

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



**Homeland
Security**

AUDIT DATES

From:	3/21/2023	To:	3/23/2023
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AUDITOR INFORMATION

Name of auditor:	Thomas Eisenschmidt	Organization:	Creative Corrections, LLC
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PROGRAM MANAGER INFORMATION

Name of PM:	James McClelland	Organization:	Creative Corrections, LLC
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AGENCY INFORMATION

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

Name of Field Office:	Philadelphia Field Office
Field Office Director:	Cammilla Wamsley
ERO PREA Field Coordinator:	Cathy R. Oates
Field Office HQ physical address:	500 12th St. SW, Washington, D.C. 20536
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:	Moshannon Valley Correctional
Physical address:	555 GEO Drive Philipsburg, PA 16866
Mailing address: (if different from above)	Click or tap here to enter text.
Telephone number:	(814) 768-1200
Facility type:	IGSA
PREA Incorporation Date:	9/29/2021

Facility Leadership

Name of Officer in Charge:	L.J. Oddo	Title:	Facility Administrator
Email address:	lodd@geogroup.com	Telephone number:	(814) 768-1200
Name of PSA Compliance Manager:	Julia Lumadue	Title:	jlumadue@geogroup.com
Email address:	jlumadue@geogroup.com	Telephone number:	(814) 768-1227

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

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Moshannon Valley Correctional also known as Moshannon Valley Processing Center (MVPC) was conducted on March 21, 2023 through March 23, 2023, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor, Thomas Eisenschmidt, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager (PM), James McClelland, and Assistant Program Manager (APM), Sharon Shaver, 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 purpose of the audit was to determine compliance with the DHS PREA Standards for the audit period of September 29, 2021, through March 23, 2023. This was the facility's first DHS PREA audit. The MVPC is privately owned by the GEO Group and operates under contract with the DHS, ICE, Office of Enforcement and Removal Operations (ERO). The facility processes adult male and female detainees who are pending immigration review or deportation. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities held at the MVPC are Mexican/Dominican/Guatemalan. The facility does not house juveniles or family detainees. This facility is located in Philipsburg, Pennsylvania. The number of ICE detainees booked into the facility in the last 12 months was 4,323.

On March 21, 2023, an entrance briefing was held in the MVPC conference room. The ICE ERAU Team Lead, Kay Washington, opened the briefing and then turned it over to the Auditor. In attendance were:

GEO Staff

Jack McArdle, Assistant Facility Administrator
Charles Proud, Business Manager
Carrie Guiher, Health Services Administrator (HSA)
Julia Lumadue, Program Manager
Deann Kostyak, Compliance
Megann Koepler, Prevention of Sexual Assault (PSA) Compliance Manager

ICE

Francis Kemp, Assistant Field Office Director (AFOD)
Sherese Crawford, AFOD
Robert Feick, Supervisory Detention and Deportation Officer (SDDO)
Phillip Regelman, SDDO
Kay Washington, Inspections and Compliance Specialist (ICS), ICE/OPR/ERAU

Creative Corrections, LLC

Thomas Eisenschmidt, Certified PREA Auditor

The Auditor introduced himself and then provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance with those present. Approximately three weeks prior to the audit, ERAU Team Lead, Kay Washington, provided the Auditor with the facility's PAQ, agency and facility policies, and other pertinent documents through ERAU's SharePoint site. The main policy that provides facility direction for PREA is the 10.1.1, Sexual Abuse Assault Prevention and Intervention (SAAPI) Program. All documentation provided prior to the audit, policies, and the PAQ were reviewed by the Auditor. A tentative daily schedule was provided by the Auditor for the interviews with staff and detainees. The Auditor explained 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 and in daily practice. He further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour, provided documentation review, and conducting both staff and detainee interviews.

On the first day of the audit and for the entire site visit, there were 952 detainees (924-male and 28-female) housed at the MVPC. The detainee in-processing area consists of six multi-person rooms. Each of these cells contain a toilet and sitting area with no showers. There is also a medical unit and interview room in this area. The detainees remain in this area until the intake process, a vulnerability assessment by the Resident Advisor (security staff), and classification is completed. Once this intake process is completed the detainee is placed in quarantine in one of the general population dormitories. The facility has four male dormitories (A-D). Each of these dormitories consist of six pods. Pods number 1 and 6 hold up to 72 detainees each and pods 2 through 5 hold up to 78 detainees each. Each of these male dormitories has seven showers and three toilets and three urinals. Dormitory D was closed during the site visit. Female detainees are housed in dormitory E and staffing for this unit is female only. The female housing consists of 27 double bunked cells. Each of these cells contains a sink toilet and shower. The Auditor observed consulate contact information, the Passages (advocate) contact information, the DHS-prescribed ICE Sexual Abuse Awareness (SAA) information pamphlet and the

DHS ICE Zero Tolerance for Sexual Abuse poster with phone and other contact information in each of the dormitories. There are 12 medical beds and 130 Special Management Unit beds at the MVPC. There are 345 cameras at MVPC, and the Auditor reviewed each camera assigned to areas that monitored ICE detainees and found no privacy concerns. According to the PAQ and the interview with the PSA Compliance Manager, there are 240 security staff, 47 Medical/ Mental Health staff, 3 Commissary Contracted staff and 2 volunteers at MVPC.

At the conclusion of the tour, the Auditor was provided with staff rosters, and randomly selected security staff from each eight-hour shift to participate in the formal interviews. There were 12 random security staff and 14 specialized staff performing 17 specialized functions interviewed. Those specialized interviews included the Assistant Facility Administrator, PSA Compliance Manager, Training Administrator, Human Resources staff member, Retaliation Monitor staff member, Incident Review Team member, Intake staff (2), Classification Manager, non-security first responder (2), Administrative Investigator, Grievance Coordinator, SDDO, AFOD, Mental Health Practitioner, and the HSA. There were 30 randomly selected detainees, of which 11-limited English Proficient (LEP), 5-filed allegations, 5-prior victims, 1-bi-sexual, and 1-transgender, interviewed during the site visit. There were 31 allegations of sexual abuse reported at MVPC for the audit period. There were 9 allegations involving staff and 22 allegations involving detainees. Two of the staff investigations are still open, five of the closed staff investigations were determined to be unfounded and two were determined to be unsubstantiated at the conclusion of the investigation. There are five investigations that remain open for detainees. Of the 17 completed investigations, 11 were found unsubstantiated, 5 were determined to be unfounded and 1 was substantiated.

On March 23, 2023, an exit briefing was held in the MVPC Conference Room. The ICE ERAU Team Lead, Kay Washington, opened the briefing and then turned it over to the Auditor. In attendance were:

GEO Staff

Jack McArdle, Assistant Facility Administrator
Michael Bollinger, Chief of Security
Charles Proud, Business Manager
Edward Kuhstos, Human Resources (HR)
Richard Braniff, Investigator
Carrie Guiher, HSA
Julia Lumadue, Program Manager
Deann Kostyak, Compliance
Ann Butler, GEO Compliance Manager
Megann Kogler, PSA Compliance Manager
Dereck Jones, Classification Manager
Rod Sample, Maintenance

ICE

Sherese Crawford, AFOD
Robert Feick, SDDO
Phillip Regelman, SDDO
Kay Washington, ICS, ICE/OPR/ERAU

Creative Corrections, LLC

Thomas Eisenschmidt, Certified PREA Auditor

The Auditor spoke briefly about how impressed he was with the staff and detainee knowledge of the zero-tolerance of sexual abuse at MVPC. The Auditor also remarked about how organized and well-maintained files were at MVPC. The Auditor informed those present that it was too early in the process to formalize an outcome of the audit and that he would need to review his findings and interviews conducted (staff and detainees) prior to making a final determination on compliance for the standards. The Auditor thanked ERAU, ERO and the GEO staff for their cooperation during the site visit.

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: 2

§115.31 Staff training

§115.35 Specialized training: Medical and Mental Health Care

Number of Standards Not Applicable: 2

§115.14 Juvenile and family detainees

§115.18 Upgrades to facilities and technologies

Number of Standards Met: 37

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

§115.13 Detainee supervision and monitoring

§115.15 Limits to cross-gender viewing and searches

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

§115.17 Hiring and promotion decisions

§115.21 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

§115.41 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

PROVISIONS

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

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

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

Notes:

(c) The Auditor determined compliance with this subpart of the standard based on review of policy 10.1.1, that states, "MVPC maintains a zero-tolerance policy for all forms of sexual abuse or assault. Where any requirements of the DHS PREA Standards may conflict with PBNDS 2016, the DHS Sexual Abuse and Assault Prevention and Intervention Standards shall supersede. The Agency (i.e. ICE Local Field Office) shall review and approve MVPC's written policy and any subsequent changes. It is the policy of the MVPC to provide a safe and secure environment for all detainees, employees, contractors, and volunteers, free from the threat of sexual abuse or assault, by maintaining a Sexual Abuse and Assault Prevention and Intervention Program that ensures effective procedures for preventing, detecting, reporting, responding to, investigating, and tracking incidents or allegations of sexual abuse or assault. MVPC uses a coordinated approach to responding to sexual abuse." The PSA Compliance Manager provided the Auditor with written verification that policy 10.1.1 was approved by the ICE AFOD. The random staff, the specialized staff and random detainees interviewed during the site visit, confirmed their knowledge of the facility's zero policy on sexual abuse.

(d) The Auditor determined compliance with this subpart of the standard based on review of policy 10.1.1 that requires, "Each Facility Administrator shall designate a local PSA Compliance Manager for each U.S. Corrections and Detention Immigration Facility who shall serve as the Facility point of contact for the DHS PSA Coordinator and Corporate PREA Coordinator. MVPC designates the PREA Compliance Manager as the PSA Compliance Manager." The PSA Compliance Manager confirmed she is the point of contact for the agency's PREA Coordinator and has sufficient time and authority to oversee efforts for the facility to comply with the zero-tolerance policy. She also confirmed she reports to the Chief of Security on all PREA related matters. The facility provided an organizational chart and the PSA Compliance Manager position on the chart is a direct report to the Chief of Security.

§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)(c) The Auditor determined compliance with these subparts of the standard based on review of policy 10.1.1 that requires, "MVPC shall ensure that it maintains sufficient supervision of Detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect Detainees against Sexual Abuse and Assault. In determining adequate levels of detainee supervision and determining the need for video monitoring, MVPC shall take into consideration: Generally accepted detention and processing practices; Any judicial findings of inadequacy; The physical layout of each facility; The composition of the detainee population; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; The findings and recommendations of sexual abuse incident review reports; Any other relevant factors, including but not limited to the length of time detainees spend in facility custody." The Assistant Facility Administrator confirmed that MVPC staffing levels for detainee supervision are established as part of the contract agreement between ICE and GEO Corporate staff. He stated that the number of staff are based on direct supervision of the detainees taking into account: video monitoring equipment, generally accepted detention/correctional practices, custody levels, 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.

(b) The Auditor determined compliance with this subpart of the standard based on review of policy 10.1.1 that requires, "MVPC shall develop and document comprehensive Detainee supervision guidelines to determine and meet the Detainee supervision needs and shall review those guidelines at least annually." The Auditor was provided examples of supervision guidelines (post orders) prior to arriving onsite for the audit. During the tour the Auditor randomly checked the staff post orders and the annual review conducted, by MVPC Management, on these guidelines. The staff acknowledged the requirement of reviewing the supervision guidelines upon assuming the post.

(d) The Auditor determined compliance with this subpart of the standard based on review of policy 10.1.1 that requires, "MVPC Supervisory staff (intermediate and high-level supervisors) shall conduct and document random unannounced security inspections to identify and deter staff sexual abuse and sexual harassment of detainees. These "PREA Unannounced Security Inspections" may be conducted in conjunction with other daily and weekly rounds as required. PREA Unannounced Security Inspections shall be conducted at least once per shift by the Shift Supervisors. Daily Unannounced Security Inspections through each housing unit will be conducted by the Shift Supervisors in the housing unit logbook as PREA Unannounced Security Inspections in red ink. Other members of the executive team shall make less unannounced visits as schedules allow. Such inspections shall be implemented for night as well as day shifts. Such policy and practice shall be implemented no less than once per week for all shifts. Employees are prohibited from alerting others that these security inspections are occurring unless such announcement is related to the legitimate operational functions of MVPC." The Auditor interviewed Supervisors from each of the three shifts at MVPC. These supervisors confirmed they make rounds daily, in all areas detainees are housed and have access to, on each of their eight-hour shifts. They also confirmed that their rounds

are made at different times and at different locations in order not to establish a specific time or pattern to keep staff from knowing when they are making rounds. The random security staff interviews confirmed their knowledge of the policy prohibition of alerting other staff that a supervisor is conducting rounds. During the site tour, the Auditor observed entries in randomly chosen area's logbooks demonstrating daily supervisory rounds being conducted in accordance with the standard and policy requirements.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

The PAQ, the Auditor's observations, and interviews conducted with the Assistant Facility Administrator and the PSA Compliance Manager confirmed MVPC does not accept juveniles or family detainees; therefore, the Auditor has determined this standard is not applicable.

§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) The Auditor determined compliance with these subparts of the standard based on review of policy 10.1.1 that requires, "Cross-gender pat-down searches of male Detainees shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in Exigent Circumstances. Cross-gender pat-down searches of female Detainees, absent Exigent Circumstances are prohibited. All strip searches, visual body cavity searches and cross-gender pat-down searches shall be documented in Attachment N - Cross Gender Pat Search Log." The Auditor interviewed 12 random security staff during the site visit. Each confirmed their knowledge of the policy and standard requirement of pat searches. They also stated the identical information is also provided to them in their search training. The Search curriculum was reviewed by the Auditor and was found to address the element requirements within 115.15. The Auditor reviewed the search log (attachment N) for MVPC while on site. The attachment listed the cross gender pat searches conducted during the audit period and the exigent circumstances requiring them. The facility policy allows transgender detainees to determine who they are most comfortable with pat searching them. If the detainee chooses to be searched by a male if the detainee is transgender female, or if the detainee requests a female staff member if they identify as transgender male, the facility documents the pat search as a cross-gender search. The interview with the transgender female confirmed she felt comfortable with the male staff pat searching her. These were the only cross gender searches conducted at MVPC during the audit period.

(e)(f) The Auditor determined compliance with these subparts of the standard based on review of policy 10.1.1 that requires, "Cross-gender strip searches or cross-gender visual body cavity searches shall not be conducted except in Exigent Circumstances, including consideration of staff safety, or when performed by Medical Practitioners." The 12 random security staff interviews confirmed that they are not allowed to conduct cross-gender strip searches or body cavity searches, and also confirmed same gender strip searches must be approved by the Facility Administrator. The Assistant Facility Administrator confirmed there were no cross-gender strip searches or cross-gender visual body cavity searches completed during the audit period. They indicated if there was a need for such it would have required prior approval and would be documented. As noted above, the Auditor reviewed the search training curriculum, provided to MVPC security staff that covered the (e)(f) subpart requirements.

(g) The Auditor determined compliance with this subpart of the standard based on review of policy 10.1.1 that requires, "MVPC shall implement policies and procedures which allow Detainees to shower, change clothes, and perform bodily functions without Employees of the opposite gender viewing them, absent Exigent Circumstances or instances when the viewing is incidental to routine cell checks or otherwise appropriate in connection with a medical examination or monitored bowel movement. Employees of the opposite gender shall announce their presence when entering housing units or any areas where Detainees are likely to be showering, performing bodily functions, or changing clothes." The one dormitory for females at the MVPC is gender specific. Only females are allowed to work on the unit. Male staff may enter the unit to conduct official business but must announce themselves prior to entering. The Auditor observed the practice of male and female staff announcing themselves prior to entering an opposite gender dormitory during the site visit. The 30 random detainees interviewed confirmed that opposite gender announcements are done consistently on the male and female dormitories. The interviews with the 12 random security staff confirmed this announcement practice.

(h) This subsection is non-applicable. MVPC is not a Family Residential Facility.

(i)(j) The Auditor determined compliance with these subparts of the standard based on review of policy 10.1.1 that requires, "Staff shall not search or physically examine a Detainee for the sole purposes of determining the Detainee's genital characteristics. If the Detainee's gender is unknown, it may be determined during conversations with the Detainee, by reviewing medical records, or by learning that information as part of a standard medical examination that all Detainees must undergo as part of intake or other processing procedure conducted in private by a Medical Practitioner. Security Staff shall be trained to conduct pat-down searches, including cross-gender pat down searches and searches of Transgender and Intersex Detainees in a professional and respectful manner, and in the least intrusive manner possible, including consideration of staff safety." As previously noted, the Auditor reviewed the facility training curriculum for conducting searches. All the standard requirements were observed in the curriculum including the (i)(j) subpart requirements. The eight random security training files reviewed by the Auditor documented the staff members' participation in the Search training. The 12 random security staff interviews confirmed their knowledge of the prohibition of searching detainees to determine their genital status and their responsibility to perform all pat-down searches in a professional and respectful manner. They also confirmed the search training they received included cross-gender, transgender, and intersex searching

techniques. The Auditor interviewed 30 random detainees including a transgender detainee. All stated they were treated professionally and respectfully during any searches and never inappropriately.

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

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

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard based on review of policy 10.1.1 that requires, "MVPC shall ensure that Detainees with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the Company's efforts to prevent, detect, and respond to Sexual Abuse and Assault. MVPC shall provide written materials to every Detainee in formats or through methods that ensure effective communication with Detainees with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. Methods to ensure effective communication shall include, when necessary, access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation. MVPC shall provide communication assistance to detainees with disabilities and detainees who are LEP. MVPC will provide detainees with disabilities with effective communication, which may include the provision of auxiliary aids, such as readers, materials in Braille, audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunications devices for deaf person (TTYs), interpreters, and note-takers, as needed. MVPC will also provide detainees who are LEP with language assistance, including bilingual staff or professional interpretation and translation services, to provide them with meaningful access to its programs and activities. In matters relating to Sexual Abuse, MVPC shall provide in-person or telephonic interpretation services that enable effective, accurate and impartial interpretation, by someone other than another Detainee, unless the Detainee expresses a preference for a Detainee interpreter and the Facility determines that such interpretation is appropriate. Any use of these interpreters under these types of circumstances shall be justified and fully documented in the written investigative report. Minors, alleged abusers, Detainees who witnessed the alleged abuse, and Detainees who have a significant relationship with the alleged abuser shall not be utilized as interpreters in matters relating to allegations of Sexual Abuse."

As noted earlier in the report the Auditor interviewed 12 random security staff while on site. Each was aware of the policy and standard prohibitions on the use of minors, alleged abusers, detainees who witnessed the alleged abuse and detainee who have a significant relationship with the alleged abuser shall not be utilized as interpreters in matters relating to allegations of sexual abuse. They were also aware that interpretation, by someone other than another detainee, is prohibited unless the detainee expresses a preference for a detainee interpreter and the facility determines that such interpretation is appropriate. The Auditor was informed by the intake staff Supervisor and a security staff member performing the actual detainee intake that each detainee arriving at the MVPC receives the ICE National Detainee Handbook available in 14 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese), the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet available in 15 languages (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese) and the Moshannon Valley Processing Center, Supplement to the ICE National Handbook available in Spanish and English. In the MVPC intake unit the Auditor observed the playing of two informational videos (PREA and Know Your Rights) that run continuously in this area and also available in each housing unit in Spanish and English. The intake staff member and Supervisor detailed for the Auditor the handling of any detainee arriving at MVPC with a disability. The Auditor was informed that any detainee arriving, who may be hearing impaired or deaf, would receive his or her sexual safety orientation in written material or through use of the facility text equipment that enables staff to read the information and then this information is translated into text. If an arriving detainee is blind or has limited sight, they would receive sexual safety from the intake staff member who would read the information to them. Any arriving detainee who may have an intellectual disability, the intake staff member would try to communicate to them and provide information to the best of their abilities. If there was any difficulty, then the detainee would be referred to a supervisor, medical, or mental health staff based on the detainee's limitations. The Auditor was also informed by the intake staff member that MVPC staff encounter LEP detainees routinely. In those instances where a staff member is not available to interpret for the detainee, the facility has a contracted language service provider (to include sign language) to assist the intake staff. The Auditor was also informed that when staff encounters a detainee who speaks/understands a language not provided in one of the 14 languages represented in the ICE National Detainee Handbook or 15 languages provided by the SAA pamphlet, the staff member utilizes the ERO language line interpretive services and reads information from the SAA pamphlet to the detainee in a language that they understand. The Auditor was also informed that the intake staff member documents it in the detainee's detention file. The Auditor interviewed 30 random detainees while on site. Each indicated they had received information on the facility zero tolerance policy and sexual safety information upon arrival. The Auditor also reviewed 10 random detention files and found signed documents, by the detainee, acknowledging receipt for this information upon arrival. The review of the closed investigative file documented the use of the interpretation service in 15 of the investigations.

§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)(c)(e)(f) The Auditor determined compliance with these subparts of the standard based on review of policy 10.1.1, Executive Order (EO) 10450 (Security Requirements for Government Employment), Office of Personal Management Section Part 731, ICE Directives 6-7.0, ICE Personnel Security and Suitability Program Directive, and 6-8.0, ICE Suitability Screening Requirements for Contractor Personnel Directive, which detail suitability requirements for candidate hirings. Facility policy 10.1.1 states, "MVPC is prohibited from hiring or promoting anyone who will have direct contact with Detainees who has engaged in sexual abuse in a prison,

jail, holding facility, community confinement facility, juvenile facility or other institution who has been convicted of engaging in sexual activity facilitated by force overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. MVPC shall also impose upon 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. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of employment, as appropriate. Unless prohibited by law, MVPC shall provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. MVPC shall conduct a background investigation to determine whether the candidate for hire is suitable for employment, including a criminal background records check and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to hiring new Employees. Background investigations, including criminal background records checks shall be repeated for all Employees at least every five years." The MVPC HR was interviewed during the site visit. He confirmed that during the annual evaluation for each staff member and during a promotion, staff acknowledges by signature that they have not engaged in any activity prohibited outlined in the 10.1.1 policy and standard. He also confirmed the facility would provide information on substantiated allegations of sexual abuse involving former employees, upon any request from an institutional employer for which the employee has sought new employment with this information being provided through GEO Corporate. He also stated that as part of the hiring process the facility would request information from prior institutions, where the prospective candidate was previously employed, and the providing of any false, misleading, or incomplete information would be subject to dismissal or withdrawal of an offer to hire. The Auditor reviewed 10 GEO staff employment files, to include one promotion, and found a signed self-declaration form indicating the employee has not engaged in any prohibited conduct. According to the interview with the SDDO there were no ICE promotions during the audit period at MVPC. The acting Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors who attended virtual training in November 2021, about candidate suitability for all applicants to include 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. The review of 10 employee files, while on site, found ICE approvals to hire each of the staff prior to their actual start date. Review of documentation provided by ICE's PSO Unit Chief confirmed that the eight selected MVPC staff (6-GEO, 2-ICE) employee background investigations were performed prior to them reporting to work. Documentation also confirmed the due dates for the updated five-year background checks were in compliance with the standard requirements.

(d) The Federal Statute 731.202 (b), EO 10450, ICE Personnel Security and Suitability Program Directive 6-7.0, and ICE Suitability Screening Requirements for Contractor Personnel Directive 6-8.0 requires "the facility and agency to conduct criminal background checks on all staff and contractors who may have contact with detainees prior to being allowed entrance into the facility." It further requires "a background recheck be conducted every five years on all employees and unescorted contractors." The HR stated MVPC does not have contractors working at the facility, everyone is either an ICE or GEO employees.

§115.18 – Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a)(b) These subparts of the standard are not applicable at MVPC. The Assistant Facility Administrator and the PAQ confirmed the facility has not made any upgrades to the facility or to their technologies during the audit period.

§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) The Auditor determined compliance with this subpart of the standard based on review of policy 10.1.1, that requires, "MVPC is responsible for investigating allegations of Sexual Abuse and is required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for juveniles where applicable and developed in coordination with the Department of Homeland Security (DHS)." As previously noted, MVPC does not house ICE juveniles. The Assistant Facility Administrator confirmed the policy outlining the protocol was reviewed and approved by ICE and provided this documentation to the Auditor. He also stated every allegation of sexual abuse is reported to the Pennsylvania State Police (PSP). The Auditor's interview of the Facility Investigator confirmed he follows the evidence protocols provided in his training and as required in policy, to ensure he obtains the physical evidence needed to properly conduct his administrative investigations. 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 sexual assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of the Inspector General (OIG), OPR, or the local law enforcement agency, the ERO AFOD would assign an administrative investigation to be conducted. The Auditor thoroughly reviewed 15 closed investigation files while on site. The Auditor believes that uniform evidence protocols were followed during these administrative investigations.

(b)(d) The Auditor determined compliance with this subpart of the standard based on policy 10.1.1 that states, "Each facility shall establish procedures to make available, to the full extent possible, outside victim services following incidents of sexual abuse; the facility shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall provide these services by making available a qualified staff member from a community-based organization, or a qualified agency staff member. A qualified agency staff member or a qualified community-based staff member means an individual who has received education concerning sexual assault and forensic examination issues in general. The outside or internal victim advocate shall provide emotional support, crisis intervention, information, and referrals." The Auditor reviewed the Memorandum of Understanding (MOU) between MVPC and Passages entered into in 2021 with no sunset date. The MOU stated Passages will: "Provide advocacy for and accompany victims to Penn-Highlands Hospital (PHH); Provide confidential supportive services to victims either by telephone, mail or in person; and also accompany the victim to court proceedings concerning the alleged sexual assault." During the tour of MVPC the Auditor noted contact information (Spanish and English) in each of the MVPC dormitories. The Passages information includes their toll-free telephone number and mailing address. The facility reported 31 sexual abuse investigations during the audit period. In the review of 15 closed investigative files, the files documented the alleged victims were offered victim advocacy services at the time of the allegation. The Facility Investigator confirmed that the detainee is provided victim advocate information by both the Investigator and the PSA Compliance Manager on every report of a sexual abuse allegation. The Auditor interviewed five detainees who alleged sexual abuse at the MVPC. Each of them indicated they received information about Passages and the information about the services that they provide.

(c) The Auditor determined compliance with this subpart of the standard based on policy 10.1.1 that requires, "Where evidentiarily or medically appropriate, at no cost to the detainee, and only with the detainee's consent, the facility shall arrange for an alleged victim detainee to undergo a forensic medical examination by qualified health care personnel, including a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where practicable. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified health care personnel." The HSA confirmed forensic examinations are conducted at the PHH) by a trained SANE practitioner and never on site by GEO medical staff. She stated her staff only stabilizes the individual, if necessary, in preparation for transport to the outside hospital. The HSA also confirmed MVPC had only one instance, during the audit period, where the detainee was transported to PHH for a forensic examination.

(e) The Auditor determined compliance with this subpart of the standard based on the letter from MVPC to the PSP requesting the PSP comply with subparts (a) through (d) of this standard and the subsequent response letter from the PSP confirming their agency would comply with the standards subparts as requested.

§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) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, "MVPC 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. MVPC shall document all referrals. An administrative [investigation] shall be completed for all allegations of Sexual Abuse at MVPC, regardless of whether a criminal investigation is completed. GEO shall retain all written reports referenced this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years. As noted earlier in the report all criminal investigations are conducted by the PSP. The agency's policy 11062.2 outlines the evidence and investigation protocols. All investigations are to be reported to the Joint Intake Center (JIC), which routes allegations for assessment to determine which allegations fall within the PREA purview. The PREA allegations are then referred to DHS OIG or OPR. DHS 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, and the ERO AFOD would assign an administrative investigation to be completed." The facility had a total of 31 allegations of sexual abuse for the audit period. There were 9 allegations involving other detainees and 22 allegations involving staff. The Auditor reviewed 15 investigative case files and determined they were completed in accordance with the standard and policy 10.1.1. The MVPC Investigator, found to be very knowledgeable on investigations, detailed for the Auditor his responsibilities in the investigative process for both administrative investigations that he performs and assisting with outside law enforcement with the criminal investigation when required.

(c) The protocols for ICE investigations and GEO investigations were found and reviewed on their respective web pages (www.ice.gov/prea) and (www.geogroup.com/PREA).

(d)(e)(f) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 requires, "When a Detainee of the Facility in which an alleged Detainee victim is housed is alleged to be the perpetrator of Detainee Sexual Abuse, MVPC shall ensure that the incident is promptly reported to the appropriate ICE Field Office Director, and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation. When an Employee, Contractor or Volunteer is alleged to be

the perpetrator of Detainee Sexual Abuse, MVPC shall ensure the incident is promptly reported to the appropriate ICE Field Office Director. If the allegation is potentially criminal, also referred to an appropriate law enforcement agency having jurisdiction for Investigation.” The Auditor interviewed the AFOD and the SDDO during the site visit. Both indicated that when notified of any allegation of sexual abuse, by the facility, they would notify the JIC, OPR, and the DHS OIG of the reported allegation. The interviews with the Assistant Facility Administrator and the PSA Compliance Manager confirmed the AFOD is immediately notified about any allegations of sexual abuse occurring at MVPC, typically by email and phone call. The notification documentation to ICE was present in each of the 15 investigative files reviewed by the Auditor.

§115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires “All Employees, Contractors and Volunteers shall receive training on GEO’s Sexually Abusive Behavior Prevention and Intervention Program. MVPC shall train all Employees who may have contact with Detainees on: Its zero-tolerance policy for Sexual Abuse and Assault; How to fulfill their responsibilities under agency Sexual Abuse and Assault prevention, detection, reporting and response policies and Procedures, to include procedures for reporting knowledge or suspicions of Sexual Abuse; Recognition of situations where Sexual Abuse may occur; The right of Detainees and Employees to be free from Sexual Abuse, and from retaliation for reporting Sexual Abuse and Assault; Instruction that sexual abuse and/or assault is never an acceptable consequence for detention; Definitions and examples of prohibited and illegal sexual behavior; Recognition of physical, behavioral and emotional signs of Sexual Abuse, and 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; Working with vulnerable populations and addressing their potential vulnerability in the general population; 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; The investigation process and how to ensure that evidence is not destroyed; Prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities; Instruction on reporting knowledge or suspicion of sexual abuse and/or assault; and Instruction on documentation and referral procedures of all allegations or suspicion of sexual abuse and/or assault. PREA refresher training shall be conducted each year thereafter for all Employees. Refresher training shall include updates to Sexual Abuse and Assault policies. Employees shall document through signature on the PREA Basic Training Acknowledgement Form (Attachment E) that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-Service SAAPI Training.” The Auditor reviewed 10 random training files, to include a contractor, during the site visit and found each file contained a signed training certification form (Attachment E). The interviews conducted with the 12 random security staff and the two interviews conducted with ICE staff confirmed each had received PREA pre-service training and receive annual in-service. They each detailed the course content that included the requirements outlined in subpart (a) of the standard and the 10.1.1 policy. The interview with the MVPC Training Administrator confirmed the PREA course content and the facility annual PREA training requirements provided to all staff at MVPC including contractors who attended the same PREA training as the GEO staff. The course curriculum was provided and reviewed by the Auditor and contained all the required elements of the standard. Everyone receiving training documents, by signature, their understanding of the PREA training that each receives. The Auditor indicated the facility exceeds the standard requirement by providing this training annually instead of 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) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, “All Employees, Contractors and Volunteers shall receive training on GEO’s Sexually Abusive Behavior Prevention and Intervention Program.” The policy further requires that “MVPC shall ensure that all Volunteers and Contractors who have contact with Detainees are trained on their responsibilities under GEO’s Sexual Abuse and Assault prevention, detection, and response policies and procedures. The level and type of training provided to shall be based on the services they provide and the level of contact they have with Detainees, but all Volunteers and Contractors who have contact with Detainees shall be notified of GEO’s and the facility’s zero tolerance policies regarding Sexual Abuse and informed how to report such incidents. Volunteers and Contractors who have contact with Detainees shall receive annual SAAPI refresher training. Volunteers and Contractors shall document through signature on the PREA Basic Training Acknowledgement Form (Attachment E) that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-service SAAPI Training.” The Training Administrator stated that the facility currently has two religious volunteers and 12 contractors that are provided PREA training. These individuals receive the identical PREA training all employees receive. The Auditor reviewed the training records of one volunteer and observed a signed training certification form acknowledging the volunteer received and understood the agency’s sexual abuse training. The facility provided a training printout listing 11 contractors receiving their PREA training refresher within the past 12 months and one contractor was pending refresher for the current year. Signed training certification forms acknowledging receipt of this training were provided. There were no contractors (as defined by provision d) or volunteers present during the audit to interview.

§115.33 - Detainee education.

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

Notes:

(a)(b)(c)(e)(f) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, “During the intake process, MVPC shall ensure that the Detainee orientation program notifies and informs Detainees about the Company’s zero

tolerance policy regarding all forms of sexual abuse and assault and includes: instruction on prevention and intervention strategies; Definitions and examples of Detainee-on-Detainee Sexual Abuse, Employee-on-Detainee Sexual Abuse and coercive Sexual Activity; Explanation of methods for reporting Sexual Abuse, including to any Employee, including an Employee other than immediate point-of contact line officer (i.e. the PREA Manager or Mental Health staff), the Detention and Reporting Information Line (DRIL), the DHS Office of Inspector General (OIG), the ICE/OPR investigation processes; and the Joint Intake Center; Information about self-protection and indicators of Sexual Abuse; Prohibition against retaliation, including an explanation that reporting Sexual Abuse 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. MVPC shall provide written materials to every Detainee in formats or through methods that ensure effective communication with Detainees with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. Methods to ensure effective communication shall include, when necessary, access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation. MVPC shall provide communication assistance to detainees with disabilities and detainees who are limited in their English proficiency (LEP). MVPC will provide detainees with disabilities with effective communication, which may include the provision of auxiliary aids, such as readers, materials in Braille, audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunications devices for deaf person (TTYs), interpreters, and note-takers, as needed. MVPC will also provide detainees who are LEP with language assistance, including bilingual staff or professional interpretation and translation services, to provide them with meaningful access to its programs and activities. The facility shall maintain documentation of detainee participation in the instruction session." As noted in standard 115.16 of this report, detainees arriving at MVPC receive the ICE National Detainee Handbook available in 14 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese), the SAA pamphlet available in 15 languages (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese) and the Moshannon Valley Processing Center, Supplement to the ICE National Handbook available in Spanish and English. The intake staff member and Supervisor detailed for the Auditor the handling of any detainee arriving at MVPC with a disability. The Auditor was informed that any detainee arriving, who may be hearing impaired or deaf, would receive his or her sexual safety orientation in written material or through use of the facility text equipment that enables staff to read the information and then this information is translated into text. If an arriving detainee is blind or has limited sight, they would receive sexual safety from the intake staff member who would read the information to them. Any arriving detainee who may have an intellectual disability, the intake staff member would try to communicate to them and provide information to the best of their abilities. If there was any difficulty, then the detainee would be referred to a supervisor, medical, or mental health staff based on the detainee's limitations. The Auditor was also informed by the intake staff member that MVPC staff encounter LEP detainees routinely. In those instances where a staff member is not available to interpret for the detainee, the facility has a contracted language service provider (to include sign language) to assist the intake staff. The Auditor was also informed that when staff encounters a detainee who speaks/understands a language not provided in one of the 14 languages represented in the ICE National Detainee Handbook or 15 languages provided by the SAA pamphlet, the staff member utilizes the facility's language line interpreter services and reads information from the SAA pamphlet to the detainee in a language that they understand. The Auditor was also informed that the intake staff member documents it the detainee's detention file. The Auditor interviewed 30 random detainees while on site. Each indicated they had received information on the facility zero tolerance policy, sexual safety information and facility orientation upon arrival. The Auditor also reviewed 10 random detention files and found signed documents, by the detainee, acknowledging receipt for this information.

(d) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, "MVPC post on all housing unit bulletin boards the following notices: 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." During the site visit, the Auditor observed the required DHS poster with the name of the PSA Compliance Manager in each area of the detainee dormitories. These areas also contained the victim advocate (Passages) contact information. The 30 random detainee interviews confirmed their knowledge of these posters and the required information.

§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) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, "MVPC investigators shall be trained in conducting investigations on Sexual Abuse and effective cross-agency coordination. Investigators shall receive this specialized training in addition to the general training mandated for Employees. Facilities shall maintain documentation of this specialized training." The MVPC Facility Investigator confirmed he received specialized training through GEO, as documented in his training record. The Auditor reviewed the GEO Investigator Training and found the curriculum provided covered the standard subpart (a) requirements. After review of the 15 investigative files, the Auditor confirmed they all were conducted by a trained investigator. The agency policy 11062.2 states, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault." The lesson plan for this specialized training is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conducting an investigation of sexual abuse in a confinement setting. The agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; Lesbian, Gay, Bi-sexual, Transgender, Intersex (LGBTI), and disabled detainees; and an overall view of the investigative process. The agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirements.

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

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b) These subparts of the standard do not apply to MVPC as the facility medical department is operated by the GEO group.

(c) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, "Each Facility shall train all full-time and part-time Medical and Mental Health Care Practitioners who work regularly in its Facilities on certain topic areas, including detecting signs of Sexual Abuse 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." The HSA confirmed that all current Medical and Mental Health Practitioners at the MVPC have been provided this specialized training and receive this additional training annually. The Auditor feels MVPC exceeds the standard as the requirement of this training is once in a career, by requiring staff take the training annually. The HSA interview also confirmed that the MVPC Medical staff are prohibited from participating in sexual assault forensic medical examinations or evidence gathering and any detainees requiring this service are sent to the PHH. The Auditor randomly chose two medical staff training files and found this required training documented in their files. The policy was approved by the AFOD.

§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) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, "All detainees shall be assessed during intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. The initial classification process and initial housing assignment shall be completed within 12-hours of admission to the Facility. Facilities shall use the GEO PREA Risk Assessment Tool (See Attachment B) to conduct the initial risk screening assessment. MVPC shall also consider, to the extent that the information is available, the following criteria to assess detainees for risk of 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." As noted earlier the Auditor interviewed the intake Supervisor and a staff member who actually performs the intake. Both indicated that classification and risk assessment are part of the arrival processing at MVPC, and the intake staff member considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to them in assessing each detainee's risk of being sexually abusive or victimized. Detainees are kept separate from general population until this assessment and the classification processes are completed, but no more than 12 hours. This 10.1.1 policy also requires, "The PREA Manager will maintain an "at risk log" of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The "at risk log" will be kept current and include current housing locations. PREA Managers will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. Note: Following a reported allegation of sexual abuse, the PREA Manager will ensure victims are placed on the "at risk" log as soon as possible and tracked as a potential victim and housed separate from potential abusers pending the outcome of the investigation. If the investigation is determined "unfounded," the victim may be removed from the "at risk" log." The Auditor interviewed 30 detainees while onsite. Eight of them indicated that they had not received an initial risk assessment on arrival at MVPC. The other 22 detainees indicated their assessments were conducted within the first couple hours of arrival at the facility. The Auditor reviewed those eight detainees' detention files, who alleged they did not receive an initial risk assessment, plus two additional random detainee detention files and found completed risk assessments (Attachment B) in each file. The intake supervisor stated MVPC detainees remain in the intake area until the risk assessment and classification process are completed. She also confirmed that the intake process, is typically completed within the first 3 hours of the detainees' arrival but never beyond the 12-hour requirement.

(e) The Auditor determined compliance with this subpart of the standard based on policy 10.1.1 that requires, "MVPC shall ensure that between 60 and 90 days from the initial assessment at the Facility, staff shall reassess each Detainee's risk for victimization or abusiveness using the PREA Vulnerability Reassessment Questionnaire which is to be completed by Case Managers. The PREA Risk Assessment form is completed initially upon arrival. Facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire (See Attachment C) to conduct the reassessment. At any point after the initial intake screening, a Detainee shall be reassessed for risk of victimization or abusiveness when warranted based upon the receipt of additional, relevant information or following an incident or abuse or victimization." The interview with the PSA Compliance Manager confirmed MVPC conducts reassessments on all detainees at the facility between the 60-90-day requirement and at any time when warranted based upon the receipt of additional, relevant information or following an incident or abuse or victimization. During the review of 10 detainee detention files, seven detainees were in the facility long enough for a reassessment and reclassification. Their files noted a completed 60-90 reassessment (Document C) in accordance with the 10.1.1 policy and standard requirements. The 15 investigative files reviewed also documented each of the alleged victims received a reassessment as a result of the allegation. In the only substantiated allegation, the Auditor reviewed the abuser's file and found a completed reassessment based on the allegation.

(f) The Auditor determined compliance with this subpart of the standard based on policy 10.1.1 that requires, "Disciplining Detainees for refusing to answer or not providing complete information in response to certain screening questions is prohibited." The intake Supervisor and the one intake staff member interviewed confirmed detainees are not disciplined for refusing to answer any of the questions asked during the risk assessment.

(g) The Auditor determined compliance with this subpart of the standard based on policy 10.1.1 that requires, "MVPC shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by Employees or other Detainees. Sensitive information is to be limited to staff on a need-to-know basis only for treatment, programming, housing, security, and management decisions." The intake Supervisor confirmed appropriate controls are placed on all detainee records and information, including reassessments, which are maintained in the detainee's detention file and secured in the records room file cabinet, under lock and key. The PREA training, staff and contractors receive at MVPC, includes the requirement of confidentiality of all information that staff learns except with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes. Employees acknowledge by signature they have received and understood this training. The 12 random staff interviews confirmed their responsibility of maintaining confidentiality with all information they become knowledgeable about during incidents of sexual abuse, discussing it only with their supervisor or investigator.

§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) The Auditor determined compliance with this subpart of the standard based on policy 10.1.1 that requires, "Screening information from standard Section C, Screenings, (1) Screening for Risk of Victimization and Abusiveness, shall be used to inform assignment of Detainees to housing, recreation and other activities, and voluntary work. MVPC shall make individualized determinations about how to ensure the safety of each Detainee." The intake Supervisor confirmed all housing, voluntary work assignments, and activities are assigned based on each detainee's interview and their individual responses to the GEO PREA Risk Assessment Tool, and other pertinent information received from ICE about the detainee, to make determinations for the safety of each detainee. The Auditor reviewed 10 detention files, and each detainee appeared to have an individualized determination regarding housing and programming assignments.

(b)(c) The Auditor determined compliance with this subpart of the standard based on policy 10.1.1 that states, "When making assessments and housing decisions for Transgender and Intersex Detainees, MVPC shall consider the Detainee's gender self-identification and an assessment of the effects of placement on the Detainee's health and safety. Transgender and Intersex Detainees may be housed in medical for up to 72 hours (excluding weekends, holidays, and emergencies) until the appropriate housing determination is made by the Transgender Care Committee (TCC). TCC members shall consist of the Facility Administrator or Assistant Facility Administrator, Security Chief, Classification or Case Management Supervisor, Medical and/or Mental Health staff and PREA Manager. The Corporate PREA Coordinator may also be consulted. Placement into administrative segregation due to a Detainee's identification as Transgender or Intersex should be used only as a last resort and when no other viable housing options exist. The TCC shall at a minimum consider: the detainee's documented criminal history and past/present behavior; the detainee's physical, mental, medical and special needs; the detainees self-assessment of his/her safety needs (do they feel threatened or at risk of harm); privacy issues, including showers, available beds and or housing 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 TCC will attempt to reach consensus on all decisions. Summary notes shall be documented on the Transgender Care Committee Summary (See Attachment D) for each TCC meeting to include persons attending and conclusions reached. A copy of the notes shall be retained in the Detainee's detention file and a copy forwarded to the Corporate PREA Coordinator upon completion." The TCC's purpose is to review and make decisions regarding the needs of transgender and intersex detainees. The team is required to assess the detainee's physical, mental, medical, and special needs, taking into account the detainee's self-assessment of his/her safety needs (do they feel threatened or at risk of harm) to determine housing suitability and programming placement. The PSA Compliance Manager confirmed MVPC has several options available for accommodating a transgender or intersex detainee who requests to shower alone. The detainee could shower during count times, when other detainees are locked down, or in the medical area. During the site visit the Auditor interviewed a detainee who identified as a transgender female after being at the facility for one month. The detainee indicated she was immediately moved to a bed in the medical unit and seen by the TCC the very next day. She stated the committee questioned her about any safety concerns, shower concerns, housing, and any issues with search procedures. A review of her detention file demonstrated a completed Attachment D.

§115.43 - Protective custody.

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

Notes:

(a)(b)(c)(e)(f) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, "MVPC shall develop and follow written procedures governing the management of its administrative special management unit. These procedures should be developed in consultation with the ICE Enforcement and Removal Operations Field Office Director having jurisdiction for the Facility, must document detailed reasons for placement of an individual in administrative restriction on the basis of a vulnerability to sexual abuse or assault. The use of administrative restriction to protect detainees vulnerable to sexual abuse or assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing option exists, as a last resort. MVPC should assign detainees

vulnerable to sexual abuse or assault to administrative restriction for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If restricted housing is used to protect vulnerable detainees, they shall have access to programs, visitation, counsel, and other services available to the general population to the maximum extent practicable.” The interview with the Assistant Facility Administrator and the Special Management Unit (SMU) Supervisor indicated the SMU was not used for a detainee who was identified as being vulnerable to sexual abuse or after victimization of sexual abuse, during the audit period. The Assistant Facility Administrator also stated the written procedures for the SMU were approved by the AFOD. He indicated that the SMU would not typically be used to protect any vulnerable detainees or victims of sexual abuse. He stated that alternative housing, including the use of another pod or a medical bed would be utilized. However, he informed the Auditor that if the SMU was ever utilized for purpose of protecting a vulnerable detainee or sexual abuse victim, the 10.1 policy would be followed ensuring confinement would not exceed 30 days and he would notify the appropriate ICE FOD no later than 72 hours after the initial placement for this purpose.

(d) The Auditor determined compliance with this subpart of the standard based on policy 10.1.1 that states, “Facilities shall implement written procedures for the regular reviews of all detainees held in administrative restriction for their protection as follows: A supervisory staff member shall conduct a review within 72 hours of the detainee's placement in administrative restriction to determine whether the restriction 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 restriction, and every week thereafter for the first 30 days, and every 10 days thereafter. Facilities shall utilize the "DHS Sexual Assault/Abuse Available Alternatives Assessment" form to document the assessments (See Attachment G). All completed forms shall be reviewed and signed by the Facility Administrator or Assistant Facility Administrator upon completion.” The Assistant Facility Administrator and PSA Compliance Manager confirmed no detainee has been placed in SMU during the audit period for the purpose of vulnerability to sexual abuse or a sexual abuse allegation.

§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) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 which requires, “MVPC shall provide multiple ways for detainees to privately report sexual abuse and assault, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. Facilities shall provide contact information to detainees for relevant consular officials, the DHS Office of [the] Inspector General, the Joint Intake Center, as appropriate, another designated office, to confidentially and, if desired, anonymously, report these incidents. Facilities shall provide detainees contact information on how to report sexual abuse or assault to a public or private entity or office that is not part of GEO (i.e. contracting agency ICE) and that is able to receive and immediately forward detainee reports of sexual abuse to facility or GEO officials, allowing the detainee to remain anonymous upon request.” ICE has also established the following external reporting methods: directly report to the DHS OIG anonymous complaint hotline toll-free telephone number at 1-800-323-8603; Contact the ICE DRIL toll-free telephone number 1-888-351-4024 or 9116#; Tell an ICE/ERO staff member who visits the facility; Write a letter reporting the sexual misconduct to the ICE [OIC], ICE AFOD, or ICE FOD; File a written formal request to ICE; Contact ICE OPR JIC toll-free hotline number 1-877-246-8253; By mail to DHS OIG, Office of Investigations Hotline; 245 Murray Drive, SW, Building 410/Mail Stop 0305, Washington, DC 20528.” While on site the Auditor randomly tested three telephones in detainee dormitories, utilizing the same calling information available to the detainee, to the OIG reporting number and the DRIL. In each of the three attempts, the Auditor connected to the reporting line and the connection did not require the use of a detainee PIN to accomplish the call. Information on how to contact DHS OIG, and DRIL, is located above the detainee telephone in each of the detainee dormitories. These reporting methods are also provided to the detainee upon arrival through the ICE National Detainee Handbook (in 14 languages) and are prominently displayed in each of the living areas in Spanish and English on posters, noting anonymous reporting is accepted, on the ICE and DHS posters. The PSA Compliance Manager confirmed each detainee arriving at MVPC receives this contact and reporting information within their intake orientation materials. As noted earlier there were 31 allegations of sexual abuse reported at MVPC during the audit period. The allegations were reported as follows: 12-reported to security staff; 11-reported to non-security staff; 4-reported through the grievance procedure, 1-by family; and 3-reported to ICE.

(c) The Auditor determined compliance with this subpart of the standard based on policy 10.1.1 that requires, “employees accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports.” As previously noted, MVPC confirmed that it had 31 allegations of sexual abuse reported during the audit period, with 26 reported to staff. The Facility Investigator informed the Auditor that in each case where the incident was reported verbally to staff, the incident was documented in writing. The random staff interviews confirmed this subpart requirement, that they are to accept and immediately report all allegations of sexual abuse, regardless of how the report was made, and that all verbal reports from detainees or third parties must be documented promptly in writing to their supervisors. The Auditor reviewed 15 investigative files while on site. In each of those files where the allegation was made to a security staff member or non-security staff member the verbal allegation was placed into writing by the staff member.

§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) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 which states, “MVPC grievance policies shall include the following procedures regarding sexual abuse grievances: MVPC shall permit a detainee to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. MVPC shall

not impose a time limit on when a detainee may submit a grievance regarding allegation of sexual abuse. MVPC shall implement written procedures for identifying and handling time sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. MVPC staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. MVPC shall issue a decision on the grievance within five (5) days of receipt and shall respond to an appeal of the grievance decision within 30 days. MVPC shall send all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process." During the site visit the grievance Supervisor informed the Auditor that allegations of sexual abuse made in a grievance are handled through the grievance process as an emergency grievance and those grievances alleging sexual abuse, requires the alleging detainee be taken immediately to the proper medical personnel for assessment. She also stated that notifications of any grievance of sexual assault are reported immediately to the Facility Administrator and ICE. She also stated emergency grievances are responded to within 5 days of receipt of the initial report and responses to an appeal of the grievance decision are responded to within 30 days. The interview with the Assistant Facility Administrator confirmed that, once notified of any allegation of sexual abuse, he notifies the AFOD of the allegation, who then notifies the FOD. Four of the 31 allegations within the audit period, were made through the grievance process. The investigative file review noted that the AFOD was notified. Sexual Abuse allegation procedures are outlined in the Moshannon Valley Processing Center, Supplement to the ICE National Handbook. The random detainee interviews confirmed their knowledge of filing a grievance through the grievance office if they wanted to.

(f) The Auditor determined compliance with this subpart of the standard based on policy 10.1.1 that requires, "To prepare a grievance, a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives. Staff shall take reasonable steps to expedite requests for assistance from these other parties." Each of the 12 random security staff interviewed were aware of the facility policy allowing, the housing officer or other facility staff, family members, another detainee, or legal representatives, to assist the detainee with a grievance. More than half of the 30 random detainees interviewed were aware of the assistance available to them allowed by policy and the standard.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c)(d) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires "MVPC shall utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of Sexual Abuse perpetrators to most appropriately address victim's needs. MVPC shall make available to detainees information about local organizations that can assist detainees who have been victims of sexual abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available). If local providers are not available, MVPC shall make available the same information about national organizations. MVPC shall enable reasonable communication between detainees and these organizations as well as inform detainees (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws." As noted in standard 115.21 the Auditor reviewed the Memorandum of Understanding (MOU) between MVPC and Passages that was entered into in 2021 with no sunset date. The MOU stated Passages will: "Provide advocacy for and accompany victims to Penn-Highlands Hospital; Provide confidential supportive services to victims either by telephone, mail or in person; and also accompany the victim to court proceedings concerning the alleged sexual assault." During the site visit tour, the Auditor noted contact information (Spanish and English) in each of the MVPC dormitories. The Passages information includes their toll-free telephone number and mailing address. The Auditor attempted but was unable to make contact with the advocate Passages. However, the Passages web site was checked, and their services verified. The Passages advocate telephone line accepts allegations of sexual abuse and is a mandatory reporter. During the site visit of MVPC the auditor observed notations on the dormitory postings for this agency alerting the detainee that Passage is a mandatory reporter for anyone calling to report an allegation of sexual assault. The facility handbook details for detainees the extent to which regular mail and the regular use of the telephones are monitored. The PSA Compliance Manager confirmed that contact with the rape crisis center as well, as the reporting of allegations to the DRIL or OIG, is confidential and unmonitored and does not require the use of a PIN. The Auditor reviewed 15 investigative files and found notations that victim advocate service information was offered in each instance. There were five detainees present at the facility that had filed sexual abuse allegations. The Auditor interviewed each of them and they confirmed that they were provided information for the victim advocate Passages when the detainee was first taken to medical after making the allegation.

§115.54 - Third-party reporting.

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

Notes:

The Auditor determined compliance with this standard based on policy 10.1.1 that requires, "MVPC shall post publicly GEO's third-party reporting procedures. In addition, GEO shall post on its public website its methods of receiving third-party reports of sexual abuse or assault on behalf of detainees." Detainees at MVPC are provided information for the reporting of sexual abuse by third parties through the ICE National Detainee Handbook and the Moshannon Valley Processing Center, Supplement to the ICE National Handbook. The Auditor's review of the ICE website, www.ice.gov/prea, and GEO website, <https://www.geogroup.com/PREA>, confirmed the websites have third-party reporting information available to the public. The PSA Compliance Manager and Facility Investigator confirmed MVPC received one allegation of sexual misconduct reported to the facility by a friend of the detainee. Over half of the 30 random detainee interviews conducted at MVPC confirmed their knowledge that reports of sexual abuse could be made on their behalf from third parties.

§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) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, "Employees are required to immediately report, in accordance with agency policy, any of the following: Knowledge, suspicion, or information regarding an incident of sexual abuse or assault that occurred in a facility whether or not it is a GEO Facility; Retaliation against detainees or employees who reported such an incident or participated in an investigation about such incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions. Employees reporting sexual abuse shall be afforded the opportunity to report such information to the Chief of Security or upper-level executive privately if requested and may also utilize the employee hotline or contact the Corporate PREA Coordinator directly to privately report these type incidents." As noted throughout the report the 10.1.1 policy was approved by the AFOD. During the interviews with the random security staff each was aware of their ability, if necessary to report allegations outside of their command to the chief of security, ICE staff or their employee hotline. The Auditor reviewed the training curriculum for PREA pre-service and annual refresher training and found the reporting information requirements specifically detailed in it. Of the 31 allegations reported during the audit period, 12 were reported to security staff and 11 were reported to non-security staff. In each investigative case file where the incident was reported verbally to staff, the incident was promptly documented in writing.

(d) The Auditor determined compliance with this subpart of the standard based on policy 10.1.1 that requires, "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, MVPC shall report to designated State or local services agencies under applicable mandatory reporting laws." As noted in the narrative of this report MVPC does not accept juvenile detainees. During the site visit the Auditor questioned the Assistant Facility Administrator about the handling of any vulnerable detainee that alleges sexual abuse. He stated that to date the facility has not had a vulnerable adult placement at MVPC. He further stated if a vulnerable adult was ever the victim of sexual abuse at the facility the PSP and the AFOD would be notified on any allegation of sexual abuse.

§115.62 - Protection duties.

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

Notes:

The Auditor determined compliance with the standard based on policy 10.1.1 that requires, "When an employee or MVPC staff member has reasonable belief that a detainee is subject to substantial risk of imminent sexual abuse, he or she shall take immediate action to protect the detainee." The Auditor interview protocols for the Facility Administrator and random staff specifically require the asking of how each would respond to a situation where a detainee may be at substantial risk of sexual abuse. The random staff and the Assistant Facility Administrator's responses demonstrated that they would immediately remove the detainee from the perceived danger. The Assistant Facility Administrator, PSA Compliance Manager, and the facility's PAQ confirmed MVPC had no detainees at substantial risk of imminent sexual abuse during the audit period. In the review of 15 completed sexual abuse reports and investigations, the Auditor determined the facility took immediate action to protect the detainee victims in each of the allegations. The interview with five detainees who alleged sexual abuse, the detainee indicated that they were removed from the threat immediately.

§115.63 - Reporting to other confinement facilities.

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

Notes:

(a)(b)(c)(d) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, "In the event that a Detainee alleges that Sexual Abuse occurred while confined at another Facility, MVPC shall document those allegations and the Facility Administrator or Assistant Facility Administrator (in the absence of the Facility Administrator) where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred and notify the ICE Field Office as soon as possible, but no later than 72 hours after receiving the notification. MVPC shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PREA Manager. Notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA standards and reported to the appropriate ICE Field Office Director." The Assistant Facility Administrator informed the Auditor that anytime a MVPC staff member receives a report of sexual abuse from a detainee, on arrival at MVPC that occurred at another facility, the Facility Administrator would notify the facility, where the allegation was to have taken place. This notification to that facility would be made within 72 hours of becoming aware of the allegation and the AFOD immediately notified. He further stated that any reports that MVPC received from another facility that an alleged sexual abuse incident occurred at MVPC it would be investigated according to the same protocols as any other sexual abuse allegation. There were no allegations made at other facilities reported to have occurred at MVPC. There were 19 allegations of sexual abuse reported on arrival at MVPC occurring at other facilities. The Auditor reviewed the contact referrals made to each of the 19 facility Administrators within 72 hours.

§115.64 - Responder duties.

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

Notes:

(a) The Auditor determined compliance with this subpart of the standard based on policy 10.1.1 that requires, "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, ensure that the alleged victim and abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The alleged victim and abuser should be placed (separately) in a dry cell or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; until the forensic examination can be performed. A Security Staff member of the same sex shall be placed outside the cell or area for direct observation to ensure these actions are not performed." The Auditor performed a thorough review of 15 investigative files during the site visit and believes that the security staff members responding to those incidents appeared to have followed the policy and standard required responder protocols. The 12 random security staff interviewed detailed their first responder obligations, as outlined in policy and per the standard requirement, when responding to incidents of sexual abuse. In each of 12 cases where the alleged victim was responded to initially by a security staff member, it appeared the security staff member followed policy and standard responder requirements.

(b) The Auditor determined compliance with this subpart of the standard based on policy 10.1.1 that requires, "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." Two non-security staff members were interviewed during the site visit. Each confirmed that if a detainee reported to them that they had been sexually abused, they would ensure the victim and perpetrator were separated, not allow either to destroy evidence, and immediately call for a security staff member. During the interview with the Facility Investigator and review of the 31 allegations of sexual abuse made during the audit period at MVPC, it was determined that 11 were made to a non-security staff member. The review of the investigative files demonstrated that in each of those instances security staff was immediately notified.

§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) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, "MVPC shall develop written Facility plans to coordinate the actions taken by staff first responders, Medical and Mental Health Practitioners, investigators, and Facility leadership in response to incidents of Sexual Abuse and Assault. MVPC shall use a coordinated, multidisciplinary team approach to effectively respond to all incidents of Sexual Abuse or Assault and address any safety, medical, or mental health needs. The PREA Manager shall be a required participant and the Corporate PREA Coordinator may be consulted as part of this coordinated response." MVPC utilizes the "PREA Coordinated Response" nine page document when responding to allegations of sexual abuse. The Auditor reviewed this document that outlines the primary duties of staff first responders, Medical and Mental Health Practitioners, Investigators, and Facility leadership in response to any sexual abuse allegations to include: responding to victim assessment and support needs; ensuring policy and procedures are enforced to enhance detainee safety; and participating in the development of practices and/or procedures that encourage prevention of sexual abuse." The Auditor reviewed 15 closed investigative files and found that each file documented the multidisciplinary and coordinated responses taken by MVPC staff members in response to allegations of sexual abuse.

(c)(d) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, "If the victim of Sexual Abuse is transferred between DHS Immigration Detention Facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services. If the victim of sexual abuse is transferred to a non-DHS Facility, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services unless the victim requests otherwise." The Assistant Facility Administrator and PSA Compliance Manager confirmed that no MVPC detainee victim of sexual abuse has been transferred from their facility to any DHS detention facility or non-DHS Facility. They further stated if a detainee were to be transferred to either the 10.1.1 policy would be followed.

§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:

The Auditor determined compliance with this standard based on policy 10.1.1 that requires, "Employees, Contractors and Volunteers suspected of perpetrating Sexual Abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Separation orders requiring "no contact" shall be documented by facility management via email or memorandum within 24-hours of the reported allegation. The email or memorandum shall be printed and maintained as part of the related investigation file." The PSA Compliance Manager and Facility Administrator both confirmed that any employee, contractor, or volunteer who was an alleged perpetrator of sexual abuse of a detainee would be removed from any further contact with detainees pending the investigation outcome. MVPC had nine allegations of sexual abuse made against a staff member during the audit period. The Auditor reviewed those case files and found non-contact documentation with detainees in each of their files. The Auditor also reviewed one current

open investigation made against a staff member. There was a no detainee contact memorandum and the Auditor reviewed staffing documents and found the staff member was removed from detainee contact.

§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) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that states, "Employees, contractors and volunteers, and detainees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse or for participating in sexual activity as a result of force, coercion, threats, or fear of force. MVPC 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. MVPC's PSA Compliance Manager or Mental Health personnel shall be responsible for monitoring detainee retaliation. Facilities shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims who fear retaliation for reporting sexual abuse or for cooperating with investigators." The Assistant Facility Administrator confirmed that at MVPC the PSA Compliance Manager and HR are responsible for monitoring retaliation of detainees and staff respectively. The PSA confirmed that detainee retaliation monitoring begins the day the allegation is made and continues for at least 90 days or longer, if needed. She stated she personally meets with the detainee weekly, and documents the meeting on Attachment B, Protection from Retaliation Log. She also confirmed that detainee monitoring for retaliation includes a review of the detainee's disciplinary reports and/or housing changes or program changes. The HR interview confirmed staff monitoring begins the day the allegation is made as well and continues for at least 90 days or longer, if needed. He stated he personally meets with the staff. His monitoring includes monitoring negative performance reviews, time off refusals, and change of duties or reassignment requests. The Auditor was provided documentation of retaliation monitoring and found examples of retaliation monitoring in the 15 completed investigative files reviewed. In each case, retaliation monitoring was conducted for at least 90 days, except in the cases where the detainee was released from MVPC and ICE custody before the end of the 90-day period. The PSA Compliance Manager confirmed MVPC has had no cases requiring staff retaliation monitoring nor any allegations of retaliation by a detainee or staff member during the audit period.

§115.68 - Post-allegation protective custody.

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

Notes:

(a)(b)(c)(d) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, "MVPC shall take care to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible, subject to the requirements of 115.43. Detainee victims shall not be held for longer than five (5) days in any type of administrative restriction, except in unusual circumstances or at the request of the detainee. A Detainee victim who is in protective custody after having been subjected to Sexual Abuse shall not be returned to the general population until completion of a proper reassessment, taking into consideration any increased vulnerability of the Detainee as a result of the Sexual Abuse. MVPC shall notify the appropriate ICE Enforcement and Removal Operations Field Office Director whenever a Detainee victim has been held in administrative special management for 72 hours." The Assistant Facility Administrator confirmed the use of the SMU, for any detainee victim of sexual abuse or based on their vulnerability to sexual abuse or assault would be highly unlikely at MVPC. He stated if the SMU was ever used to protect a victim of sexual abuse, he would notify the AFOD as required by policy. He further stated that a classification and vulnerability assessment would be completed prior to the detainee being placed back in general population. As noted in 115.43, the Assistant Facility Administrator and the SMU Supervisor indicated the SMU was not used for a detainee who alleged sexual assault or identified as being vulnerable to sexual abuse during the audit period. The interviews conducted with five detainees who alleged sexual abuse at MVPC confirmed that they were never placed in SMU as a result of their allegation.

§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) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, "When MVPC conducts its own investigations into allegations of Sexual Abuse, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. An administrative shall be completed for all allegations of Sexual Abuse at MVPC, regardless of whether a criminal investigation is completed. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity." As noted throughout the report the 10.1.1 policy was approved by the AFOD. The Facility Investigator confirmed he conducts an administrative investigation on every allegation of sexual abuse, regardless of if a criminal investigation is conducted or the outcome of a criminal investigation, if one is done. None of the 31 allegations at MVPC were determined to be criminal. The review of 15 investigative files indicated the investigations appeared to be completed promptly, thoroughly, and objectively as required in subpart (a) of this standard. The Auditor conducted a thorough review of these case files and confirmed the investigations were conducted by the facility's trained Investigator.

(c)(f) The Auditor determined compliance with this subpart of the standard based on the review of Policy 10.1.1 that requires, "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior

complaints and reports of Sexual Abuse involving the suspected perpetrator. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as detainee or staff. No agency shall require a Detainee who alleges Sexual Abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. GEO shall retain all written reports referenced this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years. When outside agencies investigate Sexual Abuse, MVPC shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation." The Facility Investigator confirmed that every allegation of sexual assault is reported to the PSP, and he waits to conduct an administrative investigation after consultation with the appropriate investigative offices within DHS. He also stated that he cooperates with the outside agency conducting the criminal investigation and provides assistance to any agency as needed. He indicated during his interview that his administrative investigations are based on direct and circumstantial evidence; available physical DNA evidence; available electronic monitoring data; interview notes from alleged victims, suspected perpetrators, and witnesses; and reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator. He stated he assesses the credibility of any alleged victim, suspect, or witness, based on evidence without regard to their status as a detainee, employee, or contractor and without requiring any detainee who alleges sexual abuse or assault to submit to a polygraph. As noted earlier in the report there were 31 allegations of sexual abuse reported during the audit period that were handled administratively and determined not criminal by the PSP.

(e) The Auditor determined compliance with this subpart of the standard based on policy 10.1.1 that requires, "the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation." The Facility Investigator confirmed that the departure of the alleged abuser or victim from employment or control of the facility does not affect the investigation from being completed.

§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:

The Auditor determined compliance with the standard based on Policy 10.1.1 that requires "facilities impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated." The interview with the Facility Investigator confirmed the standard he uses when determining a sexual abuse investigation is the preponderance of evidence. Based on the review of the 15 investigative case files, the Auditor determined a preponderance of the evidence was the standard used in determining the outcome of the investigations.

§115.73 - Reporting to detainees.

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

Notes:

This standard requires the Agency provide the detainee with the investigative outcome if the detainee is still in immigration detention or otherwise feasible. The Auditor provided the Team Lead with five randomly chosen names of detainees who alleged sexual abuse while at MVPC. In each of the five cases the detainee was provided their investigative outcome.

§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) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, "The agency shall review and approve facility policies and procedures regarding disciplinary or adverse actions for staff and shall ensure that the facility policy and procedures specify disciplinary or adverse actions for staff up to and including removal from their position and from the Federal service for staff, when there is a substantiated allegation of sexual abuse, or when there has been a violation of agency sexual abuse rules, policies, or standards. Removal from their position and from the Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in Sexual Abuse, as defined under the definition of Sexual Abuse of a detainee by an employee, contractor, or volunteer." The Assistant Facility Administrator, HR, and the PSA Compliance Manager confirmed staff removal from their position and from Federal service would be the presumptive disciplinary sanction for staff having engaged in or attempted or threatened to engage in sexual abuse at MVPC. There was no substantiated allegation of sexual abuse involving a staff member during the audit period.

(c)(d) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, "MVPC shall report all removals or resignations in lieu of removal for violations of Agency or facility Sexual Abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal. MVPC shall make reasonable efforts to report removals or resignations in lieu of removal for violations of Agency or facility Sexual Abuse policies to any relevant licensing bodies, to the extent known. The Assistant Facility Administrator confirmed that he is responsible for making these notifications, through the facility HR office, when it becomes necessary. He also confirmed all allegations of sexual abuse are immediately reported to the PSP, regardless of if the staff member resigns or not. The Auditor observed notifications to the PSP in each of the 15 investigative files reviewed. There were no reported terminations of any MVPC employee for violation of the facility's zero-tolerance based on an interviewed with the Assistant Facility Administrator.

§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) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, "Any contractor or volunteer who has engaged in Sexual Abuse shall be prohibited from contact with Detainees. MVPC shall make reasonable efforts to report to any relevant licensing body, to the extent known, incidents of substantiated Sexual Abuse by a Contractor or Volunteer. Such incidents shall also be reported to law enforcement agencies unless the activity was clearly not criminal. Contractors and Volunteers suspected of perpetrating Sexual Abuse shall be removed from all duties requiring Detainee contact pending the outcome of an investigation. MVPC 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 Assistant Facility Administrator confirmed that any contractor or volunteer suspected of perpetrating sexual abuse would be removed from all duties requiring detainee contact pending the outcome of the investigation. He also stated the facility would take appropriate remedial measures and consider whether to prohibit further contact with detainees by any contractor or volunteer who has not engaged in sexual abuse but has violated other provisions within these standards. He also stated that there were no reported incidents at MVPC requiring the removal of a contractor or volunteer during the audit period. If there had been any the incidents would have been reported to the PSP, the FOD, and any relevant licensing body.

§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) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, "MVPC shall subject a detainee to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse. At all steps in the disciplinary process any sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform to rules and regulations in the future. MVPC 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. MVPC 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. 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." The Assistant Facility Administrator, PSA Compliance Manager and Supervisor responsible for conducting disciplinary hearings confirmed that the disciplinary process at MVPC allows for progressive levels of reviews, appeals, procedures, and that the entire hearing is documented. They also confirmed that staff assistance is provided upon any detainee's request. There was one detainee on detainee allegation substantiated upon completion of the investigation at MVPC. The abuser was disciplined as a result. The Supervisor responsible for conducting disciplinary hearings stated that he checks with mental health prior to conducting any detainee hearing to determine the detainee competence.

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

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

Notes:

(a)(b)(c) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, "If during the intake assessment, persons tasked with screening determine that a detainee is at risk for either sexual victimization or abusiveness, or if the detainee has experienced prior victimization or perpetrated sexual abuse, the detainee shall be referred to a qualified Medical and/or Mental Health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two (2) working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72-hours after the referral." Interviews with the one intake staff confirmed that when staff learns a detainee was ever a victim of sexual abuse or perpetrated sexual abuse, the intake staff member ensures that the detainee is immediately referred to a qualified Medical or Mental Health practitioner for follow-up as appropriate. Both indicated notifications are typically done by email, telephone call, or discussion with a member of the Medical staff in the intake area at the time. The interviews with the Medical practitioner confirmed when a medical follow-up is initiated, the detainee receives a health evaluation typically the same or next day, but no later than two working days from the date of the assessment. The interview with the Mental Health practitioner confirmed when a referral for mental health is initiated, the detainee receives a mental health evaluation no later than 72 hours after the referral. The Auditor interviewed five detainees who disclosed prior victimization during their initial risk assessment. Each indicated they were offered and received medical/mental health referral on the day they arrived.

§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) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, "Victims of Sexual Abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." The Auditor's review of the 15 investigative files completed during the audit period

confirmed that each of these alleged victims was immediately brought to the medical unit and evaluated by Medical staff and/or Mental Health. The interview with the HSA confirmed that all detainees alleging sexual abuse are seen by Medical and/or Mental Health staff and provided with services that are consistent with community standards, and at no cost to the detainee regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. There were five detainees present at the facility that had filed a sexual abuse allegation. The Auditor interviewed each and they confirmed they were immediately seen by medical staff after making the allegation of sexual assault.

§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)(d)(e)(f) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, "MVPC shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of Sexual Abuse while in immigration detention. The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following their transfer to, or placement in other Facilities, or their release from custody. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community. Victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of Sexual Abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services. Victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." The Auditor interviewed the HSA who confirmed any detainee who experiences sexual abuse while in detention would receive medical and mental health services with treatment, consistent with the community-level of care without cost to the detainee, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. She also indicated that the Medical staff at MVPC would provide pregnancy and sexually transmitted disease testing and provide medications where appropriate if needed. MVPC had 31 allegations of sexual abuse reported during the audit period. There were five detainees present at the facility that had filed a sexual abuse allegation and were interviewed by the Auditor. Each of them confirmed they were immediately seen by medical staff after making the allegation of sexual assault and two of them are still seeing mental health.

(g) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, "MVPC shall attempt to conduct a mental health evaluation on all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by mental health practitioners." This same policy defines known abusers as "those Detainee abusers in which a SA-API investigation determined either administratively substantiated or substantiated by outside law enforcement." The facility had one detainee-on-detainee substantiated allegation during the audit period requiring this type of evaluation. The Mental Health practitioner interview confirmed all known abusers at MVPC would be offered evaluation and treatment. She also confirmed the one substantiated detainee-on-detainee allegation did result in the offering of mental health services to the abuser prior to leaving the facility.

§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)(b) The Auditor determined compliance with these subparts of the standard based on policy 10.1.1 that requires, "MVPC is required to conduct a Sexual Abuse incident review at the conclusion of every sexual abuse investigation. Such review shall occur within 30 days of the conclusion of the investigation. The review team shall consist of upper-level management officials, the local PSA Manager, Medical and Mental Health Practitioners. The review team shall consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility." The PSA Compliance Manager, a member of the incident review team, indicated the form (Attachment J) addresses each of the subpart (b) elements that the team is required to consider during the review. The Auditor reviewed the attachment and found it considers race; ethnicity; gender identity; LGBTI identification; status, or perceived status; gang affiliation; or whether the incident was motivated or otherwise caused by other group dynamics at the facility, while conducting their incident review. The PSA Compliance Manager advised the Auditor the completed incident review reports and responses are forwarded to the FOD for distribution and to the agency PREA Coordinator per the standard requirement. The Auditor reviewed 15 investigative files and found an incident review form in each file, conducted within 30 days of the investigation being completed. There were no recommendations for improvement made in any of these completed incident reviews.

(c) The Auditor determined compliance with this subpart of the standard based on policy 10.1.1 that requires, "Annually, MVPC shall conduct a review of all Sexual Abuse investigations and resulting incident reviews to assess and improve Sexual Abuse intervention, prevention and response efforts. If there have not been any reports of Sexual Abuse during the annual reporting period, then MVPC shall prepare a negative report. MVPC shall document the review utilizing the "DHS Annual Review of Sexual Abuse Incidents" form (See Attachment K)." The PSA Compliance Manager provided the Auditor with the annual review completed in September 2022 that was provided to ICE.

§115.87 - Data collection.

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

Notes:

(a) The Auditor determined compliance with the standard based on policy 10.1.1 that requires, "MVPC shall maintain in a secure area all case records associated with claims of Sexual Abuse, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling in accordance with the PREA standards and applicable agency policies and established schedules." The PSA Compliance Manager confirmed that data collected for any investigation of sexual abuse is securely maintained in the Facility Investigators Office under double lock and key, with access restricted to only staff with a need to review. She confirmed records are retained for at least ten years, after the date of the initial collection, unless federal, state, or local law requires otherwise. The Auditor viewed this secure location during the site visit.

§115.201 - Scope of audits.

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

Notes:

(d) The Auditor was allowed access to MVPC and able to revisit areas of the facility as needed during the site visit.
(e) The Auditor was provided with and allowed to view all relevant documentation as requested.
(i) Formal interviews with staff and detainees were conducted in a private confidential setting.
(j) The Auditor observed audit notices posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian, Creole, Bengali, Arabic, Russian, and Vietnamese. The Auditor received no staff, detainee, or other party correspondence.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button:

Update Outcome Summary

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	2
Number of standards met:	37
Number of standards not met:	0
Number of standards N/A:	2
Number of standard outcomes not selected (out of 41):	0

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

Thomas Eisenschmidt
Auditor's Signature & Date

4/22/2023

Sharon R. Shaver
Assistant Program Manager's Signature & Date

5/9/2023

James T. McClelland
Program Manager's Signature & Date

5/10/2023