date:	02/24/2020
Notes:	Click or tap here to enter text.

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The Prison Rape Elimination Act (PREA) audit of the Joe Corley Processing Center (JCPC) was conducted June 16-17, 2021, by U.S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA Auditors, Sharon Shaver and (b) (6), (b) (7)(C), employed by Creative Corrections, LLC. This is the second DHS Immigration Customs Enforcement (ICE) PREA audit of the facility. The lead Auditor was provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager, (b) (6), (b) (7)(C), and Assistant ICE Program Manager, (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE, Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The facility's last PREA audit was conducted September 19-21, 2017. JCPC is operated by GEO Group under a contract with DHS for detaining male and female detainees who are pending immigration review or deportation.

ICE developed a contingency audit process to conduct PREA audits when operationally necessary or appropriate, e.g. a health pandemic. The process is divided into three phases: Pre-Audit (Phase I), Remote Interviews (Phase II), and On-Site Audit (Phase III). During the Pre-Audit phase, the Auditor completes a review of the documentation, including detainee, staff, contractor, and volunteer files; investigative files; policy and procedures; and supplemental documentation needed to confirm the facility's compliance with the PREA regulations. The Remote Interview phase consists of interviews with staff, detainees, volunteers, contractors, and outside investigative units and/or service providers (either through a virtual conference platform or conference line). The On-site audit phase is scheduled when the environment is safe for the ICE federal staff, facility staff, detainees, and Auditors. This phase mirrors a traditional PREA audit with a facility tour, observation of facility practices, and follow-up from the prior phases, as needed. Full compliance is contingent upon the on-site review of any additional documentation to determine all subparts of the standard were appropriately handled per the standard's requirement and upon the Auditor's review of notes and information gathered during the site inspection.

The ICE PREA audit was originally scheduled for September 1-3, 2020 and was postponed due to the health pandemic. The audit was changed to a contingency audit. The audit period became August 2019 to June 17, 2021.

Approximately four weeks prior to the contingency audit, ERAU Team Lead, (b) (6), (b) (7)(C) provided the Auditor with the facility's Pre-Audit Questionnaire (PAQ), agency policies, and other pertinent documents. The documentation was provided through SharePoint. The main policies that provide facility direction for PREA is GEO Policy 1400.03, Sexually Abusive Behavior Prevention and Intervention Program (PREA), and 1400.04, Investigating Allegations of Sexual Abuse and Assault and Evidence Collection in Immigration Detention Facilities. All documentation, policies, and the PAQ was reviewed by the Lead Auditor and Second Auditor. The Auditor requested and received additional documentation from the ERAU Team Lead and facility staff prior to the audit's Remote Interview audit phase. A detailed interview schedule was provided by the Lead Auditor to facilitate the remote interviews. The Lead Auditor requested to review 1 contractor and 9 staff personnel and training records, 1 volunteer training record, 14 detainee files, and 1 investigative file prior to the remote interview portion of the audit. Eleven detainee files were uploaded to SharePoint prior to the Remote Interview audit phase; the other three detainees were no longer at the facility, so the files were unavailable. The staff and contractor files were uploaded to SharePoint as requested. The Lead Auditor also reviewed the facility's website, <https://www.geogroup.com>.

At the beginning of the Remote Interview audit phase on September 14, 2020, brief introductions were made and the detailed schedule for the remote interviews was covered. The Lead Auditor provided an overview of the contingency audit process and methodology used to demonstrate PREA compliance. The Lead Auditor explained the audit process is designed to assess compliance through written policies and procedures, and to determine whether such policies and procedures are reflected in the knowledge and day-to-day practices of staff at all levels. The Lead Auditor further explained compliance with the PREA standards would be determined based on a review of policy and procedures, observations made during the facility on-site visit, additional on-site documentation review, and staff and detainee interviews. It was shared that no correspondence was received by any detainees, staff, or other individual prior to the remote interview audit phase. In the timeframe before the Remote Interview audit phase, the facility provided the requested information used for the random selection of detainees and staff to be interviewed including an alphabetic and housing listing of all detainees at the facility, lists of staff by duty position and shifts, and a list of volunteers and contractors on duty at that time. A total of 18 detainees were randomly selected for interviews plus an additional 7 detainees selected from the targeted category lists provided by the facility. The remote interviews were divided between the Lead Auditor and the Second Auditor. Between the time the list was submitted, and the actual Remote Interview audit phase began, three of the detainees who were selected to be interviewed left JCPC's custody. The Second Auditor was assigned the responsibility of interviewing the 22 remaining detainees. Of the 22 detainees interviewed during the remote interview audit phase, 14 were limited English proficient (LEP) and required the use of Language Services Associates (LSA), a language interpretation service provided through Creative Corrections, 4 detainees qualified as having a disability, and no detainees identified as lesbian, gay, bisexual, transgender, or intersex (LGBTI). No detainees interviewed reported prior sexual victimization, either at this facility or prior to arrival. All detainees were male; no females were present at the facility during this portion of the audit. Multiple interview protocols were used for detainees who met more than one category of the targeted population. The Lead Auditor provided the Team Lead with the Contingency PREA Audit Facility Staff Identification Form prior to the Remote Interview audit phase and requested it be completed. Upon return of this form, a total of 31 staff/contractors/volunteers were randomly selected to be interviewed. Staff interviewed included the Facility Administrator, Assistant Facility Administrator, Prevention of Sexual Abuse (PSA) Compliance Manager, Health Services Administrator (HSA), Grievance Coordinator, Training Supervisor, Classification Supervisor, Human Resources (HR) Manager, Business Manager, Mental Health Administrator, case managers (2), security supervisors (5), line officers (10), healthcare staff (2), contract staff (1), and a volunteer (1). The facility operates three primary shifts: (b) (7)(E) and the Lead Auditor selected security supervisors and line officers from each of these three shifts.

At the conclusion of the Remote Interview audit phase on September 15, 2020, an exit briefing was held via teleconference. The Lead Auditor advised the facility that in addition to the Provisional Report being issued based on the results of the contingency audit phases, there will be an on-site tour of the facility scheduled at a later time. There will be no standard determinations provided at the time of the Provisional Report. While on-site, more documentation and interviews of staff/detainees may need to take place. In addition, Auditors will need to observe intake operations and other facility practices during the On-Site audit phase.

The third phase, the On-site audit phase, was scheduled when it was deemed the environment was safe for the ICE federal staff, facility staff, detainees, and Auditors. Prior to the on-site audit phase, the Auditor requested updated facility information and received additional documentation from the ERAU Team Lead and facility staff. The Lead Auditor also reviewed the facility's website, <https://www.geogroup.com> for any updates. The on-site visit was conducted on June 16-17, 2021, and consisted of a facility tour, interviews of staff and detainees, and review of follow-up documentation.

The On-Site audit phase began with communications between the Lead Auditor and (b) (6), (b) (7)(C) ICE/ OPR/ ERAU Team Lead to determine logistics and to set a schedule for the on-site visit of JCPC. The Lead Auditor requested that the facility have printed and available on the first day of the on-site visit a current detainee roster, a copy of the facility detainee handbook, a list of detainees identifying as transgender, and a list of detainees who are identified as LEP. The Auditors arrived at the facility and entered with the Team Lead, (b) (6), (b) (7)(C), at 8:00 a.m. on Wednesday, June 16, 2021, and were greeted by the PSA Compliance Manager, Assistant Facility Administrator, and other key staff. It was reported that Facility Administrator (b) (6), (b) (7)(C) was out for health reasons. The Auditors and Team Lead attended the facility's morning meeting where bed management for quarantined detainees was discussed. After the facility's meeting, a short in-briefing was held followed by the facility tour. During the in-briefing the Auditors introduced themselves and then provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance to those present. The Auditors explained that the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. It was further explained that while the interviews had been conducted during Phase II, observations would be made during the facility tour and the Auditors would conduct conversations with staff randomly to further assist with determining compliance.

In attendance were:

- (b) (6), (b) (7)(C) Assistant Facility Administrator, GEO/JCPC
- (b) (6), (b) (7)(C) PSA Compliance Manager, GEO/JCPC
- (b) (6), (b) (7)(C) HSA, GEO/JCPC
- (b) (6), (b) (7)(C) Major, Chief of Security, GEO/JCPC
- (b) (6), (b) (7)(C) Captain/Restricted Housing Unit (RHU), GEO/JCPC
- (b) (6), (b) (7)(C) Gang Intelligence (GI), GEO/JCPC
- (b) (6), (b) (7)(C) Officer/Sanitation, GEO/JCPC
- (b) (6), (b) (7)(C) Case Manager, GEO/JCPC
- (b) (6), (b) (7)(C) Compliance Administrator, GEO/JCPC
- (b) (6), (b) (7)(C) Deportation Officer (DO)/ Assistant Contracting Officer Representative (ACOR), ICE/Enforcement and Removal Operations (ERO)
- (b) (6), (b) (7)(C) DO/ACOR, ICE/ERO
- (b) (6), (b) (7)(C) Team Lead, ICE/OPR/ERAU
- (b) (6), (b) (7)(C) Certified DOJ/DHS Auditor, Creative Corrections, LLC
- (b) (6), (b) (7)(C) Certified DOJ/DHS Auditor, Creative Corrections, LLC

Immediately following the in-briefing the Auditors were given a complete facility tour. The following personnel were present during the PREA tour on 06/16/2021:

- (b) (6), (b) (7)(C) PSA Compliance Manager, GEO/JCPC
- (b) (6), (b) (7)(C) Major, Chief of Security, GEO/JCPC
- (b) (6), (b) (7)(C) Compliance Administrator, GEO/JCPC
- (b) (6), (b) (7)(C) DO/ACOR, ICE/ERO
- (b) (6), (b) (7)(C) DO/ACOR, ICE/ERO
- (b) (6), (b) (7)(C) Team Lead, ICE/OPR/ERAU
- (b) (6), (b) (7)(C) Certified DOJ/DHS Auditor, Creative Corrections, LLC
- (b) (6), (b) (7)(C) Certified DOJ/DHS Auditor, Creative Corrections, LLC

The JCPC is a holding and processing facility for male and female detainees while they undergo administrative proceedings regarding their right to enter or remain in the United States. The facility consists of 1 building with 84 open bay/dorm housing units with the male and female population separated by wings, 45 segregation cells, 3 medical unit beds, and 3 mental health unit beds. There is one intake area, but the males and females are processed at different times, so they do not co-mingle during intake processing. All areas of the facility, including the outdoor recreation areas and the intake arrival area, were toured with the exception of the housing unit on quarantine (Southside 3-385). The Auditors were offered the option of touring these units but declined to limit potential staff exposure, and as it was determined that these units and detainees were able to be clearly viewed through the glass windows. These units were designed the same as the other housing units on the wing and the PREA informational posters and notices were displayed in the exact manner as they were in all other housing units. Officers were stationed outside the unit on quarantine and were able to observe all activities inside the dormitory except when detainees were in the bathroom area. The design capacity of the facility is 1,533 and the facility has beds dedicated to the Marshall's Service (819 on first day of audit) which are not audited within the scope of this audit. On the first day of the on-site visit there were 22 detainees (6-females/16-males). The facility reported that they had only housed one detainee since April of this year until receiving new intakes again on June 4. Prior to the on-site visit, the average detainee population was reported as 772. The average time in custody was 40 days. The top three nationalities of the detainee population at the time of the on-site visit were Mexican, Indian, and Cuban.

After the facility tour, the Lead Auditor met with the PSA Compliance Manager to discuss the outstanding items from the Provisional Audit Report. During the remainder of the on-site visit, the Auditors observed a simulation of the intake and screening processes (no new intakes arrived during the on-site visit), tested the telephone system, reviewed two detainee records, and reviewed general documentation to resolve any questions or outstanding items noted in the Provisional Audit Report. As noted, before, the population reported on the first day of the on-site visit was 22, the day prior there were 110 detainees, but the remainder had been released prior to the Auditors' arrival. The facility reported 18 of the 22 had tested positive so the Auditors proceeded with interviewing the remaining 4 not on quarantine. Before the interviews began, two of the four detainees were released so there were only two remaining to interview; the Second Auditor conducted these interviews. By the following day, all detainees had been released, with no new intakes prior to the Auditors' departure. Both detainees interviewed were considered LEP and the Auditor used the assistance of the Language Line for interpreter services. JCPC staff interviewed on-site included the Assistant Facility Administrator, PSA Compliance Manager/Facility Investigator, Classification Staff, and Intake Staff.

On the first day of the on-site visit, staff totals were provided to the Auditors as 300 positions with 235 filled (executive-8; business/support-13; maintenance-3; food service-10; programs-12; health care-26; transportation-21; security supervisors-12; officers-120; contract staff-6; Admin Captain-1; Executive Secretary-1; Chaplain/Volunteer Coordinator-1; Compliance Support-1). The facility confirmed that they still operate three primary shifts: 0600-1430, 1400-2230, 2200-0630. The Assistant Facility Administrator and the PSA Compliance Manager advised that there have been no

significant changes in the information provided during the contingency audit phases and that no key staff changes had occurred. The facility contracts with Keefe for commissary services. GEO provides food service, medical, maintenance service, and security staff. Religious services are provided by a facility Chaplain and approved volunteers. Volunteer services have not resumed since they were suspended in 2020 due to the COVID-19 Pandemic and all volunteers will have to go through training and background history checks to recertify for entry.

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The facility reports that there has been no camera upgrades since the Provisional Audit Report.

The facility utilizes trained investigators to complete all allegations of sexual abuse. At the time of the contingency audit there was one sexual abuse allegation reported during the audit period; during the on-site visit, the PSA Compliance Manager reported there were two additional allegations reported and investigated that were not uploaded with the original documentation during the prior phases. The case files were presented to the Auditors for review while on-site. The Lead Auditor reviewed all three case files (one prior and two new) and found they all were detainee-on-detainee allegations. The files indicated JCPC conducted an administrative investigation and determined all the allegations to be unsubstantiated. All three allegations were reported to the Montgomery County Sheriff's Office (MCSO) who investigated the assault case but declined to investigate the other two abuse allegations.

The out-briefing was held at 10:40 a.m. on June 17, 2021, in the JCPC multi-purpose room, during which the Auditors spoke briefly about their observations. The Auditors informed those present of the preliminary findings and explained the audit report process and timeframes. The Auditors expressed their gratitude for the hospitality and cooperation shown by all staff present during the on-site visit. The following personnel were present:

- (b) (6), (b) (7)(C) Assistant Facility Administrator, GEO/JCPC
- (b) (6), (b) (7)(C) PSA Compliance Manager, GEO/JCPC
- (b) (6), (b) (7)(C) HSA, GEO/JCPC
- (b) (6), (b) (7)(C) Major, Chief of Security, GEO/JCPC
- (b) (6), (b) (7)(C) Captain/RHU, GEO/JCPC
- (b) (6), (b) (7)(C) Officer/Sanitation, GEO/JCPC
- (b) (6), (b) (7)(C) RHU Counselor, GEO/JCPC
- (b) (6), (b) (7)(C) Business Manager, GEO/JCPC
- (b) (6), (b) (7)(C) DO/ACOR, ICE/ERO
- (b) (6), (b) (7)(C) Team Lead, ICE/OPR/ERAU
- (b) (6), (b) (7)(C) Certified DOJ/DHS Auditor, Creative Corrections, LLC
- (b) (6), (b) (7)(C) Certified DOJ/DHS Auditor, Creative Corrections, LLC

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

§115.31 Staff training

Number of Standards Met: 39

§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 (LEP)

§115.18 Upgrades to facilities and technologies

§115.17 Hiring and promotion decisions

§115.21 Evidence protocols and forensic medical examinations

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

§115.32 Other training

§115.33 Detainee education

§115.34 Specialized training: Investigations

§115.35 Specialized training: Medical and Mental Health care

§115.41 Assessment for risk of victimization and abusiveness

§115.42 Use of assessment information

§115.43 Protective custody

§115.51 Detainee reporting

§115.52 Grievances

§115.53 Detainee access to outside confidential support services

§115.54 Third-party reporting

§115.61 Staff reporting duties

§115.62 Protection duties

§115.63 Reporting to other confinement facilities

§115.64 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 assessments; history of sexual abuse

§115.82 Access to emergency medical and mental health services

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

§115.86 Sexual abuse incident reviews

§115.87 Data collection

§115.201 Scope of audits

Number of Standards Not Met: 0

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. If additional space for notes is needed, please utilize space provided on the last page.

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

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

Notes:

(c): Policy 1400.03 requires JCPC to have zero-tolerance towards all forms of sexual abuse and sexual harassment and to establish effective procedures for preventing, detecting, and responding to such conduct which are outlined within the policy. Based on documentation presented with the PAQ, the facility policy has been reviewed and approved by the ICE Assistant Field Office Director (AFOD) on 11/13/2019. During the on-site visit, the facility provided the Lead Auditor with an updated copy of Policy 1400.03, effective date 04/15/2021x, that was approved by the Acting Officer in Charge (AOIC)/ICE/ERO Reviewing Official on 04/19/2021. The Auditors observed the postings on the bulletin boards and in other locations throughout the facility which contained the ICE Zero-Tolerance posters, facility handbooks, ICE National Detainee Handbooks, and the DHS-prescribed Sexual Assault Awareness Information pamphlet to convey the message of the zero-tolerance for sexual abuse and sexual harassment at JCPC.

(d): The PSA Compliance Manager verified he is the designated local point of contact for the ICE PSA Coordinator and GEO's Corporate PREA Coordinator. Interview with the PSA Compliance Manager indicated he has sufficient authority to oversee efforts for the facility with the zero-tolerance policy and oversee the facility's efforts to comply with the facility's sexual abuse prevention and intervention policies and procedures. These efforts include conducting administrative investigations, collecting, and analyzing PREA data, assisting with the development of initial and ongoing training protocols, and preparing required reports. The PSA Compliance Manager was well informed on his responsibilities and duties and appeared to be experienced and highly engaged in all aspects of facility operations, especially those concerning PREA. According to the Facility's Organizational Chart, the PSA Compliance Manager is a direct report to the Facility Administrator. The Lead Auditor's interview on-site with the PSA Compliance Manager confirmed that although he has gained some collateral duties, he still has sufficient time and authority to oversee the facility's efforts to comply with facility sexual abuse prevention and intervention policies and procedures.

§115.13 - Detainee supervision and monitoring.

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

Notes:

(a)(b)(c): Policy 1400.03 requires the facility to "ensure that it maintains sufficient supervision of detainees, including through appropriate staffing levels and video monitoring, to protect detainees against sexual abuse, and to review those guidelines at least annually utilizing attachment A, PREA Annual Facility Assessment." The policy further requires the review to be "submitted to the local PSA Compliance Manager and GEO's Corporate PREA Coordinator annually as determined by GEO's U.S. Corrections and Detention Division." The Facility Administrator informed the Auditor that staffing levels for the supervision of detainees at the facility are established prior to the contract agreement. The staffing levels are based on direct supervision of the detainees with consideration given to video monitoring equipment present; generally accepted detention/correctional practices; any judicial findings of inadequacy; the physical plant; detainee population; findings of incidents of sexual abuse; any recommendations of sexual abuse incident reviews; and any other relevant factors. Documentation provided by the PSA Compliance Manager indicates the last two staffing plan reviews were conducted September 2019 and September 2020. The Auditor's review of these documents and interviews with the PSA Compliance Manager and Facility Administrator found all required considerations were reviewed to determine sufficient supervision levels. A facility staffing list including vacancies, samples of shift assignment schedules, samples of shift turn-out rosters, and post orders, detailing supervision and rounds responsibilities for assigned staff, were provided with the PAQ, and reviewed by the Lead Auditor. Interviews with the Facility Administrator and shift supervisors confirmed supervision posts are never closed. Interviews with the Facility Administrator, Assistant Facility Administrator, and the PSA Compliance Manager confirm that during shortages, all supervision posts are covered by staff overtime or closure of non-supervision posts. Officer presence was observed in all areas of the facility where detainees were present. (b) (7)(E)

(b) (6), (b) (7)(C). There are no cameras located in B-Hall housing (female wing), visitation, and the training room. JCPC Post Order 901.17, Housing Security Officer requires housing/hallway officers to "perform continuous security checks", with security checks to "be conducted in a (b) (7)(E)

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(d): Policy 1400.03 requires that the "Administrative Duty Officer (ADO) and Staff Duty Officer (SDO) conduct and document unannounced PREA rounds in all housing areas to include the Restricted Housing Unit (RHU) and work areas of the facility covering all shifts during the week." The policy further requires the "Facility Administrator, Assistant Facility Administrator, and/or Chief of Security to conduct and document daily unannounced PREA rounds in all housing areas to include RHU and work areas of the facility covering all shifts during the week." Further, the policy requires all "department supervisors to conduct and document a weekly unannounced PREA round in all housing areas to include RHU and work areas of the facility." "All shift supervisors are required to conduct and document daily unannounced PREA rounds in all housing areas to include RHU and work areas of the facility on each shift." The policy also prohibits "employees from alerting others that these security inspections are occurring unless such announcement is related to the legitimate operational functions of the facility." These inspections are documented in the logbooks in red ink. The Lead Auditor interviewed shift supervisors, the Facility Administrator, Assistant Facility Administrator, and PSA Compliance Manager who confirmed they visit each area of the facility on all shifts to deter sexual abuse. Security line staff confirmed their knowledge of the policy to not notify other staff about these rounds and stated although the policy indicates frequent rounds, they make these rounds daily. The Auditors reviewed shift turn-out rosters, and copies of logbooks provided with the PAQ and found supervisor signatures indicating PREA rounds were conducted on each shift. The Auditors reviewed facility logbooks for the RHU 340B/C, and Southside 2, 3 and 4 and verified that supervisors are conducting frequent unannounced security inspections/rounds on both day and night shifts. In addition, the facility has implemented a form for the ADO/SDO/Supervisors to document unannounced PREA rounds made in all areas of the facility throughout their duty week and copies of the logs were provided to the Auditors for review.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

The facility does not accept juveniles or family detainees. This was confirmed by Statement of Fact (memorandum), dated April 27, 2020, submitted with the PAQ and through interviews conducted with the Facility Administrator and PSA Compliance Manager. The detainee population roster provided to the Auditor during the remote interview audit phase and the on-site visit indicated there were no detainees under the age of 18.

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

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

Notes:

(b)(c)(d): Policy 1400.03 specifies "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." This policy further directs "searches be performed in the following manner: all cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances or when performed by medical practitioners; all cross-gender pat-searches of male detainees shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances; all cross-gender pat-down searches of female detainees, absent exigent circumstances are prohibited; and all cross-gender pat-down searches are to be documented on attachment N, Cross-Gender Pat-Search Log." The Lead Auditor interviewed random security staff from each shift, ten in total, with each indicating that training on detainee searches is provided in pre-service and annual in-service. The security staff also detailed for the Auditor, the policy and standard requirements under which searches can be performed at the facility. The Auditors reviewed the PAQ, GEO Cross-Gender Supervision Course Curriculum, including four signed security staff training certifications, and interviewed both the Facility Administrator and PSA Compliance Manager who confirmed that the facility had not conducted cross-gender searches during the audit period. All male detainees interviewed by the Second Auditor stated searches are conducted by male staff; only male detainees were present during the remote interview audit phase. During the on-site visit there were no female detainees housed to interview, but the Auditors verified through interviews with the PSA Compliance Manager and HSA that there had been no cross-gender searches documented since the contingency audit phases.

(e)(f): Policy 1400.03 prohibits all "cross-gender strip searches and cross-gender visual body cavity searches except in exigent circumstances, including consideration of the officer safety or when performed by a medical practitioner." The policy further requires the facility to document and justify whenever either type of search is conducted. As noted earlier, juveniles are not placed at this facility. A Statement of Fact, (memorandum) provided with the PAQ confirms the facility has conducted no strip-searches or body cavity searches of ICE detainees during the audit period. Interviews with security staff and healthcare staff confirmed that no strip searches or body cavity searches have occurred during the audit period.

(g): Policy 1400.03 requires the facility to implement policies and procedures which allow detainees "to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances, or instances when the viewing is incidental to routine cell checks or otherwise appropriate in connection with a medical examination or monitored bowel movement. Employees of the opposite gender are required to announce their presence when entering housing units or any areas where detainees are likely to be showering, performing bodily functions, or changing clothes. Detainees who are placed on constant observation status by mental health providers shall be provided visual supervision by a security staff member of the same gender." During the interviews with random security and non-security staff, they each confirmed the requirement to announce their presence every time they enter any area where detainees of the opposite gender may be showering, changing clothes, and performing bodily functions. The Second Auditor interviewed random detainees who confirmed staff of the opposite gender announce themselves prior to entering their living areas or areas where they may be showering or changing clothes, and when performing bodily functions. The Auditors observed full privacy curtains installed on both the shower and the toilet area in each housing unit (both male and female). In addition, the female housing units have blinds installed on the hallway side of the windows for additional privacy against cross-gender viewing. Toilets in the intake holding cells were equipped with partial doors to provide privacy while using the restroom. Bathroom facilities in other areas such as visitation, medical, and kitchen were behind solid doors. (b) (7)(E)

The Auditors reviewed facility logbooks for the RHU 340B/C, and Southside 2, 3 and 4 and verified that supervisors are documenting the announcements of cross-gender staff presence entering the units.

(h): The facility is not a family residential facility; therefore, this provision is not applicable.

(i): Policy 1400.03 states "the facility shall not search or physically examine a detainee for the sole purpose of determining a detainee's genital characteristics." It further states "if a detainee's gender is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, learning that information as part of a standard medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private, by a medical practitioner." During interviews conducted by the Auditors, security staff confirmed their knowledge of the prohibition of searching transgender or intersex detainees to determine their genital status and their responsibility to perform all pat-down searches in a professional and respectful manner. There were no transgender or intersex detainees present during the remote interview audit phase for Auditors to interview. At time of the on-site visit, there were no transgender or intersex detainees at the facility.

(j): Policy 1400.03 states "security staff shall receive training on how to conduct cross-gender pat searches, pat-down searches, and searches of transgender and intersex detainees, in a manner that is professional, respectful, and in the least intrusive possible while being consistent with security needs." The Auditors determined compliance based on a review of training records on search procedures provided with the PAQ, GEO's Cross Gender Supervision Course Curriculum, and interviews with the Training Supervisor, security supervisors and line staff. Detainee interviews indicated searches are conducted consistent with established policy.

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

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

Notes:

(a): Policy 1400.03 requires the facility to "ensure that detainees with disabilities (i.e., those who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and assault. Written materials shall be provided 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 limited vision, and these methods shall include access to in-person telephonic, or video interpretive services that enable

effective, accurate, and impartial interpretation.” The facility provided the Quick Reference Guide for Language Line Services, which is available in the medical area and the facility detainee handbook that outlines to detainees the types of communication assistance that may be provided. The need for accommodations is generally identified during the intake screening, medical physicals, mental health screening, and through detainee communication. The person responsible for accommodations is the facility HSA. If a detainee is identified as possibly needing a reasonable accommodation through the intake process, the case manager refers the detainee to the medical department for review by a Physician Assistant or Physician. If an accommodation is needed, the detainee is placed on the facility’s disability list and resources are made available through oversight by the HSA. If a disability goes undetected, the detainee may communicate a request for accommodation through the detainee communication process (I-60). Interviews with the PSA Compliance Manager and HSA confirmed that communication with detainees with disabilities may be accommodated through use of auxiliary aids such as readers, materials in Braille, audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunications devices for deaf persons (TTYs), interpreters, and notetakers as needed. It was conveyed to the Lead Auditor that the facility staff will take whatever means necessary to ensure that a detainee with a disability is provided with the zero-tolerance information in a manner that is understood. Classification staff conduct the initial interview and screening in a private office within the intake areas which lends to increased opportunity for identifying potential needs. This information is also provided to the detainee population in the JCPC Detainee Handbook. Intake staff, shift supervisors, and line officers confirmed their knowledge of procedures for referring detainees with disabilities to medical for assessment and accommodating detainees with disabilities once the need has been identified. There were no detainees interviewed qualifying as being deaf or hard of hearing, or having intellectual, or speech disabilities. One detainee interviewed was on the disability list as having limited vision and was able to read the material with use of glasses. Another detainee interviewed was identified as having a psychiatric disability, which, based on the medical file review and interview with the detainee, did not impede the detainee’s ability to understand the orientation information presented. Files documented the detainee’s signature that he was presented with the information and that he understood, and he conveyed this understanding to the Auditor. Both detainees indicated during their interviews they understood the SAAP information received during intake and an acknowledgement statement signed by the detainee was found in both files. The Auditor’s review of detainee medical files found documentation supporting that a comprehensive evaluation is made during the medical screening, to include questions about disabilities, to facilitate identification and referral when needed.

(b): Policy 1400.03 requires the facility to ensure effective, accurate, and impartial interpretation through access to in-person, telephonic, or video interpretive services. The policy further requires that the facility’s zero tolerance policy and Sexual Abuse Prevention education be provided in formats accessible to all detainees including those who are LEP. Documentation reviewed by the Auditors as part of the PAQ included the Sexual Assault Awareness Information posting in both English and Spanish; the ICE Zero-Tolerance for Sexual Abuse & Assault posters in English and Spanish. The posters include a “Report Sexual Assault Now” message in eight languages; English, Arabic, Simplified Chinese, French, Haitian Creole, Portuguese, Vietnamese, and Spanish; and the facility detainee handbook in both English and Spanish. Also provided with the PAQ was the ICE National Detainee Handbook in the following languages: English, Chinese, French, Haitian Creole, and Spanish. Upon request by the Lead Auditor, after the Remote Interview Phase, the PSA Compliance Manager provided the ICE National Detainee Handbook in other languages available: Arabic, Hindi, Portuguese, Punjabi, Russian, and Vietnamese. The Second Auditor conducted interviews with 14 detainees identified as LEP during the remote interview phase. One detainee stated he was unable to communicate or understand the intake process and was not provided an interpreter, and one stated he was not provided the written materials in Spanish. The other 12 LEP detainees interviewed stated they either understood the information provided by staff at intake well enough and they did not need an interpreter or that an interpreter was provided either in-person or through the language services. All detainees interviewed stated that interpreter services are utilized when they visit medical. Seven detainee files were reviewed, and none indicated the need for use of an interpreter during intake. A sample of detainee medical file progress notes provided with the PAQ clearly documented use of language interpreter services during evaluation. During the on-site visit, the Auditors observed the published DHS ICE National Detainee Handbook available in English and Spanish, and the PREA Compliance Manager advised he has this handbook in PDF format in nine additional languages mentioned above that can be printed, as needed. The two detainees interviewed during the on-site visit stated they received an ICE National Detainee Handbook in Spanish and their files documented the same. File documentation indicated that these two detainees were listed as Spanish speaking and they were processed in intake by an officer who speaks Spanish.

(c): Policy 1400.03 requires the facility, “in matters relating to sexual abuse, to provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for a detainee interpreter and the facility determines that such interpretation is appropriate. Any use of these detainee interpreters under these types of circumstances shall be justified and fully documented in the written investigative report.” Interview with the PSA Compliance Manager confirmed that there have been no requests for the use of detainees as interpreters for a related matter during the audit period, but if a request is received, the Facility Administrator would approve or disapprove in consultation with the ICE ACOR. The Auditor’s review of the three investigative files for allegations reported during the audit period clearly indicated that staff interpreters/bilingual staff conducted interviews for the alleged victim and alleged perpetrator. Due to language differences, the Language Line was used to translate the alleged perpetrator’s written statement during the sexual assault allegation. There were two additional allegations reported since the remote interview audit phase; the files were documented that bilingual staff interpreted and translated to English the detainees’ written statements since both alleged victims spoke Spanish.

Recommendation: Revise JCPC Policy 1400.03 to require the Facility Administrator’s consultation with the agency representative when approving/disapproving a request by a detainee to use another detainee as an interpreter in matters relating to sexual abuse.

§115.17 - Hiring and promotion decisions.

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

Notes:

(a)(b)(e)(f): Policy 1400.03 “prohibits hiring, promoting or contracting with anyone who will have direct contact with detainees who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility or other institution who has been convicted of engaging in sexual activity facilitated by force, overt or implied threats of force, or coercion, 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.” This policy further requires “HR staff to make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignations pending investigation of an allegation of sexual abuse, prior to hiring new employees or enlisting the services of a contractor. JCPC imposes upon all employees a continuing affirmative duty to disclose any such conduct as part of its hiring and promotional processes, and during annual performance reviews for current employees.” The Disclosure and Authorization Form is utilized annually during the annual performance evaluation to document the employees’ responses to the questions about previous misconduct as outlined in section (a) of this standard. “Material omissions regarding such misconduct, or the provision of materially false information shall be grounds for termination or withdrawal of an offer of employment. Applicants are asked about any such misconduct during their background check and the job interview process. A positive response to any of the questions mentioned above is grounds for unsuitability, including material omissions or making false or misleading statements in the application.” The interview with the HR Manager at JCPC

stated that the facility would provide information on substantiated allegations of sexual abuse involving former employees upon request from an institutional employer for which the employee has sought new employment. The HR Manager also stated the facility would request information from institutions where the prospective candidate was previously employed. In addition, the Auditor's file reviews indicated prior employment references were checked for employees who had previously worked in an institution, and the files indicated the questions about prior misconduct as outlined in section (a) were asked of employees annually during their performance evaluation. 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 Contractor Personnel Directive 6-8.0, requires anyone entering or remaining in government service, employee or contractor undergo a thorough background examination for suitability and retention. The Division Chief of the OPR Personnel Security Unit (PSU) informed Auditors who attended training in Arlington, Virginia in September 2018, 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.

(c)(d): JCPC HR staff are required by policy 1400.03 to "conduct a background investigation, including a criminal background records check, to determine whether the candidate for hire or contractor is suitable for employment with the facility or agency, prior to hiring new employees and prior to enlisting the services of any contractor. Upon request by the agency, JCPC will submit written documentation showing the detailed elements of the facility's background check for each employee and the facility's conclusions." Federal Statute 731.105 requires background reinvestigations be conducted on all staff and contractors having contact with detainees every five years. The Division Chief of the OPR PSU confirmed ICE conducts these background checks on contractors and staff. The Lead Auditor reviewed the completed Background Investigation for Employees and Contractors form completed by the PSU, for nine random JCPC employees, and ten ICE employees and found each background investigation was current and up to date. One employee's file reviewed indicated employment began in October 2015, and the most recent investigation was completed in May 2019 which complies with the five-year requirement. The Lead Auditor also reviewed ten personnel files (1-contractor/9-staff) and one volunteer file and found documentation that all background checks were completed, along with ICE's approval to hire, prior to the employment start date. An interview conducted with the HR Manager confirmed that initial background investigations and criminal background records checks are conducted on all prospective employees and contractors prior to hire and are conducted every five years according to PREA statute. During the on-site visit, the Lead Auditor reviewed files for two new employees hired and one contractor and confirmed that the criminal history records check was conducted, and the prior misconduct questions were asked prior to employment.

§115.18 - Upgrades to facilities and technologies.

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

Notes:

(a): Facility policy 1400.03 states that when designing or acquiring any new facility and in planning any substantial expansion or modification of the existing facilities, JCPC will "consider the effect of the design, acquisition, expansion, or modification on the company's ability to protect detainees from sexual abuse." Based on the interview with Facility Assistant Business Manager and PSA Compliance Manager, the facility has had no substantial expansion or modification of the existing facility since their last PREA audit in July 2017.

(b): Facility policy 1400.03 states that "JCPC shall consider the effect of any (new or upgrade) video monitoring system, electronic surveillance system or other monitoring system that might have an effect on the facility's ability to protect detainees from sexual abuse." Based on the Auditor's interviews with Assistant Business Manager, PSA Compliance Manager, and Facility Administrator, and review of PAQ, the facility made enhancements to the monitoring systems after the last PREA audit. The Statement of Fact (memorandum) from JCPC indicates the facility added (b) (7)(E) [REDACTED]. The Facility Administrator and Assistant Business Manager confirmed that an electronic monitoring assessment has been conducted and submitted as a budget request to incorporate for new DVR video technology for this budget year. The Lead Auditor confirmed during the on-site visit that there have been no upgrades to the camera systems since the Provisional Audit Report.

Recommendation: (b) (7)(E) [REDACTED]

§115.21 - Evidence protocols and forensic medical examinations.

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

Notes:

(a): Policy 1400.04 requires the facility "to follow uniform evidence protocols that maximize the potential for obtaining useable physical evidence for administrative precriminal prosecutions." The Facility Administrator confirmed the policy was reviewed and approved by the AFOD. As noted earlier, there are no juveniles placed at JCPC. The Facility Investigator confirmed he follows the evidence protocols provided during training and in policy to ensure he obtains the physical evidence needed for his administrative investigations. PREA allegations may also be investigated through OPR or DHS Office of Inspector General (OIG). The agency's policy 11062.2, Sexual Abuse and Assault Prevention and Intervention, 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 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 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 OIG, OPR, or the local law enforcement agency, the AFOD would assign an administrative investigation to be conducted. The Auditors found, after interview with the facility's Investigator and a thorough review of the investigative files, uniform evidence protocols were followed during the administrative investigation.

(b)(d): The Auditors reviewed JCPC's documented attempt to enter a Memorandum of Understanding (MOU) with the Montgomery County Women's Center (MCWC), to provide detainee victims of sexual abuse access to outside victim advocates for emotional support services. The email from the MCWC stipulates that the Center will provide advocacy and supportive services to survivors who are being detained, although they are unable to enter into a formal MOU. The Center provides JCPC with a 24-hour crisis hotline number that is included in the facility's detainee handbook and informs detainees that phone contact with this Center is free and unmonitored. The PSA Compliance Manager also provided information on additional community resources available to detainees, Family Time Crisis and Counseling Center and Victims Outreach, which are available to detainees to use for counseling or as a third-party reporting option, and which are made available to detainees to access by phone or mail correspondence. Detainees may

contact these resources by submitting a request form and a supervisor will assist with their request. A review of the investigative files found that advocacy service information was provided to the alleged victims upon receiving notification of the allegation, but the victim advocate was declined.

(c): Policy 1400.04 states that "the facility shall offer all detainees who experience sexual abuse access to forensic medical examinations with the victim's consent and without cost to the detainee regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Such examinations shall be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Forensic Examiner (SANE) where possible. If a SAFE or SANE cannot be made available, the examination can be performed by other qualified medical practitioners. Interviews with facility medical staff acknowledged victims of sexual abuse would undergo a forensic medical exam at no cost to the detainee and only with consent of the detainee." Based on information provided on the PAQ combined with the Auditor's interview with the PSA Compliance Manager, it was determined that Texas law requires all Texas hospitals with emergency rooms to collect evidence from sexual assault victims. The emergency rooms of Memorial Hermann and St. Luke's Health-The Woodlands provides SANE forensic nursing services for adults 24 hours a day, 7 days a week as a service to Montgomery County. Based on this information and the fact that the MCSO will dictate which hospital the victim will be transported to for the forensic examination, the facility has pursued an MOU with both of the two hospitals, but has not been able to secure one with either. The facility provided a signed MOU with Conroe Regional Medical Center for inpatient and outpatient care, which is the primary care facility for JCPC, by direction of ICE and the U.S. Marshal's Service contract. The medical staff interviewed by the Lead Auditor indicated detainees will be taken to the nearest hospital for forensic examination and that no forensic examinations will be conducted on-site at the facility. Information provided on the PAQ, a review of the one completed investigation that required outside medical services, and the interviews with the medical staff and PSA Compliance Manager indicated the facility has taken one detainee victim to an outside hospital for a forensic medical exam during the audit period. One allegation was reported within a time frame that allowed collection of physical evidence, and the investigative file indicated the alleged victim was transported to St. Luke's Health-The Woodlands Hospital, as directed by the MCSO detective, for the forensic examination.

(e): The Auditors reviewed the MOU request between JCPC and the MCSO. This MOU formally documents the mutual assistance agreement and some identifiable services to be provided by each party to the other as well as an agreement for the MCSO to follow the requirements of paragraphs (a) through (d) of this standard. This sheriff's office is contacted in every case of sexual abuse alleged at the facility and would conduct the criminal investigation upon determination a crime was committed. Based on documentation in the three investigative files reviewed, the MCSO was notified promptly by the facility of all incidents. The MCSO responded to the one assault case, interviewed the alleged victim, collected evidence, and assigned a case number. The MCSO issued a case number for the other two allegations reported but declined to investigate. Based on documentation in the JCPC investigative file at the time of the Documentation Review and Remote Interview Phases, the criminal case was still under investigation when the Provisional Report was issued. The MCSO has provided the facility with a letter explaining their refusal to provide additional information about the case since the detainee is no longer in custody. During the on-site visit, the Auditor was advised that the case was closed administratively but there were no further updates available from the MCSO.

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

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

Notes:

(a)(b)(d)(e)(f): Policy 1400.04 requires that "an administrative investigation be completed for all allegations of sexual abuse regardless of whether a criminal investigation is completed. "In allegations where a criminal investigation is initiated by ICE OPR, DHS OIG, or outside law enforcement, the facility shall begin an administrative investigation as soon as the criminal investigation has concluded or at such time as the outside investigative entity indicates the facility may begin their administrative investigation." "The Facility Administrator and contracting agencies shall be notified prior to the investigating of all allegations of sexual abuse." Policy 1400.04 further states that "each facility shall have a policy in place to ensure that all allegations of sexual abuse are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior and that all referrals must be documented." The Auditor's review of the MOU between JCPC and MCSO found it meets the requirements of the policy and provides a description of responsibilities of each party. The policy further provides that GEO shall retain all written reports involving sexual abuse 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 policy further requires prompt, thorough, and objective investigations for all allegations of sexual abuse. "Following receipt of a reported PREA allegation, the Facility Administrator will assign the investigation to an investigator who has received specialized training in conducting sexual abuse investigations which will begin within 24 hours of notifying ICE of the allegation, except where the facility has been advised a criminal investigation is pending by either local law enforcement or ICE OPR or DHS OIG." All investigations are to be reported to the Joint Intake Center (JIC) who assesses allegations to determine which allegations fall within the PREA purview. The PREA allegations are referred to OIG or OPR. OIG has the first right of refusal on all employee-, volunteer-, or contractor-on-detainee sexual abuse allegations. Once the allegation is reviewed and accepted by DHS OIG, the OPR would not investigate so there is no possible intervention. If refused, the allegation is referred to OPR. All detainee-on-detainee allegations are referred to the OPR for assessing criminality. Once the allegation is reviewed and accepted by the OPR investigator, the investigation is conducted by OPR, who will decide on the investigative process. If OPR investigates the allegation, the investigation is conducted in accordance with OPR policies and procedures and coordination with law enforcement and facility staff. If allegations are not criminal in nature, the allegations are referred to the OPR field office or the ERO Administrative Inquiry Unit (AIU) for investigation. The AFOD would assign an administrative investigation to be completed. All investigations are closed with a report of investigation. The agency's policy 11062.2 outlines the evidence and investigation protocols. Policy 1400.04 states "should ICE OPR or DHS OIG open a criminal investigation, they will notify the facility within 24 hours of the report to inform of their interest." The PSA Compliance Manager and Facility Administrator confirmed during their interviews that the ERO PREA Field Coordinator is notified, by JCPC staff, of every allegation of sexual abuse and that individual makes the notifications to the required ICE staff. During the review of the three investigative files, the Auditor found the notification to ERO documented in the file. The Facility Investigator/PSA Compliance Manager confirmed all administrative investigations are conducted by trained investigators and all documentation of these investigations are maintained for as long as the alleged abuser is detained or employed by GEO, plus an additional five years. The Auditor's review of the investigative files from the audit period found a thorough administrative investigation was completed and closed by a specially trained investigator and that criminal acts were reported to the proper law enforcement authority for investigation. The interview with the PSA Compliance Manager/Facility Investigator combined with the review of the investigation files, indicated that all allegations are promptly reported to JIC, the ICE OPR, or the DHS OIG, as well as the appropriate ICE FOD.

(c): A review of the ICE website (<https://www.ice.gov/prea>) confirms the sexual abuse investigation protocols are available to the public. A review of the facility website (<https://www.geogroup.com/PREA>) confirms the protocols are also available to the public.

§115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c): Policy 1400.03 requires "all employees, contractors, and volunteers to receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program (SAAPI)." This initial and annual refresher training includes "the facility's zero-tolerance policy for sexual abuse and assault; how to fulfill their responsibilities under the agency's sexual abuse and assault prevention, detection, reporting, and response policies and procedures; recognition of situations where sexual abuse may occur; the right of detainees and employees to be free from sexual abuse and retaliation for reporting sexual abuse and assault; definitions and examples of prohibited and illegal sexual behavior; recognition of physical, behavioral, and emotional signs of sexual abuse; methods of preventing and responding to such occurrences; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with detainees; how to communicate effectively and professionally with detainees, including LGBTI or gender non-conforming detainees; and 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." This policy further requires the employee document receiving and understanding this training "through signature on attachment E, PREA Basic Training Acknowledgement Form. This form is also used to document pre-service and annual in-service training." A combination of instructor-led and web-delivered training is utilized to deliver the required PREA training. The Lead Auditor reviewed sample training transcripts for two employees and five random training files (four staff and one contractor) and found each file contained a signed PREA Basic Training Acknowledgement Form. The Auditors interviewed 31 JCPC staff during the remote interview audit phase who confirmed they had received PREA pre-service and annual refresher training. The interviews confirmed the instruction they received included the requirements outlined in subpart (a) of this standard. The Auditors reviewed the training curriculum and found it addressed the requirements under subpart (a) as well. The Training Supervisor confirmed that she maintains the training records in the corporate (GEO) provided computer system and that all staff assigned to JCPC are current with the agency's PREA training requirements. JCPC's requirement for employees to train annually exceeds the standard's requirements of a refresher once every two years.

§115.32 - Other training.

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

Notes:

(a)(b)(c): Policy 1400.03 requires "all contractors and volunteers to receive training on GEO's SAAPI Program. Contractors who have contact with detainees receive the same training required of staff as explained in the standard 115.31 narrative." All volunteers who have contact with detainees are notified of the facility's and the agency's zero-tolerance policies regarding sexual abuse, informed how to report such incidents, and sign an acknowledgement stating their understanding of these policies. The facility reported they have 13 approved volunteers and 3 contractors who have received pre-service and annual refresher training on their responsibilities under the agency and facility's sexual abuse policy to include definitions of prohibited acts, communication with LGBTI groups, means of reporting, and ensuring the nearest security staff person is notified if a detainee alleges sexual abuse to them. The Training Supervisor confirmed all contractors and volunteers receive and document by signature their understanding of the training received. The Lead Auditor confirmed delivery of the appropriate training, as described, through interviews with one contractor and one volunteer and by review of two contractor's and one volunteer's training files. These previously noted interviews confirmed they had received the agency and the facility's sexual abuse training on their responsibilities under the agency and the facility's sexual abuse prevention, detection, intervention, and response policies and procedures. Based on additional correspondence with the PSA Compliance Manager after the remote interview audit phase, the Lead Auditor learned that other contractors, as defined by 115.32 section (d), currently do not receive notification of the facility's zero-tolerance policies regarding sexual abuse and are not informed on how to report such incidents, which is the minimum requirement for persons who provide services on a non-recurring basis pursuant to a contractual agreement with the agency or facility. The Lead Auditor's review of the Pest Control Contractor file and the X-ray Tech file provided no evidence the facility had provided notification to either individual of the agency or facility's zero tolerance policies. During the on-site visit, the facility provided documentation of a signed acknowledgement statement confirming that the PREA Basic Training is now provided to contractors.

§115.33 - Detainee education.

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

Notes:

(a)(b): Policy 1400.03 requires the facility to "notify and inform the detainee about the company's zero-tolerance policy regarding all forms of sexual abuse and assault during the intake process." The SAAPI Program includes: "prevention and intervention strategies; definitions and examples of detainee-on-detainee sexual abuse and assault; staff-on-detainee sexual abuse and assault and coercive sexual activity; explanation of methods for reporting sexual abuse or assault, including one or more staff members other than an immediate point-of-contact line officer, the PSA Compliance Manager or mental health staff, the DHS/OIG, and the ICE/OPR investigation process; information about self-protection and indicators of sexual abuse; prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the detainee's immigration proceedings; and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling." "The SAAPI Program is provided in formats accessible to all detainees including those who are LEP, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills." The Second Auditor conducted interviews during the remote interview audit phase with 22 detainees of which 14 were LEP and interpreter services were used during the interviews. The Detainee Education for Intake Staff manuscript (English & Spanish) was provided with the PAQ, and upon review, Auditors found it to be comprehensive and instructive and to include all elements required of the standard. There were no intakes during the on-site visit, so the Auditors observed a simulation provided by the Intake Staff. Interviews with the PSA Compliance Manager, Classification Manager, and HSA confirmed that during the classification staff's initial interview with the detainee, if it is determined that a disability exists, the staff will make necessary accommodations to ensure the information is communicated effectively through any means necessary. This may include reading the information to the detainee, obtaining sign language or other language interpreter, or providing other axillary devices as recommended by the HSA.

(c): The Auditors reviewed the records of 10 detainees during the audit period and all records contained documentation that the ICE National Detainee Handbook, the Facility Handbook, and the intake orientation was provided in the appropriate format. Two of the LEP detainees (Tamil and Spanish speaking), interviewed with the assistance of a Language Line interpreter by the second Auditor, reported they were unable to understand all of the information provided during intake and that an interpreter was not used at that time, so the Auditor requested these detainee records during the on-site visit to verify the information provided. The facility provided these files to review during the on-site visit and they were documented by staff that no translation line was utilized during intake as the detainee was English proficient. Staff interviewed explained that the Orientation Acknowledgement Form is completed on every detainee who is processed through intake.

(d)(f): The Auditor's review of policy 1400.03 found that it requires the facility to post the following notices in all housing units: "the DHS-prescribed sexual assault awareness notice; the name of the PSA Compliance Manager; and the name of local organizations that can assist detainees who have been victims of sexual abuse." JPCP provided copies of all documents listed with the PAQ for the Auditor's review and the PSA Compliance Manager confirmed during interviews that these documents are posted throughout the facility. The detainee interviews further supported that these documents are readily available throughout the facility and the Auditors observed this information posted as described in all housing units and in common areas throughout the facility. A copy of the facility's Detainee Handbook dated November 2019 was provided for the Auditors' review with the PAQ. The handbook addresses Sexual Assault Awareness providing detainees with the following information on sexual abuse: prohibited acts; reporting methods and instructions; contact numbers of internal and external resources; grievance procedures; definitions; confidentiality; avoiding sexual assault; explanation of the facility's response/medical/investigative processes; and emotional consequences of sexual assaults. During the on-site visit, the Auditors were advised that the facility's Detainee Handbook was revised in September 2020 and a copy was provided for review. Of the 22 detainees interviewed during the remote interview audit phase; 17 stated they received the handbook, 4 stated they did not recall receiving a handbook and one stated he received a handbook, but it was not in a language he understood. All detainees recalled receiving information about PREA in some form, and the source received, and most recalled that signage is posted on the walls in the housing units. Most detainees interviewed mentioned the PREA information being available in the handbook. Submitted with the PAQ was the ICE National Detainee Handbook in the following languages: English, Chinese, French, Haitian Creole, and Spanish. Upon request by the Lead Auditor, after the Remote Interview Phase, the PSA Compliance Manager provided the ICE National Detainee Handbook in other languages available: Arabic, Hindi, Portuguese, Punjabi, Russian, and Vietnamese, and explained that the facility keeps English and Spanish handbooks in print and the other languages are in PDF format so they can be printed as needed.

(e): The facility is required to make available and distribute to the detainees the DHS-prescribed "Sexual Assault Awareness Information" pamphlet. This pamphlet was provided to the Auditors with the PAQ for review in English and Spanish. The DHS-prescribed Sexual Abuse and Assault Awareness Information pamphlet is available through ICE in nine languages: English, Spanish, Arabic, Haitian Creole, French, Hindi, Portuguese, Punjabi, and Chinese. The PSA Compliance Manager explained that the facility keeps English and Spanish pamphlets in print and the other languages are available in PDF format so they can be printed as needed. The Auditors observed that the pamphlets were available in English and Spanish in the intake area to distribute to new arrivals and posted on the bulletin boards in the housing units.

§115.34 - Specialized training: Investigations.

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

Notes:

(a)(b): Policy 1400.03 requires "investigators who conduct investigations into allegations of sexual abuse at immigration detention facilities be trained in conducting investigations on sexual abuse and effective cross-agency coordination." The policy further requires these investigators receive and document this specialized training in addition to the training mandated for all employees under 115.31. JPCP has one primary and one backup investigator. Both the primary investigator, the PSA Compliance Manager and the backup have attended specialized training through GEO which was confirmed through interviews with the investigators and review of training records and certificates. The Auditor reviewed the primary investigator's training record and confirmed the investigator received the required training under 115.31 and the specialized investigator training through GEO. The Auditors confirmed that the three administrative investigations were conducted by the specialized trained primary investigator.

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 Auditors reviewed the ICE OPR Investigations Incidents of Sexual Abuse and Assault training curriculum and found the curriculum covers in-depth investigative techniques, evidence collection, and all aspects to conducting an investigation of sexual abuse in a confinement setting. The agency also offers a Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if a sexual abuse incident has taken place and whether to complete an administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP, LGBTI, and disabled detainees and an overall view of the investigative process. The agency provided rosters of trained investigators for the Auditor's review.

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

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

Notes:

(a)(b): The Statement of Fact (memorandum) provided by JPCP indicates that the facility has no Immigration Health Services Corps/U.S. Public Health Service (IHSC/USPHS) staff at the facility. These sections are non-applicable.

(c): Policy 1400.03 requires medical and mental health care practitioners (full-time and part-time) who work regularly in JPCP to be trained on detecting signs of sexual abuse and assault, preserving physical evidence of sexual abuse, responding professionally to victims of sexual abuse and proper reporting of allegations or suspicions of sexual abuse and assault." This specialized training is required in addition to the general training mandated for all employees under 115.31 and is to be completed as part of the newly hired employee pre-service orientation. "Documentation of this specialized training is to be maintained in the employee's training file." The Specialized Medical and Mental Health PREA Training lesson was provided with the PAQ and the Auditor's review found it to contain all elements required by this standard. The Lead Auditor reviewed training rosters for the medical and mental health specialized training and found that all 30 facility medical personnel attended the training.

§115.41 - Assessment for risk of victimization and abusiveness.

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

Notes:

(a)(b)(c)(d): Policy 1400.03 requires all detainees to 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" using the GEO PREA Risk Assessment Tool (Attachment B) to conduct this initial risk screening assessment. Attachment B utilizes the following criteria to assess detainees for risk and sexual victimization: "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 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 LGBTI, or gender nonconforming; whether the detainee has self-identified as having previously experienced sexual victimization; and the detainees' own concerns about his or 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." In addition to this screening instrument, persons tasked with screening conduct a thorough review of any available records that can assist them with the risk assessment." The policy further requires initial classification and housing assignment (including the risk assessment) to be completed within 12 hours of the detainee's admission to the facility and

detainees are kept separate from general population until classified. During the prior contingency audit phases, the Auditors reviewed seven detainee files and found all risk assessments were conducted utilizing Attachment B. Additionally, all the risk assessments were conducted at intake and within 12 hours of the detainee's arrival. During the detainee interviews conducted during the remote interview audit phase, 21 of the 22 detainees interviewed stated their risk assessments were completed within the first few hours of their arrival and before being placed into general population. One detainee said he could not remember anything about the intake process. This detainee file was requested by the Auditor for review and was received prior to the on-site visit confirming that the screening was completed within 12 hours. Two additional detainees were interviewed, and their records were reviewed during the on-site visit which further confirmed that a risk screening for victimization and abusiveness is conducted during the intake process and within 12 hours of their arrival. Interviews with intake staff indicated a strict adherence to the screening procedures being conducted before housing detainees and within 12 hours of their arrival. The interview with the PSA Compliance Manager confirmed that Classification Staff conduct the risk assessment in a private office within the intake area within 12 hours of arrival.

(e): Reassessment of a detainee's risk level of victimization or abusiveness is conducted by the appropriate case manager between 60- and 90-days per policy and based on interviews with Classification Supervisor and case managers. Policy 1400.03 requires the risk reassessment be conducted using the GEO PREA Vulnerability Reassessment Questionnaire (Attachment C). The Auditor's review of nine detainee files and the examples of screening instruments provided with the PAQ found evidence demonstrating that the initial risk screenings and the reassessments were completed according to the required timeframes. Reassessments are conducted when additional information becomes available and after an allegation of sexual abuse according to interviews with the Classification Supervisor and case managers and the review of the investigation files.

(f): Policy 1400.03 prohibits detainees from being disciplined for refusing to answer, or for not disclosing complete information in response to questions asked in subpart (c) whether the detainee has a mental, physical or developmental disability, identifies as LGBTI or gender non-conforming, experienced prior sexual victimization, or has any concerns about his or her physical safety. The Classification Supervisor and PSA Compliance Manager confirmed detainees are not disciplined for refusing to answer any of the assessment questions. Interviews with detainees indicated that none reported being disciplined for not answering questions during the intake process.

(g): Policy 1400.03 requires the facility to implement appropriate controls on the 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." The Classification Supervisor confirmed appropriate controls are placed on all detainee records, including risk assessments, and stated these documents are maintained in the detainee files and secured in the records room, which is locked and has very limited access, which was confirmed during the on-site visit. The sensitive information entered into the PREA tracking system is only accessible by the PREA Committee Members and case managers.

§115.42 - Use of assessment information.

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

Notes:

(a): Policy 1400.03 requires the facility to use the information from the risk assessment to "inform assignment of the detainee to housing, recreating and other activities, and voluntary work." Individual determinations are to be made "about how to ensure the safety of each detainee" and "the PSA Compliance Manager will maintain an "at risk" log of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment." Interviews with the Facility Administrator, Assistant Facility Administrator, PSA Compliance Manager, Classification Supervisor, and security supervisors revealed a high functioning and organized PREA Committee that convenes regularly to interview detainees who are placed on the "at risk" log and subsequently determine individual housing and programming assignments based on the collection of information available, to include information derived from the PREA Intake Risk Screening Assessment. Staff interviews conveyed to the Lead Auditor a genuine concern for the safety of all detainees and understanding of their responsibilities as custodians. The PSA Compliance Manager further explained during the on-site visit that during the initial interview process, Case Managers make a determination of a detainee's risk for being a victim or abuser based on the information provided during the screening. Once identified as either of these categories, the detainee is placed on the secure "PREA Tracking" document. This document is accessed only by PREA stakeholders (classification, mental health, facility leadership, and PSA Compliance Manager), to be used for classification, medical, mental health, and management decisions.

(b)(c): Policy 1400.03 requires JCPC to "consider the detainee's gender self-identification and an assessment of the effects of placement on the detainee's health and safety when making assessments and housing decisions for transgender and intersex detainees. A medical or mental health practitioner is to be consulted as soon as practicable on these assessments and placement decisions which shall not be based solely on the identity documents or physical anatomy of the detainee." The Transgender Care Committee (TCC) will make housing determinations for transgender and intersex detainees. When making these determinations, the TCC shall consider at a minimum: the documented criminal history and past/present behavior; the physical, mental, medical, and special needs; the self-assessment of his/her safety needs; privacy issues, including showers, available beds and or housing; and all records and prior assessments of the effects of any housing placement on the detainee's health and safety that has been conducted by a medical or mental health professional. The PSA Compliance Manager provided the Auditors with the forms used by the TCC for making determinations about the safety of transgender and intersex detainees. These forms collect relevant information, to include the information obtained from the risk screening instrument, and allows the committee to make determination on housing, personal needs, search preferences, separate shower accommodations, and preferred pronouns.

The Auditor's interviews with the Classification Supervisor and PSA Compliance Manager found that the PREA Committee also functions as the TCC. The interviews with committee members revealed they are sensitive to the potential vulnerability of this population in confinement settings and take their roles seriously with safety of everyone being the ultimate goal. Transgender and intersex detainees are assessed every six months using the required Transgender Care Committee Summary form (Attachment D). A completed PREA Risk Assessment conducted on a detainee who identified as transgender was provided with the PAQ for the Auditor's review. The detainee's reassessment was completed within the 60-90-day period and the 6-month required review was not conducted as the detainee was released from custody prior to the date it would have been due. The PSA Compliance Manager confirmed that the detainee would have been reassessed at the 6-month point if not released from custody prior. During the on-site visit, the Auditors confirmed through conversation with the PSA Compliance Manager that there have been no transgender or intersex detainees at the facility since the prior contingency audit phases.

§115.43 - Protective custody.

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

Notes:

(a)(b)(c): Policy 1400.03 places restrictions on "the use of administrative restricted housing to protect detainees vulnerable to sexual abuse or assault 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. The facility should assign detainees vulnerable to sexual abuse or assault to the administrative restricted housing unit 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. Detainees placed in restricted housing for protection shall have access to programs, visitation, counsel, and other services available to the general population to the maximum extent practicable." Based on documentation presented with the PAQ, the facility policy has been reviewed and approved by the ICE AFOD on 11/13/2019. The Facility Administrator informed the Auditors that the use of administrative segregation for detainee victims, on the basis of his/her vulnerability to sexual abuse or assault, has not occurred at JCPC within the audit period. He further stated that administrative segregation would only be used as a last resort, as he would use the infirmary room instead for any victim needing protection. However, if it were to be used for a vulnerable detainee, to the extent practical, the detainee would have access to programs, visitation, counsel, and other services available to the general population. Interviews with all levels of staff, to include the Assistant Facility Administrator, PSA Compliance Manager, and Classification Supervisor, and Chief of Security indicated that the use of administrative restricted housing for protection is rarely used and only when the detainee requests voluntary protective custody and that safe housing will be provided to the detainee through dormitory reassignment or being assigned to the medical unit when necessary, to keep separate from other detainees.

(d)(e): Policy 1400.03 requires supervisory review of any detainee victim or vulnerable detainee placed in administrative segregation, "within 72 hours of their placement in segregation, to determine if the placement is still warranted; and a supervisory staff member shall conduct, at a minimum, an identical review after the detainee has spent 7 days in administrative restricted housing, and every week thereafter for the first 30 days, and every 10 days thereafter." Assessments are to be documented on the DHS Sexual Assault/Abuse Available Alternatives Assessment form (Attachment G) and upon completion reviewed and signed by the Facility Administrator or Assistant Facility Administrator. Detainee victim placement in administrative segregation must be documented and reported to the FOD within 72 hours of the placement for review and approval of the placement. The Segregation Sergeant confirmed that any victim or vulnerable detainee's placement in segregation would be reviewed within the first 3 days of his/her placement in administrative segregation, with additional reviews completed after the detainee has spent 7 days in administrative segregation, and for every week for the first 30 days, and every 10 days thereafter. An example of completed documentation assigning a detainee to voluntary protective custody was provided with the PAQ for the Auditor's review. The Restricted Housing Unit Order documented that the detainee requested admission for protective custody because he "did not feel safe at this facility;" the detainee's signature was present on the form, and the document was accompanied by the detainee's statement requesting protection. The detainee is no longer at the facility, so the Auditor was unable to conduct an interview. The documentation was complete and demonstrated that the required reviews are conducted and properly documented. Also included with the PAQ and reviewed by Auditor was a Statement of Fact (memorandum) that JCPC notifications are made to the ICE FOD of placements in protective custody or administrative segregation by the Assistant Facility Administrator, by both telephone and email. During the on-site visit, the Auditors determined that there were no detainees being held in segregated housing for protective custody for risk of sexual abuse.

§115.51 - Detainee reporting.

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

Notes:

(a)(b): Policy 1400.03 states "JCPC provides 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." The facility also "provides contact information to detainees for consular officials, the DHS OIG, or as appropriate, another designated office, to confidentially and, if desired, anonymously report these incidents. In addition, JCPC provides 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 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. JCPC provides detainees contact information for reporting sexual abuse to the facility's PSA Compliance Manager." This information is provided to detainees through initial orientation, the DHS-prescribed "Sexual Assault Awareness Information" pamphlet, JCPC Detainee Handbook, ICE National Detainee Handbook, and PREA signage posted on bulletin boards and walls. The Auditor was provided a copy of the DHS OIG poster and the facility's local telephone number signage that is posted in housing units with the PAQ for review. The PSA Compliance Manager confirmed detainees may report allegations to include reporting anonymously if so desired to a public or private agency not associated with the agency, which includes the JIC and DHS OIG. The Auditor verified that this reporting information is provided in both the facility handbook, DHS-prescribed "Sexual Assault Awareness Information" pamphlet, and in the ICE National Detainee Handbook. The information also appears on posters throughout the facility. The review of the allegations reported in the audit period indicated in one case, the detainee reported directly to medical staff verbally, and the others were reported to ICE by phone. All detainees interviewed were able to articulate to the Second Auditor multiple ways to make a report of sexual abuse including use of the hotline and filing a grievance. During the on-site visit, the Auditors observed the described notifications posted on the housing units near the telephones, and in other common areas of the facility. The Second Auditor conducted test calls from the detainee telephone system and successfully placed a call using the reporting lines available to the detainees and was able to confirm that the detainee can remain anonymous if they choose to when making a report.

(c): Policy 1400.03 requires employees to "accept reports made verbally, in writing, anonymously, and from third parties promptly, and subsequently document any verbal reports." All staff interviewed were able to identify each of these reporting methods available to detainees to make reports of sexual abuse and confirmed that any report received would immediately be forwarded to the shift supervisor and the PSA Compliance Manager and then followed up by a written incident report.

§115.52 - Grievances.

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

Notes:

(a)(b)(c)(d)(e): Policy 1400.03 requires JCPC to accept "formal grievances related to sexual abuse at any time during, after, or in lieu of lodging a complaint and does not impose a time limit for filing." The policy further requires the facility to "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." The Lead Auditor interviewed the Grievance Coordinator who confirmed all allegations of sexual abuse, made through the grievance office, are immediately reported to the PSA Compliance Manager and Facility Administrator for investigation and medical emergencies are brought immediately to the proper medical personnel for assessment. He further stated that his office issues a decision on the grievance within 5 days and responds to an appeal of the grievance

decision within 30 days, as directed by policy. JCPC notifies the ICE FOD of all sexual abuse grievances at the end of the process. Interviews with the Grievance Coordinator and PSA Compliance Manager, review of the PAQ, and the Statement of Fact (memorandum) indicated no grievances were filed related to a sexual abuse allegation or appeal of a grievance decision in the audit period. The JCPC Detainee Handbook was provided with the PAQ for the Auditors' review, which contains this policy information and detailed instructions on how detainees can access the grievance procedures.

(f): Policy 1400.03 and the JCPC Detainee Handbook state "detainees may obtain assistance from another detainee, housing unit officer or other facility staff, family members, or legal representatives to prepare a grievance." During interviews with random security staff, they each confirmed their responsibility to take reasonable steps to expedite requests for assistance from these other parties when necessary. The Grievance Coordinator confirmed that assistance was not requested by any detainees for the purposes of reporting sexual abuse through the grievance process within the audit period. Of the 24 detainees interviewed, 18 stated they know they can file a sexual abuse grievance and that they understand they can request assistance to file a grievance.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c): Policy 1400.03 requires JCPC to "utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation and the prosecution of sexual abuse perpetrators to most appropriately address victim's needs." It further requires the facility "make available information about the local organization that can assist detainees who have been victims of sexual abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available) posted in all living areas." As noted in standard 115.21, JCPC documented an attempt to enter into a MOU with the MCWC, to provide detainee victims of sexual abuse access to outside victim advocates for emotional support services. The email from the MCWC stipulates the Center will provide advocacy and supportive services to survivors who are being detained, although they are unable to enter into a formal MOU. The Center provides JCPC with a 24-hour crisis hotline number (that is included in the JCPC Detainee Handbook and informs detainees that phone contact with this Center is free and unmonitored.) The PSA Compliance Manager also provided information on a secondary community resource, Family Time Crisis and Counseling Center, that is available to detainees to use for counseling or as a third-party reporting option, and which is made available to detainees through posting. The Lead Auditor spoke with a counselor at the Family Time Crisis and Counseling Center and verified that counseling services are available to detainees at JCPC. The PSA Compliance Manager/Facility Investigator confirmed that each detainee alleging sexual abuse is provided with contact information for outside confidential support services at the time of the initial interview once an allegation is received. During the review of the investigative files, the Auditors confirmed the detainee was provided this advocacy information. Detainee interviews indicated their general knowledge of how to access this information from the signage posted on the wall. The Auditors observed these posters displayed in the living units and in other common areas of the facility.

(d): The PSA Compliance Manager confirmed that phone contact and mail with Montgomery County Women's Center is not monitored. The detainee is advised of this through posted notices and in the facility's detainee handbook. The Lead Auditor spoke with a counselor at Family Time Crisis and Counseling Center who confirmed that the information provided from the detainee to them would be confidential, that they would encourage the caller to report the incident to the authorities, but they are not obligated to forward the report. The Center will provide the caller with information for legal aid and will provide counseling.

§115.54 - Third-party reporting.

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

Notes:

Policy 1400.03 requires JCPC to post GEO's third-party reporting procedures (in Spanish and English) in all public areas, to include the lobby, visitation area, and staff break areas within the facility. Third-party information is also found posted on GEO's website (www.geogroup.com/PREA) and ICE website (<https://www.ice.gov>). A copy of the ICE ERO third-party reporting poster was provided with the PAQ for review by the Auditor, which provides a toll-free number of 1-888-351-4024. The DHS OIG poster contains their website at www.oig.dhs.gov, toll-free phone number of 1-800-323-8603, and mailing address where third-party complaints can be made anonymously and confidentially. Third-party reports can also be made to ICE's Detention Reporting and Information Line (DRIL) at 1-888-351-4024. The PSA Compliance Manager also provided information on a secondary community resource, Family Time Crisis and Counseling Center, that is available to detainees to use for counseling or as a third-party reporting option and which is made available to detainees through posting. All 22 detainees interviewed were aware that family members and friends could report sexual abuse on their behalf. The Auditor's review of the investigation files confirmed two allegations were received through the ICE third-party reporting system.

§115.61 - Staff reporting duties.

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

Notes:

(a)(b)(c): Policy 1400.03 requires employees and contractors "to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in any facility (GEO or other); retaliation against detainees or employees who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation." The policy also requires "apart from reporting to a designated supervisor or official, 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." The Facility Administrator and PSA Compliance Manager confirmed the staff reporting requirements as outlined in this policy and that they are included in the pre-service and annual in-service training received by all staff. The PSA Compliance Manager also confirmed staff, by policy, may report sexual abuse outside their chain of command to the Chief of Security, upper-level executive, employee hotline, or to the GEO Corporate PREA Coordinator. All 31 staff interviewed confirmed awareness of their reporting obligations as required by policy and provided through their PREA refresher training. Staff interviews also confirmed that they were aware they could go directly to the PSA Compliance Manager, Facility Administrator, GEO's Corporate PREA Coordinator at PREAinfo@geogroup.com, or to the third-party hotline at 561-999-5827, to report allegations of sexual abuse if needed. Staff interviews also confirmed their knowledge that all information they become aware of is to be kept strictly confidential and only shared to 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 may also report staff misconduct directly to the employee hotline, which is an independent professional service that may be contacted 24 hours a day, 7 days a week on the internet at www.reportlineweb.com/geogroup, or at the toll-free phone number: 866-568-5425. Evidence was provided with the PAQ that this policy has been approved by the ICE FOD. The Auditor's review of the investigation files confirmed that staff response to reports of sexual abuse or sexual harassment is immediate and in accordance with the facility's established policies.

(d): Policy 1400.03 requires the JCPC to report allegations of sexual abuse, in which the alleged victim is under the age of 18 or considered a vulnerable adult under State or local vulnerable person's statute, to designated State or local services. The facility does not detain juveniles and there were no known vulnerable adults confined during the audit period. The PSA Compliance Manager explained sexual abuse against a vulnerable adult must be reported to the local law enforcement for a criminal investigation which is following the same protocol as any sexual abuse allegation reported at the facility. The local law enforcement entity who conducts criminal investigations for JCPC is Montgomery County Sheriff's Department.

§115.62 - Protection duties.

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

Notes:

Policy 1400.03 requires that a staff member who "has reasonable belief that a detainee is subject to substantial risk of imminent sexual abuse take immediate action to protect the detainee." During interviews with the Facility Administrator, PSA Compliance Manager, and random security staff, they each confirmed, in any situation involving substantial risk of imminent sexual abuse of a detainee, they would take immediate action (by securing the alleged abuser and escorting the alleged victim to another area) to protect the detainee. The PAQ and Facility Administrator confirmed JCPC had no detainees at substantial risk of imminent sexual abuse during the audit period.

§115.63 - Report to other confinement facilities.

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

Notes:

(a)(b)(c)(d): Policy 1400.03 states, "in the event that a detainee alleges that sexual abuse occurred while confined at another facility, JCPC shall document those allegations and the Facility Administrator or Assistant Facility Administrator shall contact the Facility Administrator or designee where the abuse is alleged to have occurred and notify the ICE FOD as soon as possible but no later than 72 hours after receiving the notification. The facility is to maintain documentation that it has provided this notification and all actions taken regarding the incident. Copies of this documentation will be forwarded to the PSA Compliance Manager and Corporate PREA Coordinator. Any facility that receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA standards and reported to the appropriate ICE FOD." The Facility Administrator, PSA Compliance Manager, and Statement of Fact (memorandum) provided with the PAQ indicated JCPC has not received reports of sexual abuse that occurred at another facility during the audit period. The PSA Compliance Manager/Facility Investigator reported that there have been no reports of incidents received from another facility of an allegation occurring at JCPC during the audit period.

§115.64 - Responder duties.

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

Notes:

(a): Policy 1400.03 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: separate the alleged victim and abuser; immediately notify the on-duty security supervisor and remain on the scene until relieved by responding personnel; preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence; if the sexual abuse occurred within 96 hours the alleged victim and abuser shall be separated to ensure that the alleged victim and abuser do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. A security staff member of the same sex shall be placed outside the area where the detainee is secured for direct observation to ensure these actions are not performed." The Auditor's review of the investigative files confirmed the responding staff member followed the required protocols as outlined in policy and the training curriculum. Interviews with random security staff indicated their knowledge of their responsibilities as a first responder in accordance with JCPC policy.

(b): Policy 1400.03 states, "if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, remain with the alleged victim, and notify security staff." During interviews with non-security staff, they each confirmed they would secure the alleged victim and immediately call for a security staff member. Random staff interviews indicated non-security staff were knowledgeable of their responsibilities as a first responder in accordance with JCPC policy. The Auditor's review of the investigative files indicated that one allegation was made to a non-security personnel and this staff person acted according to the first responder duties as outlined in policy and the training curriculum, and contacted security staff immediately.

§115.65 - Coordinated response.

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

Notes:

(a)(b): Policy 1400.03 states "JCPC will use a coordinated, multidisciplinary team approach to responding to sexual abuse. Medical and Mental health practitioners, certified PREA investigators, facility leadership, and the PSA Compliance Manager are to be required participants in response to incidents of sexual abuse and the Corporate PREA Coordinator may be consulted as part of this coordinated response. During the review of this policy, the Auditors found detailed responsibilities for first responders, medical and mental health practitioners, investigators, and facility leadership." The Facility Administrator and PSA Compliance Manager confirmed JCPC utilizes the SAAPI Incident Checklist for Incidents of Sexual Abuse and Harassment, which guides the process with step-by-step actions to complete along with the date and time of completion, according to JCPC policy. The Auditor's investigative file review found the administrative investigations documented the multidisciplinary and coordinated responses taken by staff members.

(c)(d): Policy 1400.03 states that, "if a 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." The policy further requires, "if the victim of sexual abuse is transferred to a non-DHS facility, the sending facility shall inform the receiving facility of the incident and the victim's potential need for medical and/or social services (using Notification of PREA Incident form, attachment M), unless the victim requests otherwise." There were three alleged victims of sexual abuse documented during the audit period and all detainees was released from ICE's custody; therefore, there were no victims of sexual abuse transferred to another facility to review.

§115.66 - Protection of detainees from contact with alleged abusers.

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

Notes:

Policy 1400.03 states, "employees, contractors, or 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. This document shall then be printed and maintained as part of the related investigation file. The PSA Compliance Manager and Facility Administrator both confirmed that any employee, contractor, or volunteer who is suspected of sexual abuse of a detainee would be removed from any further contact with detainees, pending the investigation outcome." There were no documented allegations made against staff within the audit period which was also confirmed through interviews with the PSA Compliance Manager and Facility Administrator.

§115.67 - Agency protection against retaliation.

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

Notes:

(a)(b)(c): Policy 1400.03 prohibits employees, contractors, volunteers, and detainees from retaliating "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. The facility 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." JCPC "employs 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." The policy requires a "mental health staff member or the PSA Compliance Manager to 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 and any issues discussed are to be noted on the 'Protection from Retaliation Log', attachment H, to include corrective actions taken to address the issue." The PSA Compliance Manager explained that he is the designated staff person responsible for monitoring detainee retaliation and that he establishes communication directly with the person being monitored for retaliation as soon as the report is made and the investigation begins. He explained that he meets with the individual weekly, and documents the monitoring on the required form, attachment H, and further explained that retaliation monitoring will continue up to 90 days or longer should there be a need. Monitoring for detainees includes a review of detainee disciplinary reports and/or housing or program changes, and consideration of the detainee's concerns. Monitoring for employees includes a review of performance reports, shift or assignment changes, or any other action that the employee feels may be retaliatory. "The Employee Assistance Program (EAP) may also be offered for emotional support services for employees who fear retaliation. He also stated that reviewing video footage is another way to monitor an individual for retaliation. Interview with the Facility Administrator found that matters of retaliation are taken seriously and will not be tolerated and that appropriate disciplinary action, up to termination, could result if found to be substantiated. The Statement of Fact (memorandum) provided with the PAQ and interview with the PSA Compliance Manager/Retaliation Monitor indicated no incidents occurred requiring staff monitoring for retaliation during the audit period. The Auditors also confirmed through interviews that the facility had no reported instances of alleged retaliation occurring during the audit period. The Auditor found documented retaliation monitoring for the three alleged victims in the investigative files that began at the time the allegation was received and ended when the detainee departed the facility.

§115.68 - Post-allegation protective custody.

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

Notes:

(a)(b)(c): Policy 1400.03 requires the facility "to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible subject to the requirements of standard 115.43." Interviews with the Facility Administrator and PSA Compliance Manager indicated the use of segregation for a victim of sexual abuse would be highly unlikely and only used as a last resort, as he would use the infirmary room instead for any victim needing protection. The Facility Administrator also confirmed that any detainee victim placed in administrative segregation would not be returned to the general population until the completion of a vulnerability reassessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse. The Statement of Fact (memorandum) provided with the PAQ indicates the facility has had no incidents within the audit period to demonstrate placement of a detainee in segregated housing to protect the detainee from sexual abuse.

(d): Interviews with the Facility Administrator and PSA Compliance Manager indicated the facility will notify the appropriate ICE FOD whenever a detainee victim has been placed in administrative segregation for more than 72 hours in accordance with policy 1400.03.

§115.71 - Criminal and administrative investigations.

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

Notes:

(a)(b)(c): Policy 1400.04 states "an administrative investigation shall be completed for all allegations of sexual abuse at GEO facilities, regardless of whether a criminal investigation is completed. This investigation shall be conducted promptly, thoroughly, and objectively for all allegations of sexual abuse and by trained investigators. An administrative investigation will begin within 24 hours of notifying the ICE FOD of a sexual abuse allegation except for allegations where the facility has been advised a criminal investigation is pending by either local law enforcement of ICE OPR or DHS OIG. In allegations where a criminal investigation is initiated by ICE OPR, DHS OIG or outside law enforcement, the facility shall begin an administrative investigation as soon as the criminal investigation has concluded or at such time as the outside investigative entity indicates the facility may begin their administrative investigation." This policy was reviewed and approved by the AFOD and outlines the investigative protocols for JCPC. The Facility Investigator/PSA Compliance Manager confirmed he conducts an administrative investigation on every allegation of sexual abuse within 24 hours of the allegation being made and after consultation with the appropriate investigative offices within DHS and MCSO. The investigative files contained documentation of the PSA Compliance Manager/Facility Investigator's consultation with the MCSO and ICE/OPR. The investigative protocols and determinations for administrative investigations are based on direct and circumstantial evidence; available physical DNA evidence; available electronic monitoring data; interview notes from the alleged victims, suspected perpetrators, and witnesses; and reviewing prior complaints and reports of sexual abuse or assault, involving the suspected perpetrator. No detainee is required, who alleged sexual abuse or assault, to submit to a polygraph as a condition of the investigation continuing; and the departure of the alleged abuser or victim from the employment or control of the facility does not affect the investigation. The Facility Investigator further confirmed that he cooperates with any outside agency conducting a criminal investigation by providing statements, evidence, and access to staff and detainees. Credibility assessments during the administrative investigation of the alleged victim, suspect, or witness is based on evidence without regard to their status as a detainee, employee, or contractor. The Auditor's review of the three investigation files from the audit period found that the subpart (c) requirements of the standard were followed, and the investigations were conducted promptly, thoroughly, and objectively. The cases were investigated by the Facility Investigator/PSA Compliance Manager and were closed as unsubstantiated.

(e): Policy 1400.04 which states "the departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation." Interviews with the Facility Investigator/PSA Compliance Manager and Facility Administrator confirmed that an

investigation would not terminate with the departure of the alleged abuser or victim from the employment or control of the facility or agency. One of the three investigations was not closed until after the release of the detainee and the investigation was not terminated upon his release.

(f): Additionally, policy 1400.04, states that "when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed of the progress of the investigation and that copies of completed investigative reports are to be requested." All three cases were reported to the MCSO, one is still under investigation and the other two were declined for investigation. Based on documentation in the JCPC investigation file, the criminal case is still under investigation. Multiple attempts to the MCSO were documented in writing by the PSA Compliance Manager/Investigator for updates on the criminal case, but the response from MCSO explains their refusal to provide additional information about the case due to the status of the detainee no longer being in custody. During interviews with the Facility Administrator and the PSA Compliance Manager both explained a good working relationship with ICE and MCSO and that there is generally a good communication flow between the entities.

§115.72 - Evidentiary standard for administrative investigations.

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

Notes:

Policy 1400.04 states that "the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated." Upon review of the sexual abuse investigation files, the Lead Auditor determined the Facility Investigator demonstrated preponderance of evidence in determining the disposition of the investigations. The interview with the Facility Investigator/PSA Compliance Manager confirmed his understanding of the standard and discussed how he weighs the evidence for a conclusion.

§115.73 - Reporting to detainees.

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

Notes:

Policy 1400.04 requires that "at the conclusion of all investigations conducted by facility investigators, the facility investigator or staff member designated by the Facility Administrator shall, in a timely manner, inform the detainee victim of sexual abuse, in writing, whether the allegation has been substantiated, unsubstantiated or unfounded by completing the Notification of Outcome of Allegation form, attachment D. This form is to be retained as part of the investigative file." A review of the investigation files found completed notifications for the two and an unsigned form in one with a note indicating that the detainee left custody prior to the conclusion of the investigation, which releases the facility's obligation to inform the detainee about the results of the investigation and any responsive action taken. The Auditor confirmed through requested documentation from the facility that the case was closed on 07/01/2020 and the detainee left custody from JCPC on 04/29/2020. Interview with the PSA Compliance Manager indicated he is the designated person to make notifications.

§115.76 - Disciplinary sanctions for staff.

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

Notes:

(a)(b): Policy 1400.04 requires staff to "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 Facility Administrator and PSA Compliance Manager confirmed the AFOD reviewed and approved this policy. They also confirmed removal from their position and from the Federal service is the presumptive disciplinary sanction for all 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 a staff member, contractor, or volunteer. During the interview with the HR Manager, she confirmed this presumptive disciplinary sanction and stated JCPC had no employees terminated for this cause.

(c)(d): Policy 1400.04 requires the facility to "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." Further, "the facility is to make reasonable efforts to report removals or resignations in lieu of removal for violations to relevant licensing bodies, to the extent known." The Facility Administrator confirmed he is required to make these notifications if it becomes necessary and that all allegations of sexual abuse are immediately reported to the MCSO even if the staff member resigned. The Statement of Fact (memorandum) provided with the PAQ for the Auditors' review, and interviews with the Facility Administrator, the PSA Compliance Manager, and the HR Manager indicated JCPC has had no incidents to demonstrate a need for termination, resignation, or other sanctions of a staff member for violating sexual abuse policies during the audit period.

§115.77 - Corrective action for contractors and volunteers.

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

Notes:

(a)(b)(c): Policy 1400.04 states "any contractor or volunteer who has engaged in sexual abuse shall be prohibited from contact with detainees. JCPC 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 policy further states "contractors and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact, pending the outcome of an investigation, and the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse, but have violated other provisions within these standards." The Facility Administrator confirmed contractors and volunteers would face removal from the facility for any violation of this policy. The Statement of Fact (memorandum) provided with the PAQ and interviews with Facility Administrator and PSA Compliance Manager indicated the facility has had no incidents to demonstrate a need to contact a licensing body due to a termination, resignation, or other sanctions of a contractor or volunteer violating sexual abuse policies during the audit period.

§115.78 - Disciplinary sanctions for detainees.

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

Notes:

(a)(b)(c)(d)(e)(f): Policy 1400.04 requires JCPC to "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, under the following conditions: the disciplinary process and 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; the facility 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; the facility shall not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact and 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." During interviews with the Facility Administrator, PSA Compliance Manager, and the Chief of Security, they confirmed the disciplinary process at JCPC allows for progressive levels of reviews, appeals, procedures, and documentation procedures. They also confirmed that staff assistance is provided if requested by the detainee and is provided automatically if the detainee is determined to be cognitively impaired, LEP, or otherwise needs special assistance. The Statement of Fact (memorandum) provided with the PAQ and interviews with Facility Administrator, PSA Compliance Manager, and disciplinary hearing officer confirmed no detainees have been disciplined for sexual abuse policy violations. The Auditor's review of the investigation cases for the audit period determined the allegations were unsubstantiated and no disciplinary action was taken against either detainee involved in the incident. The facility's disciplinary procedures are outlined fully in section six of the JCPC Detainee Handbook.

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

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

Notes:

(a)(b)(c): Policy 1400.03 requires that "if during the intake assessment, staff learn the detainee is at risk for either sexual victimization or abusiveness, or experienced prior victimization or perpetrated sexual abuse, the detainee is immediately referred to a qualified medical and/or mental health practitioner for follow-up as appropriate. When a referral is initiated, the detainee is to receive a health evaluation no later than two working days from the date of the assessment and a mental health assessment no later than 72 hours after referral." The Classification Supervisor confirmed a referral for medical follow-up is initiated through a phone call, then followed up with email, and that generally the detainee is evaluated the same day but no later than the two working days from the date of assessment. The mental health evaluation is also done as soon as possible but always no later than 72 hours of the referral being initiated. The Auditor's interview with the HSA confirmed these protocols are strictly observed and that every detainee arriving at JCPC is evaluated by medical during the intake process. The Auditors had no detainees to interview who had reported prior victimization. The PAQ documentation provided included a sample of progress notes from a detainee's medical file who received a mental health evaluation after referral. However, the notes are unclear as to when the detainee reported the prior sexual abuse and does not demonstrate the timeliness of the evaluation. The Lead Auditor confirmed by review of the detainee roster that the detainee is no longer at the facility; and therefore, unable to be interviewed. The Second Auditor reviewed two detainee files indicating prior sexual assault charges and confirmed that mental health referrals were initiated, and detainees were evaluated within 72 hours.

Recommendation: The Auditor recommends if during the intake assessment, staff learn the detainee is at risk for either sexual victimization or abusiveness, or experienced prior victimization or perpetrated sexual abuse, the detainee is immediately referred to a qualified medical and/or mental health practitioner for follow-up as appropriate and that the assessment/progress notes detail, i.e., when the report was made, when a referral was made, and when the detainee was seen, etc.

§115.82 - Access to emergency medical and mental health services.

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

Notes:

(a)(b): Policy 1400.03 requires "all victims of sexual abuse in custody to 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 access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate and within professionally accepted standards of care. All services shall be provided without financial cost to the victim and regardless of whether that victim names the abuser or cooperates with any investigation arising out of the incident." During interviews with the HSA and medical staff, the Auditor confirmed JCPC offers all detainees, who experience sexual abuse, the services noted above and access to a forensic medical examination, with the victim's consent, at no cost to the detainee and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. There were no detainees present who alleged sexual abuse while at JCPC for the Auditors to interview. Review of the investigative files found that one of the allegations was made to medical personnel, and the other two were taken to medical upon staff receiving report of the allegation. Only one of the cases involved an allegation of penetration and was evaluated by JCPC medical staff immediately upon report of the allegation, and then was transported to a local hospital for further treatment and forensic examination. A follow-up evaluation was conducted upon his return from the hospital and within 24 hours of the alleged incident; documentation indicated the detainee was housed in the medical unit for observation for 14 days after return from hospital, due to symptoms and possible exposure to COVID.

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

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

Notes:

(a)(b)(c)(f): Policy 1400.03 requires JCPC to "offer medical and mental health evaluations (and treatment where appropriate) to victims of sexual abuse while in immigration detention. The evaluation and treatment shall include follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. 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. Interview with the HSA confirmed the facility offers all detainees, who experience sexual abuse while in detention, medical and mental health services consistent with the community-level of care, and evaluation and treatment without cost to the detainee, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident." The detainee who reported sexual abuse within the audit period was released from custody shortly after the incident. The case was determined to be unsubstantiated, however, medical progress notes indicate the detainee was counseled on plan of care using the Language Line, and the investigation file was documented that the PSA Compliance Manager/Facility Investigator provided the detainee with information for the local outside support for sexual assault victims. The other two cases did not require follow-up services, treatment plans or continued care upon release, although they were also both provided the community resource information for sexual abuse victims.

(d): Policy 1400.03 states "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." During the interview with the HSA, she confirmed JCPC medical and mental health departments provide on-site crisis intervention services to include emergency contraception, pregnancy testing, sexually transmitted infections and other infectious diseases testing, and prophylactic treatment to victims, if necessary. Two female detainees reported an incident of sexual abuse during the audit period but neither one involved physical contact; therefore, these services were not necessary.

(e): Policy 1400.03 states that "victims will be offered tests for sexually transmitted infections as medically appropriate." An interview with the HSA confirmed that victims of sexual abuse are offered tests for sexually transmitted infections and that sometimes this is done at the hospital and then the facility's medical department will follow-up with any prescribed treatment. The Lead Auditor's review of the medical files for the detainee who was sent out for a forensic medical exam showed that the medical department documented both testing and counseling on sexually transmitted infections, and prophylaxis treatment was administered.

(g): Policy 1400.03 requires JCPC to "attempt to conduct a mental health evaluation on all known detainee-on-detainee abusers within 60 days of learning of such abuse history, and to offer treatment deemed appropriate by mental health practitioners." All allegations reported within the audit period were unsubstantiated, therefore, there were no detainees for referral under this provision. However, documentation indicated the alleged abuser (where known) was evaluated by mental health within 24 hours of the reported incident. Interviews with the HSA and mental health providers confirmed the facility offers mental health services to known detainee abusers, and to detainees who have violated the zero-tolerance policy.

§115.86 - Sexual abuse incident reviews.

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

Notes:

(a): Policy 1400.03 requires a sexual abuse incident review be conducted within 30 days of the conclusion of every sexual abuse investigation by the facility incident review team, utilizing the DHS Sexual Abuse or Assault Incident Review form (Attachment J). The PSA Compliance Manager confirmed that the facility review team consists of upper-level management officials, the local PSA Compliance Manager/Investigator, and medical and mental health practitioners. Policy also requires that JCPC adopt the review team's recommendations for improvement if outlined in the review or document its reasons for not doing so. During the on-site visit, the Lead Auditor reviewed the three closed investigation files and found the completed Incident Reviews which were documented as being conducted within 30 days after the conclusion of the investigation. There were no recommendations made by the review team on either of the three reviews and no required action to take. Interview with the PSA Compliance Manager confirmed that the agency PSA Compliance Manager is notified by the ICE FOD or the ICE COR/ACOR.

(b): The Auditor's review of Attachment J indicates the facility review team is required to review race; ethnicity; gender identity; lesbian; gay; bisexual; transgender or intersex identification; status; or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility while conducting their incident review. The interview with the PSA Compliance Manager indicates incident reviews are conducted by utilizing Attachment J and all these considerations indicated on the form are reviewed by the committee and discussed.

(c): Policy 1400.03 requires an annual review of "all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the Facility Administrator, FOD or his/her designee, and Corporate PREA Coordinator upon completion." The PSA Compliance Manager provided the Auditors with the annual review, dated November 2019, addressed to the ICE FOD. The PSA Compliance Manager advised that the ICE FOD forwards the annual report to the agency PSA Compliance Manager. The annual review provided a breakdown of the number and types of allegations for the year and demonstrated a review of the prior year's PREA allegations was conducted by providing a written summary of the findings and a corrective action plan for facility improvements.

§115.87 - Data collection.

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

Notes:

(a): Policy 1400.03 requires the facility to "collect and retain data related to sexual abuse including: all case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling as directed by the Corporate PREA Coordinator and in accordance with the PREA standards and applicable agency policies and established schedules." The PSA Compliance Manager confirmed that data collected is securely maintained in his office and the records office, under lock and key, with access restricted to staff with a need to review. During the on-site visit, the Auditors observed the records storage location which were found to meet the requirements of this standard. Policy requires data collected pursuant to this procedure shall be securely retained for at least 10 years or longer if required by state statute.

§115.201 - Scope of audits.

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

Notes:

(d): The Auditors were allowed unfettered access and allowed to observe all areas of the audited facility.

(e): Much of the relevant documentation was provided by the facility during the contingency audit phase and additional documents were requested prior to and during the on-site visit which were promptly provided.

(i): Although interviews with detainees conducted remotely through WebEx were conducted in private and remained confidential, the quality of the interview process was not optimum. Due to the wearing of masks, use of the telephonic interpreter service on three-way coordinated line with the remote viewing the sound was difficult to understand at times. Interviews were conducted during the on-site visit and the Auditors were provided a private and appropriate accommodations.

(j): Detainees were permitted to send confidential information or correspondence to the auditor, and this was confirmed through interview with the mailroom officer. No correspondence was received from detainees, staff, or other individuals.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button:

Update Outcome Summary

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	1
Number of standards met:	39
Number of standards not met:	0
Number of standards N/A:	1
Number of standard outcomes not selected (out of 41):	0

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

Sharon Ray Shaver

8/24/2021

Auditor's Signature & Date

(b) (6), (b) (7)(E)

8/24/2021

Assistant PREA Program Manager's Signature & Date

(b) (6), (b) (7)(C)

8/24/2021

PREA Program Manager's Signature & Date