

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



**Homeland
Security**

AUDITOR INFORMATION

Name of Auditor:	Robin M. Bruck	Organization:	Creative Corrections, LLC
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PROGRAM MANAGER INFORMATION

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

AGENCY INFORMATION

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

Name of Field Office:	Los Angeles Field Office
Field Office Director:	Thomas P. Giles
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	300 North Los Angeles St., Los Angeles, CA 90012
Mailing address: (if different from above)	Same as above

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Adelanto ICE Processing Center and Desert View
Physical address:	10450 Rancho Road, Adelanto, CA 92301
Mailing address: (if different from above)	Same as above
Telephone number:	760-246-1171
Facility type:	CDF

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	760-561-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone number:	760-561-(b) (6), (b) (7)(C)

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

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

During the audit, the Auditor found Adelanto ICE Processing Center (AIPC) and Desert View Annex (DVA) met 31 standards, had 0 standards that exceeded, had 1 standard that was non-applicable, and had 9 non-compliant standards. As a result of the facility being out of compliance with nine standards, the facility entered into a 180-day corrective action period which began on May 27, 2023, and ended on August 30, 2023. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

Number of Standards Initially Not Met: 9

- §115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
- §115.17 Hiring and promotion decisions
- §115.22 Policies to ensure investigation of allegations and appropriate agency oversight
- §115.31 Staff training
- §115.41 Assessment for risk of victimization and abusiveness
- §115.54 Third-party reporting
- §115.64 Responder duties
- §115.65 Coordinated response
- §115.86 Sexual abuse incident reviews

The facility submitted documentation, through the Agency, for the CAP on May 26, 2023, through August 24, 2023. The Auditor reviewed the CAP and provided responses to the proposed corrective actions. The Auditor reviewed the final documentation submitted on August 30, 2023. In a review of the submitted documentation, to demonstrate compliance with the deficient standards, the Auditor determined compliance with 100% of the standards.

Number of Standards Met: 9

- §115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
- §115.17 Hiring and promotion decisions
- §115.22 Policies to ensure investigation of allegations and appropriate agency oversight
- §115.31 Staff training
- §115.41 Assessment for risk of victimization and abusiveness
- §115.54 Third-party reporting
- §115.64 Responder duties
- §115.65 Coordinated response
- §115.86 Sexual abuse incident reviews

PROVISIONS

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

§115. 16 - Accommodating detainees with disabilities and detainees who are limited English proficient

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

Notes:

(c): GEO policy 11.1.6.A states, "In matters relating to Sexual Abuse, Facilities 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 this type of circumstances shall be justified and fully documented in the written investigative report. 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." The Auditor reviewed the facility Sexual Abuse and Assault Prevention and Intervention (PREA) training curriculum which states, "Detainee interpreters, detainee readers or other types of detainee assistants may not be used unless the detainee expresses a preference for a detainee interpreter and the Facility determines that such interpretation is appropriate. Minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser shall not be utilized as interpreters in matters relating to allegations of Sexual Abuse." Interviews with 10 security line staff and supervisors indicated that they would not use a detainee for interpreter services under any circumstance including if the alleged detainee victim requests another detainee to interpret and the Agency determines such interpretation is appropriate and consistent with DHS policy.

Does Not Meet (c): The facility is not in compliance with subsection (c) of this standard. GEO policy 11.1.6.A states, "In matters relating to Sexual Abuse, Facilities 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." Interviews with 10 security line staff and supervisors, indicated that they would not use a detainee for interpreter services under any circumstance including if the alleged detainee victim requests another detainee to interpret and the Agency determines such interpretation is appropriate and consistent with DHS policy. To become compliant the facility must establish a procedure to include the facility will not use a detainee for interpretation services unless the detainee expresses a preference for another detainee to provide interpretation and Agency determines such interpretation is appropriate and consistent with DHS policy. In addition, the facility must document that all security line staff and supervisors received training on the implemented procedure.

Corrective Action Taken (c): The facility submitted updated policy 11.1.6-A that confirms the facility will not use a detainee for interpretation services unless the detainee expresses a preference for another detainee to provide interpretation and Agency determines such interpretation is appropriate and consistent with DHS policy. In addition, the facility submitted training records that confirm security staff and supervisors have been trained on the updated policy. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

§115. 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)(d)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, collectively require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks. ICE Directive 7-6.0 outlines "misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application." The Unit Chief of OPR Personnel Security Operations (PSO) informed auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have

engaged in such activity. GEO policy 11.1.6. A states, "GEO facilities are prohibited from hiring, promoting or contracting with anyone who will have direct contact with detainees who has engaged in Sexual Abuse in a prison, jail, holding facility, community confinement facility, juvenile facility or any other institution who has been convicted of engaging in sexual activity facilitated by force, overt or implied threats of force, or coercion, if the victim did not consent or was unable to consent or refuse; or who was civilly or administratively adjudicated to have engaged in such activity in confinement settings or in the community." The Auditor reviewed GEO Employment Questionnaire and confirmed that all applicants are asked about previous misconduct required by this standard. Additionally, the application informs the applicant of the following, "Please note that sexual abuse in this setting includes sexual acts with the consent of the inmate, detainee, resident, etc." In addition, the applicants are required to initial statements, and sign the application one of which states, "I understand that the falsification, misrepresentation, or omission of any facts in this questionnaire or any other accompanying or required documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery." An interview with the HR indicated all potential employees are required to complete an application and a background check, during the hiring process. The HR further indicated an institutional background check is completed on staff who have previous correctional employment and information would be provided to a facility requesting the same for previous employees who leave the facility. In addition, the HR indicated the institutional background checks include staff who are being promoted or transferred within the facility and all employees are required to complete a "PREA Disclosure" form every year. The HR further indicated background checks are completed every five years thereafter. Informal discussions with a human resource staff member, indicated she maintains a spreadsheet of all employees, to monitor the five-year background checks. The Auditor observed this spreadsheet during the on-site audit. In addition, the Auditor reviewed the PREA Disclosure form and confirmed it included the questions required in subsection (a) and informs the employee of a continuing duty to disclose any sexual misconduct. The Auditor reviewed 31 employee personnel files and confirmed all files included the pre-employment application and the PREA Disclosure form, for every year of employment. Included in the 31 reviewed files were 8 promotions/transfers and 11 files that required an institutional background check. All eight promotions included the completed PREA Disclosure form, prior to the promotion. There were 17 of the 31 files that required a five-year criminal background check, which had been completed on all. The Auditor reviewed seven contractor files which included the facility pest control contractor and confirmed completed background checks and the PREA Disclosure form was included in the files. In addition, utilizing the DHS Background Investigation for Employees and Contractors, the Auditor received documentation, confirming completed background checks for 10 ICE employees and 7 contracted ICE employees. In an interview with a SDDO promoted during the audit period it was confirmed he had not been asked about previous misconduct related to sexual abuse in an interview or by written application prior to being promoted as required by subsection (b) of the standard.

Does Not Meet (b): The Agency/facility is not in compliance with subsection (b) of the standard. During an interview with an SDDO promoted during the audit period the Auditor confirmed the SDDO was not asked about previous misconduct during an interview or by written application prior to being promoted as required by subsection (b) of the standard. To become compliant the Agency must develop a process that requires that employees offered promotions are directly asked about previous misconduct related to sexual abuse in an interview or through a written application prior to being promoted as required by subsection (b) of the standard. In addition, if applicable, the facility must provide the Auditor with documentation that confirms any SDDO promoted during the Corrective Action Plan (CAP) period was asked directly about previous misconduct related to sexual abuse either in an interview or by written application prior to being promoted.

Corrective Action Taken (b): The facility submitted an email from the SDDO to the Agency PSA Coordinator that confirms the SDDO was asked about previous misconduct related to sexual abuse after the promotion was received. The Agency provided a memorandum which indicates the OHC/HROC were agreeable to incorporate the PREA questions through the application process for promotions within the Agency and will meet to further discuss the application process on September 1, 2023. The Auditor reviewed the memorandum and concluded the Agency is continuing their effort to establish a practice that requires Agency staff promoted during the audit period to be asked directly about previous misconduct during interviews or on written applications prior to being promoted. As the Agency is continuing its efforts to come into compliance with subsection (b) of the standard the Auditor no longer requires the facility provide the Auditor with documentation that confirms any SDDO promoted during the Corrective Action Plan (CAP) period was asked directly about previous misconduct related to sexual abuse either in an interview or by written application prior to being promoted. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (b) of the standard.

§115. 22 - Policies to ensure investigation of allegations and appropriate agency oversight

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

Notes:

(c): The Auditor reviewed the facility website ([http://www.geogroup /PREA](http://www.geogroup/PREA)) and confirmed the website does not include the protocol provided by the facility for investigating allegations of sexual abuse. In addition, the Auditor reviewed the Agency website (<https://www.ice.gov/prea>) and confirmed the required Agency protocol is available to the public.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. The Auditor reviewed the facility's website www.geogroup/prea and confirmed the website does not include the protocol provided by the facilities for investigating allegations of sexual abuse, GEO policy 11.1.6.A 11062.2. To become compliant the facility must include GEO policy 11.1.6.A on the facilities website and provide the Auditor with documentation of completion.

Corrective Action Taken (c): The facility submitted updated GEO policy 5.1.2-F that confirms it includes when a detainee, prisoner, inmate or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to ICE ERO who is responsible for reporting the incident to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director, and if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation or subsection (f) of the standard that requires when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to ICE ERO who is responsible for reporting the allegation to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director, and to the local government entity or contractor that owns or operates the facility. If the incident is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation. In addition, the Auditor reviewed the facility website www.geogroup/prea and confirmed the updated GEO policy has been posted. As the updated GEO policy 5.1.2-F includes all elements required in the facility protocol for investigating allegations of sexual abuse the Auditor no longer requires the facility to post GEO policy 11.1.6.A on the facility's website. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

§115. 31 - Staff training

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

Notes:

(a)(b)(c): GEO policy 11.1.6.A states, "All Employees, Contractors and Volunteers shall receive training on GEO Sexually Abusive Behavior Prevention and Intervention Program. Each Facility shall train all Employees who may have contact with Detainees on: 1) Its zero-tolerance policy for Sexual Abuse and Assault; 2) How to fulfill their responsibilities under agency Sexual Abuse and Assault prevention, detection, reporting and response policies and procedures, to include procedures for reporting knowledge or suspicions of Sexual Abuse; 3) Recognition of situations where Sexual Abuse may occur; 4) The right of Detainees and Employees to be free from Sexual Abuse, and from retaliation for reporting Sexual Abuse and Assault; 5) Definitions and examples of prohibited and illegal sexual behavior; 6) Recognition of physical, behavioral, emotional signs of Sexual Abuse, and methods of preventing and responding to such occurrences; 7) How to detect and respond to signs of threatened and actual Sexual Abuse; 8) How to avoid inappropriate relationships with Detainees; 9) How to communicate effectively and professionally with Detainees, including LGBTI or Gender Non-conforming Detainees; and, 10) The requirement to limit reporting of Sexual Abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes." GEO policy 11.1.6.A further states, "SAAPI 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 that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-Service SAAPI Training." The Auditor reviewed the Sexual Abuse and Assault Prevention and Intervention (PREA) 2019 In-Service training curriculum and confirmed that all elements required by subsection (a) are included in the facility training. An interview with the facility TA indicated all staff are required to attend initial PREA training within the first couple of days of service and during in-service annually thereafter. Additionally, the Training Administrator maintains an excel spreadsheet that includes all employees and the dates of their PREA training. A monthly training list is posted in areas throughout the facilities to notify those employees that must attend. Interviews with 10 security line staff and supervisors, confirmed they had received PREA pre-service training and annual refresher training each year. The security line staff could articulate the training contents that addresses the requirements in subsection (a). The Auditor reviewed 31 employee training files. Each file contained multiple copies of the acknowledgement based on employee years of service. Additionally, five of the files indicated the employee had been employed at the facility prior to May 2014. Documentation contained in the file, confirmed PREA training was received in the year 2014 and every year thereafter. In addition, the Auditor reviewed PREA training certificates for 25 ICE employees for 2018. The facility/Agency had difficulty in providing documentation to confirm the ICE Employees have received PREA training for additional years.

Does Not Meet (b)(c): The facility/Agency is not in compliance with subsections (b) and (c) of the standard. The Auditor reviewed PREA training certificates for 25 ICE employees. The facility/Agency had difficulty in providing documentation to confirm the ICE Employees have received PREA training during the past 24 months. To become compliant the facility must provide the Auditor with documentation that confirms all ICE staff have received PREA training during the past 24 months.

Corrective Action Taken (b)(c): The facility provided the Auditor with training certificates that confirmed all ICE staff within the facility has received PREA training for 2023. The facility is now in compliance with subsections (b) and (c) of the standard.

§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:

(e): GEO policy 11.1.6.A states, "At any point after the initial intake screening an Individual in a GEO Facility or Program may be reassessed for risk of victimization or abusiveness. Facilities shall ensure that between 60 to 90 days from the initial assessment at the facility, staff use the GEO PREA vulnerability Reassessment Questionnaire to conduct the reassessment. An inmate risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness." The Auditor reviewed the PREA Vulnerability Reassessment Questionnaire. The form requires a file review which states, "Has the inmate/detainee/resident received any infractions for sexual misconduct, filed any grievances related to threats of sexual assault, or received new information from external agencies since admission that would increase the residents' likelihood of being vulnerable to victimization." In addition, the form inquires if the detainee identifies as lesbian, gay, bisexual, transgender/intersex or gender non-conforming; if the detainee has been forced or threatened to engage in sexual activity while at the facility, and if they feel safe. An interview with the Classification Supervisor, indicated a reassessment is completed between 60 to 90 days, and completed if new information is learned or if the detainee was involved in an incident of sexual abuse. The Auditor reviewed 27 detainee files and confirmed 20 files contained the PREA Vulnerability Reassessment Questions that had been completed between 60 to 90 days. The additional seven files indicated that the reassessment had not been completed at the time of the review, because the detainee had recently entered the facility. The Auditor reviewed a memorandum to the file, which states, "For the current audit period, detainees did not require a reassessment as a result of an incident of sexual abuse or victimization." The Auditor reviewed seven investigation files and confirmed a reassessment had been completed on only one of the alleged detainee victims.

Does Not Meet (e): The facility is not in compliance with subsection (e) of the standard. The Auditor reviewed a memorandum to the file, which states, "For the current audit period, detainees did not require a reassessment as a result of an incident of sexual abuse or victimization." The Auditor reviewed seven investigation files and confirmed a reassessment had been completed on only one of the alleged detainee victims. To become compliant the facility must implement a practice that ensures all detainees are reassessed following an incident of abuse or victimization. In addition, the facility must train all applicable staff on the implemented policy. If applicable, the facility must provide the Auditor with all allegations of sexual abuse investigation files and the corresponding reassessment of the alleged detainee victim that occurred during the CAP period.

Corrective Action Taken (e): The facility submitted GEO policy 11.1.6-A that states, "Detainee's risk level shall be reassessed at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization. In addition, the facility provided documentation to confirm classification staff, supervisors, and mental health staff have been trained on GEO policy 11.1.6-A. The facility provided the Auditor with two sexual abuse investigation files, which confirmed both detainee victims had been reassessed after reporting an allegation of sexual abuse. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (e) of the standard.

§115. 54 - Third-party reporting

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

Notes:

GEO policy 11.1.6.A states, "Each facility shall post publicly GEO third-party reporting procedures. In addition, GEO shall post on its website its methods of receiving third-party reports of Sexual Abuse or Assault on behalf of Detainees. In all facilities, third party reporting posters shall be posted in all public areas within the facility." The Auditor reviewed the GEO website www.geogroup/prea and confirmed the website advises the public how to report allegations of sexual abuse/sexual Harassment of someone in a GEO facility. Directions are provided to locate the facility and the contact information for the facility Administrator's Office to make a report. In addition, contact information is provided to contact the GEO PREA Coordinator and an email address is provided. In addition, the Auditor sent a test email to the address provided on the

website, as of the writing of this report, the Auditor had not received a response or acknowledgement the email had been received.

Does Not Meet: The facility is not in compliance with standard 115.43. Although the facilities post how to report a third-party allegation of sexual abuse on their website, the Auditor sent a test email during the on-site audit and has not received a response, which indicates the email address provided is not in working order. To become compliant the facility must establish a method to receive third-party reports of sexual abuse. Once the method is implemented the facility must provide the established method to be implemented. In addition, the facility must submit documentation that the established method includes the person receiving the third-party report forwards said report to the facility for investigation.

Corrective Action Taken: The facility provided the Auditor a memorandum which documents the established procedure for processing third party reports of sexual abuse. In addition, the facility submitted a copy of the Third-party Reporting Log that confirms the Third-party reporting email group mailbox is working. The facility is now in compliance with standard 115.54.

§115.64 - Responder duties

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

Notes:

(a)(b): GEO policy 11.1.6.A states, "Upon receipt of a report that an Individual in a GEO Facility or Program was sexually abused, or if the Employee sees abuse, the first security staff member to respond to the report shall: a. Separate the alleged victim and abuser; b. Immediately notify the on duty or on call supervisor and remain on scene until relieved by responding personnel; c. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; d. If the sexual abuse occurred within 96 hours, ensure that the alleged victim or abuser do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing cloths, urinating, defecating, smoking, drinking, eating; e. The alleged victim and abuser should be placed (separately) in a dry cell or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; until the forensic examination can be performed; f. A security staff member of the same sex shall be placed outside the cell or area for direct observation to ensure these actions are not performed, and g. If the first responder is not a security staff member, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence, remain with the alleged victim, and notify Security Staff." The facility Sexual Abuse and Assault Prevention and Intervention (PREA) training curriculum states, "Upon receipt of a report of Sexual Abuse, the first Security Staff Person to respond must: separate the alleged victim and abuser, immediately notify the on duty or on call supervisor and remain on the scene until relieved by responding personnel; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; request alleged victim and ensure abuser take any actions that could destroy physical evidence, including, as appropriate washing, brushing teeth, changing cloths, urinating, defecating, smoking, drinking, eating; 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." The SAAPI Incident Checklist for Incidents of Sexual Abuse and Harassment states, "If sexual assault alleged to have occurred within previous 96 hours place the victim in Infirmary Isolation cell and request the victim does not destroy evidence by washing, brushing teeth, changing cloths, urinating, defecating, smoking, drinking, eating." An interview with the FA confirmed that GEO policy 11.1.6.A is the facility coordinated response plan. The Auditor reviewed the facility first responder cards, which are provided to all security line staff and are worn on their lanyards. The cards stated, "Shall ensure that the alleged victim or abuser not take any actions that could destroy physical evidence." The facility immediately corrected the cards to state "Shall request the alleged victim and ensure the abuser not take any actions that could destroy physical evidence" and distributed the updated cards to all security line staff during the on-site audit. Interviews with security line staff and supervisors indicated if detainee reported an allegation of sexual abuse to them, they would separate the detainee, call for backup, secure the scene and request the detainee victim and ensure the abuser does not take any action that could destroy physical evidence. An interview with a non-custody staff member, indicated she would tell them to stop and call for backup. During each interview, the Auditor confirmed the security line staff and supervisors did have the updated card on their person.

Does Not Meet (a): The facility is not in compliance with subsection (a) of this standard. The facility's coordinated response plan states, "If the sexual abuse occurred within 96 hours, ensure that the alleged victim or abuser do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating; e. The alleged victim and abuser should be placed (separately) in a dry cell or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; until the forensic examination can be performed. To become compliant the facility shall revise and implement the coordinated response plan to include first responder duties, 3) if the abuse occurred within a time period

that still allows for the collection of physical evidence, request the victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, smoking, drinking, or eating. Once the coordinated response plan has been revised, the facility shall train all security line staff and supervisors on 1st responder duties and provide documentation of such training to the Auditor.

Corrective Action Taken (a): The facility submitted the updated coordinated response plan which includes the requirement if the abuse occurred within a time period that still allows for the collection of physical evidence staff shall request the victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, smoking, drinking, or eating. In addition, the facility provided documentation to confirm all security line staff and supervisors have been trained on the updated coordinated response plan. The facility is now in compliance with subsection (a) of the standard.

§115. 65 - Coordinated response

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

Notes:

(a)(b): GEO policy 11.1.6.A states, "Upon receipt of a report that an Individual in a GEO Facility or Program was sexually abused, or if the Employee sees abuse, the first security staff member to respond to the report shall: a. Separate the alleged victim and abuser; b. Immediately notify the on duty or on call supervisor and remain on scene until relieved by responding personnel; c. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; d. If the sexual abuse occurred within 96 hours, ensure that the alleged victim or abuser do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing cloths, urinating, defecating, smoking, drinking, eating; e. The alleged victim and abuser should be placed (separately) in a dry cell or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; until the forensic examination can be performed; f. A security staff member of the same sex shall be placed outside the cell or area for direct observation to ensure these actions are not performed, and g. If the first responder is not a security staff member, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence, remain with the alleged victim, and notify Security Staff." An interview with the FA, indicated GEO policy 11.1.6.A is the facility's coordinated response plan to coordinate the actions taken by first responders, investigators, medical and mental health, and the facility leadership. A review of the facility coordinated response plan, confirmed the plan coordinates the action taken by the first responders, medical and mental health practitioners, investigators, and the facility leadership in response to an incident of sexual abuse; however, a review of the Coordinated Response plan requires security first responders ensure that the alleged victim or abuser do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing cloths, urinating, defecating, smoking, drinking, eating. In addition, the Auditor reviewed the facility first responder cards, which are provided to all security line staff and are worn on their lanyards. The cards stated, "Shall ensure that the alleged victim or abuser not take any actions that could destroy physical evidence." The facility immediately corrected the cards to state "Shall request the alleged victim and ensure the abuser not take any actions that could destroy physical evidence" and distributed the updated cards to all security line staff during the on-site audit. Interviews with security line staff and supervisors indicated if detainee reported an allegation of sexual abuse to them, they would separate the detainee, call for backup, secure the scene and request the detainee victim and ensure the abuser does not take any action that could destroy physical evidence. The Auditor reviewed seven investigation files and confirmed the facility utilized a coordinated, multidisciplinary response, in responding to each allegation.

Does Not Meet (a): The facility is not in compliance with subsection (a) of this standard. The facility's coordinated response plan states, "If the sexual abuse occurred within 96 hours, ensure that the alleged victim or abuser do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing cloths, urinating, defecating, smoking, drinking, eating; e. The alleged victim and abuser should be placed (separately) in a dry cell or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; until the forensic examination can be performed." To become compliant the facility shall revise and implement the coordinated response plan to include first responder duties and if the abuse occurred within a time period that still allows for the collection of physical evidence, request the victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, smoking, drinking, or eating. Once the coordinated response plan has been revised, the facility shall train all security line staff and supervisors on 1st responder duties and provide documentation of such training to the Auditor.

Corrective Action Taken (a): The facility submitted the updated coordinated response plan which includes the requirement if the abuse occurred within a time period that still allows for the collection of physical evidence staff shall request the victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, smoking, drinking, or eating. In addition, the facility provided documentation to confirm

security line staff and supervisors have been trained on the updated coordinated response plan. The facility is now in compliance with subsection (a) of the standard.

§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)(c): GEO policy 11.1.6.A states, "Facilities are 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 Corporate PREA Coordinator may attend via telephone or in person. A DHS Sexual Abuse or Assault Incident Review form of the team's findings shall be completed and submitted to the local PSA Manager and the Corporate PREA Database. The Facility shall implement the recommendations for improvement or document its reasons for not doing so. GEO policy 11.1.6.A further states, "Annually, each Facility shall conduct a review of all Sexual Abuse investigations resulting incident reviews to assess and improve Sexual Abuse intervention, prevention, and response efforts. If the Facility has not had any reports of Sexual Abuse during the annual reporting period, then the Facility shall prepare a negative report. Facilities shall document the review utilizing the "DHS Annual Review of Sexual Abuse Incidents" form. The results and finding shall be provided to the FA, Field Officer Director, or his/her designee and Corporate PREA Coordinator upon completion." In an interview with the PSA Compliance Manager, it was indicated that the review team consists of upper-level management officials and allows for input from the security line supervisors, investigators, and medical and mental health practitioners. The PSA Compliance Manager further indicated that the facility would do an incident review utilizing a Sexual Abuse or Assault Incident Review form on all investigations, including those determined to be unfounded, within 30 days of the conclusion of the investigation; in an interview with the PSA Compliance Manager, it could not be confirmed that the incident reviews and the corresponding report would be forwarded to the Agency PSA Coordinator. The Auditor reviewed the form and confirmed it contained all elements required by subsection (b) of the standard. In addition, the Auditor reviewed seven sexual abuse allegation investigation files and confirmed each investigation contained a Sexual Abuse or Assault Incident Review form completed within 30 days of the conclusion of the investigation. In addition, the Auditor reviewed the DVA 2022 Annual Review of Sexual Abuse Investigations and Corrective Action Plan and confirmed its completion and that it had been forwarded to the ICE FOD and the Director of Contract Compliance; however, the Auditor could not confirm the report had been sent to the Agency PSA Coordinator. The facility did not submit a report that included AIPC allegations or a negative report from AIPC.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. The Auditor reviewed the submitted 2022 Annual Review of Sexual Abuse Investigations and Corrective Action Plan and confirmed its completion and that it had been forwarded to the ICE Field Officer Director and the Director of Contract Compliance; however, the Auditor could not confirm the report has been sent to the Agency PSA Coordinator. In addition, the facility did not submit a report that included AIPC allegations or a negative report from AIPC. To become compliant the facility must provide the Auditor with documentation the DVA annual report was submitted to the Agency PSA Coordinator. The facility must provide the Auditor with documentation that an annual report, or negative report, for 2022, which includes AIPC, was submitted to the facility administrator, ICE FOD, and the Agency PSA Coordinator. In addition, the facility must provide the Auditor with the annual reports, or negative reports, for the year 2023.

Corrective Action Taken (c): The facility submitted an email to ERO Sexual Assault with attachments that include annual reports for AIPC and DVA. In addition, the submitted emails confirm that the annual reports were addressed to the ICE ERO SAAPI email address confirming the transmission to the ICE Agency PSA Coordinator. As the facility submitted the annual report for 2022 that included both AIPC and DVA the Auditor no longer requires the facility submit a copy of the annual report for the year 2023. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

AUDITOR CERTIFICATION:

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

Robin M. Bruck

August 31, 2023

Auditor's Signature & Date

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

September 30, 2023

Assistant Program Manager's Signature & Date

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

September 30, 2023

Program Manager's Signature & Date

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



**Homeland
Security**

AUDIT DATES

From:	2/28/2023	To:	3/2/2023
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AUDITOR INFORMATION

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

PROGRAM MANAGER INFORMATION

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

AGENCY INFORMATION

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

Name of Field Office:	Los Angeles Field Office
Field Office Director:	Thomas P. Giles
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	300 North Los Angeles St., Los Angeles, CA 90012
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:	Adelanto ICE Processing Center and Desert View
Physical address:	10450 Rancho Road, Adelanto, CA 92301
Mailing address: (if different from above)	Same as above
Telephone number:	760-246-1171
Facility type:	CDF
PREA Incorporation Date:	10/26/2020

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	760-561-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone number:	760-561-(b) (6), (b) (7)(C)

ICE HQ USE ONLY

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

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of Adelanto ICE Processing Center (AIPC) and Desert View Annex (DVA) was conducted February 28 through March 2, 2023, by U.S. Department of Justice (DOJ) and DHS Certified PREA Auditors Robin M. Bruck and Jodi L. Upshaw, both employed by Creative Corrections, LLC. The Auditors were provided guidance and review during the audit report writing and review process by U.S. Immigration and Customs Enforcement (ICE) PREA Contract Program Manager (PM) (b) (6), (b) (7)(C) and Assistant Program Manager (APM) (b) (6), (b) (7)(C), both DOJ and DHS Certified PREA Auditors. The PM's role is to provide oversight for the ICE PREA audit process and liaison with ICE Office of Professional Responsibilities (OPR), External Reviews and Analysis Unit (ERAU) during the audit review process. The purpose of the audit was to assess the facility compliance with the DHS PREA Standards. AIPC and DVA are privately owned by GEO Group and operate under contract with the DHS ICE, Office of Enforcement and Removal Operations (ERO). Both facility Pre-Audit Questionnaires (PAQ) indicate the facilities do not house juveniles or family detainees. AIPC/DVA is in Adelanto, California. The audit is the third DHS PREA audit for AIPC, and includes a review of period between March 3, 2022, through March 2, 2023. This is the first DHS PREA audit for DVA and includes a review period between October 26, 2020, through March 2, 2023.

AIPC houses adult male and female detainees with various custody levels, whose immigration cases are moving through the court system. The facility does not house non-ICE detainees. AIPC design capacity is 1940, and currently houses 18 Ice detainees, which includes 16 male detainees and 2 female detainees. The top three nationalities at the facility are Spanish, Chinese and French. AIPC is under a court order, which does not allow the facility to process new detainees into the facility; and therefore, detainees are only being released from the facility. AIPC is divided by east and west and consists of six buildings. The male housing units are located on the "West" side of the facility, which include 288 multi-occupancy cells and seven open bay dormitories, a 32-bed segregation unit, medical unit (12 infirmary beds and 2 mental health), intake, recreation areas, chapel, laundry, food service, court rooms and visitation. The "East" side of the facility houses female detainees in one open bay dormitory with surrounding individual cells and the facility administrative staff.

DVA was added to the Processing Center in October 2020. . DVA design capacity is 704, with a current capacity of 113 male detainees and zero female detainees. DVA houses only adult male and female detainees with various custody levels whose immigration cases are moving through the court system. The top three nationalities of the facility population are Spanish, Chinese, and French. DVA consists of one building with 8 open bay dormitories, a 6-bed segregation unit, a medical unit with 2 beds, intake, recreation areas, chapel, laundry, food service, court rooms and visitation. DVA shares the "East" side administrative building with AIPC.

Approximately four weeks prior to the on-site audit, the ERAU Team Lead (TL), (b) (6), (b) (7)(C) provided the Auditor with both the facility PAQs, Agency policies, facility policies and other documentation to support compliance with the standards. The PAQ's and supporting documentation was organized with the PREA Pre-Audit: Policy and Document Request DHS Immigration Detention Facilities form and placed into folders for ease of auditing. The main policy that governs AIPC and DVA is 11.1.6.A Prevention of Sexual Assault and Abuse. All documentation, policies, and the facilities PAQ's were reviewed by the Auditor. In addition, the Auditor reviewed the agency and the facility websites. An entrance briefing was held in the AIPC conference room on Tuesday, February 28, 2023, at 8:15 a.m. The ICE ERAU TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C), TL, Inspections and Compliance Specialist (ICS), ICE/OPR/ERAU
(b) (6), (b) (7)(C), Deputy Facility Administrator (DFA), GEO
(b) (6), (b) (7)(C), Assistant Facility Administrator (AFA), GEO
(b) (6), (b) (7)(C), Facility Administrator (FA), GEO
(b) (6), (b) (7)(C), PSA Compliance Manager, GEO
(b) (6), (b) (7)(C), Licensed Vocational Nurse (LVN), GEO
(b) (6), (b) (7)(C), Chief of Security, GEO
(b) (6), (b) (7)(C), Security Grievance Officer (GO), GEO
(b) (6), (b) (7)(C), Medical Compliance Manager, GEO
(b) (6), (b) (7)(C), PREA Manager, GEO
(b) (6), (b) (7)(C), Food Service Compliance Auditor, GEO
(b) (6), (b) (7)(C), Detention and Deportation Officer (DDO), ICE HQ
(b) (6), (b) (7)(C), PREA Investigator, GEO
(b) (6), (b) (7)(C), Business Manager, GEO
(b) (6), (b) (7)(C), Training Administrator (TA), GEO
(b) (6), (b) (7)(C), Human Resource Manager (HR), GEO
(b) (6), (b) (7)(C), Supervisory Detention and Deportation Officer (SDDO), ICE/ERO
(b) (6), (b) (7)(C), SDDO, ICE/ERO
(b) (6), (b) (7)(C), Detention and Deportation Officer (DDO), ICE/ERO
(b) (6), (b) (7)(C), Assistant Field Office Director (AFOD), ICE/ERO
(b) (6), (b) (7)(C), Deputy Field Officer Director (DFOD), ICE/ERO
(b) (6), (b) (7)(C), Registered Nurse (RN), GEO

(b) (6), (b) (7)(C), Licensed Vocational Nurse (LVN), GEO
Robin M. Bruck, Lead Auditor, Creative Corrections, LLC
Jodi Upshaw, Auditor, Creative Corrections, LLC

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

An on-site tour was conducted by the Auditors with key staff from GEO and ICE. All housing units were toured, as well as program areas, control centers, booking/intake, recreation areas, and medical areas. All areas of the facilities where detainees are afforded the opportunity to go or provided services, were observed by the Auditors. During the tour, the Auditors made visual observations of the housing units including bathrooms and shower areas, officer post sight lines and camera locations. Sight lines were closely examined, as was the potential for blind spots, throughout areas where detainees are housed or have access. There were no notable blind spots with either facility. AIPC (b) (7)(E)

Video footage can be stored up to 90 days. DVA (b) (7)(E)

(b) (7)(E) Video footage can be stored on the local domain server for up to 90 days. During the on-site audit, the Auditors observed the (b) (7)(E) Staff are unable to zoom into individual cells without causing distortion. In areas where a toilet or shower was in view of the cameras, a white square had been digitally added to obstruct the view. During the on-site audit, the Auditors spoke informally to staff and detainees regarding PREA education and the facility practices. Both staff and detainees appeared to be knowledgeable of the Agency's and the facility's zero tolerance and PREA in general. The Auditor reviewed the facility housing unit logbooks and confirmed that the security line staff and the supervisors are conducting rounds within the facility.

A review of the AIPC PAQ indicates the facility employs 472 employees who may have recurring contact with detainees consisting of 328 security staff, 208 males and 120 females; 68 medical staff; 9 mental health staff; food service, maintenance, and religious services. A review of the DVA PAQ indicates the facility employs 142 staff who may have recurring contact with detainees consisting of 105 security staff, 46 males and 59 females; 15 medical staff; 6 mental health staff, food service, maintenance, and religious services. The FA, PSA Compliance Manager and the Health Services Administrator oversee both facilities. In addition, both facilities contract with Keefe for detainee commissary, Talton for phone service and Orkin for pest control.

The Auditor was provided with staff and detainee rosters for random selection of staff and detainees for formal interviews. A total of 31 staff interviews were conducted during the on-site visit consisting of 11 random GEO Group staff (including line-staff and first-line supervisors), and 20 specialized staff to include: the FA, PSA Compliance Manager, ICE Contracting Officer Representative (COR), SDDO, Human Resources (HR), Training Supervisor, intake staff (2), Investigator, Grievance Coordinator (GC), Classification Supervisor, and medical staff and mental health staff (3), consisting of Medical Compliance Manager, a nurse practitioner, a Doctor of Psychology. The Auditor interviewed 15 detainees, which included 3 detainees who were limited English proficient (LEP) and required the use of a language line through Language Services Associates (LSA) provided by Creative Corrections. There was one deaf detainee and one detainee who had reported sexual abuse, however; interviews could not be conducted with either detainee, as both were under quarantine for Covid.

The facility uses two trained investigators to complete all allegations of sexual abuse. A review of the facility allegation spreadsheet indicated six allegations of sexual abuse were reported at AIPC/DVA during the audit period. However, the Auditor reviewed seven closed investigations. Six cases were determined to be unfounded by the facility investigator and one case was unsubstantiated. The review of the PREA allegation spreadsheet further confirmed the ICE OPR was notified of six of the allegations as documented in the investigation files. There was one investigation that did not appear on the PREA allegation spreadsheet; however, the Auditor confirmed through review of the investigation that notifications had been made and were documented. There were no cases referred for prosecution.

An exit briefing was held in the AIPC conference room on Thursday, March 2, 2023, at 8:15 a.m. The ICE ERAU TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C), TL, (ICS), ICE/OPR/ERAU
(b) (6), (b) (7)(C), Deputy Facility Administrator (DFA), GEO
(b) (6), (b) (7)(C), Assistant Facility Administrator (AFA), GEO
(b) (6), (b) (7)(C), Facility Administrator (FA), GEO
(b) (6), (b) (7)(C), PSA Compliance Manager, GEO
(b) (6), (b) (7)(C), Licensed Vocational Nurse (LVN), GEO
(b) (6), (b) (7)(C), Chief of Security, GEO
(b) (6), (b) (7)(C), Medical Compliance Manager, GEO
(b) (6), (b) (7)(C), PREA Manager, GEO
(b) (6), (b) (7)(C), Food Service Compliance Auditor, GEO
(b) (6), (b) (7)(C), Detention and Deportation Officer (DDO), ICE HQ

(b) (6), (b) (7)(C), PREA Investigator, GEO
(b) (6), (b) (7)(C), Business Manager, GEO
(b) (6), (b) (7)(C), Training Administrator (TA), GEO
(b) (6), (b) (7)(C) Human Resource Manager (HRM), GEO
(b) (6), (b) (7)(C), Supervisory Detention and Deportation Officer (SDDO), ICE/ERO
(b) (6), (b) (7)(C), Human Resource, GEO
(b) (6), (b) (7)(C), SDDO, ICE/ERO
(b) (6), (b) (7)(C), Doctor of Psychology, GEO
(b) (6), (b) (7)(C), Detention and Deportation Officer (DDO), ICE/ERO
(b) (6), (b) (7)(C), Assistant Field Office Director (AFOD), ICE/ERO
(b) (6), (b) (7)(C), Deputy Field Officer Director (DFOD), ICE/ERO
(b) (6), (b) (7)(C) Registered Nurse (RN), GEO
(b) (6), (b) (7)(C), Licensed Vocational Nurse (LVN), GEO
(b) (6), (b) (7)(C), Detention Officer, Spectrum
(b) (6), (b) (7)(C), Detention Officer, Spectrum
Robin M. Bruck, Lead Auditor, Creative Corrections, LLC
Jodi Upshaw, Auditor, Creative Corrections, LLC

The Auditor briefly discussed a few areas of non-compliance, however; the Auditor informed those in attendance that final compliance determinations could not be made until a review of documentation, site review notes, and interviews were compiled. The Auditor thanked those in attendance for cooperation during the audit.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 0

Number of Standards Not Applicable: 1

§115.14 Juvenile and family detainees

Number of Standards Met: 31

§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

§115.18 Upgrades to facilities and technologies

§115.21 Evidence protocols and forensic medical examinations

§115.32 Other training

§115.33 Detainee education

§115.34 Specialized training: Investigations

§115.35 Specialized training: Medical and Mental Health care

§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

§115.61 Staff reporting duties

§115.62 Protection duties

§115.63 Reporting to other confinement facilities

§115.66 Protection of detainees from contact with alleged abusers

§115.67 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

§115.87 Data collection

§115.201 Scope of audits.

Number of Standards Not Met: 9

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

§115.17 Hiring and promotion decisions

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

§115.31 Staff training

§115.41 Assessment for risk of victimization and abusiveness

§115.54 Third-party reporting

§115.64 Responder duties

§115.65 Coordinated response

§115.86 Sexual abuse incident reviews

PROVISIONS

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

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

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

Notes:

(c): GEO policy 11.1.6.A mandates zero-tolerance towards all forms of sexual abuse and sexual harassment. The policy includes definitions of sexual abuse and general PREA definitions. In addition, the policy outlines the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment through; but not limited to, hiring practices, training, unannounced rounds, mandatory reporting, investigations, and support from victim advocates. During the on-site audit, the Auditor observed the DHS sexual abuse and assault awareness notice posted in all housing units of both facilities. Interviews with facility staff indicated they were knowledgeable regarding the facility's zero-tolerance policy. Interviews with the FA, SDDO and review of GEO policy 11.1.6.A confirmed the policy has been reviewed and approved by the Agency.

(d): GEO policy 11.1.6.A states, "Each FA 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." An interview with the PSA Compliance Manager indicated she has sufficient time and authority to oversee the facility efforts to comply with the facility sexual abuse prevention and intervention policies and procedures. In addition, she indicated she is the point of contact for both the Agency PSA Coordinator and for the GEO Corporate PREA Coordinator.

§115.13 - Detainee supervision and monitoring.

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

Notes:

(a)(b)(c): GEO policy 11.1.6.A states, "Facility 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. Facilities shall develop and document comprehensive Detainee supervision guidelines to determine and meet the Facility's Detainee supervision needs and shall review those guidelines at least annually. In determining adequate levels of Detainee supervision and determining the need for video monitoring, the Facility shall take into consideration: generally accepted detention practices; any judicial findings of inadequacy; the physical layout of the facility; the composition of the Detainee population; the prevalence of substantiated and unsubstantiated incidents of Sexual Abuse; the findings and recommendations of Sexual Abuse incident review reports; and any other relevant factors, including but not limited to the length of time Detainees spend in Facility custody." A review of the AIPC PAQ, indicates the facility employs 328 security staff which includes (208 males and 120 females) that may have reoccurring contact with detainees. The remaining staff includes food service and maintenance. The facility staffing also includes 68 medical and 9 mental health staff. A review of the DVA PAQ, indicates the facility employs 105 security staff, which includes (46 males and 59 females) who may have reoccurring contact with detainees. The remaining staff includes food service and maintenance. The facility staffing also includes 15 medical and 6 mental health staff. In addition, there are 47 ICE personnel on-site, that cover both facilities. Security line staff at both facilities work in three 8½ hour shifts (0600-1430, 1400-2230, 2200-0630). Religious services at both facilities are provided by volunteers. Interviews with the FA and PSA Compliance Manager, and a review of the facilities' 2022 staffing plan and meeting notes, indicated both staffing plans take into consideration when determining adequate staffing levels, and the need for video monitoring; generally accepted detention practices; judicial findings of inadequacy; the physical layout of the facility; the composition of the Detainee population; the prevalence of substantiated and unsubstantiated incidents of Sexual Abuse; the findings and recommendations of Sexual Abuse incident review reports; and any other relevant factors. The Auditor observed adequate staffing levels while on-site. During the on-site audit, the Auditor reviewed the facility post orders and confirmed they had been updated in 2022. An interview with the PSA Compliance Manager indicated the facility is in the process of updating the post orders for 2023.

AIPC (b) (7)(E)

and DVA (b) (7)(E)

and is continuously monitored from the control center. The facility PSA Compliance Manager and Investigators have full access and can save footage on the server for a total of 90 days.

(d): GEO policy 11.1.6.A states, "Facility shall implement a policy and practice requiring department heads, facility management staff and supervisors to conduct and document unannounced security inspections within their respective areas to identify and deter Sexual Abuse of Detainees. Such policy and practice shall be implemented frequently for all shifts. Inspections will occur on night as well as day shift." An interview with a security staff supervisor, indicated supervisors are required to conduct PREA unannounced rounds on every shift, at random times. The facility provided the Auditor with samples of nine logbook entries which document unannounced security inspections are occurring on all shifts, on different days and at different times.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a)(b)(c)(d): AIPC/DVA does not house juveniles or family detainees. A review of the PAQ, interviews with the FA and custody line staff, confirmed the facility does not house juveniles or family detainee units. In addition, the Auditor reviewed memorandums to the file which state that AIPC/DVA does not detain juveniles nor do family units exist.

§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)(f): GEO policy 11.1.6.A states, "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. Facilities shall not permit cross-gender pat-down searches of female Detainees, absent Exigent Circumstances." GEO policy 11.1.6.A further states, "Facility shall document all strip searches, visual body cavity searches and cross gender pat-down searches." Interviews with 10 security line staff and supervisors indicated cross-gender pat-down searches are not conducted on detainees. They further indicated that they had not conducted or ever witnessed a cross-gender pat-down search during the audit period and were aware that all cross-gender pat-down searches and cross-gender visual body cavity searches must be documented. Interviews with 15 detainees indicated they have been pat-search at the facility and that the pat-down search had been conducted by staff of the same gender. During the on-site audit, the Auditor viewed a video of a detainee pat-search and confirmed it was conducted in a professional and respectful manner by staff of the same gender.

(e): GEO policy 11.1.6.A states, "Cross-gender strip searches or cross-gender visual body cavity searches shall not be conducted except in Exigent Circumstances, including consideration of officer safety, or when performed by Medical Practitioners." The Auditor reviewed the facility Sexual Abuse and Assault Prevention and Intervention (PREA) training curriculum, which states, "In all facilities, all cross-gender strip searches and visual body cavity searches are prohibited, except in exigent circumstances or when performed by medical practitioners." Interviews with 10 security line staff and supervisors indicated cross-gender strip searches or cross-gender visual body cavity searches are not conducted at the facility. They further indicated that they had not conducted or witnessed a cross-gender strip search or cross-gender visual body cavity search during the audit period. Interviews with 15 detainees indicated that they have not been strip searched at the facility.

(g): GEO policy 11.1.6.A states, "Facility policies and procedures shall require Employees of the opposite gender to announce their presence when entering housing units or any areas where detainees are likely to be showering, performing bodily functions, or changing clothes. In addition, GEO policy 11.1.6.A states, "Facility shall implement policies and procedures which allow Detainees to shower, change clothes and perform bodily functions without Employees of the opposite gender viewing them, absent Exigent Circumstances or instances when the viewing is incidental to routine cell checks or otherwise appropriate in connections with a medical examination or monitored bowel movement." Interviews with 10 security line staff and supervisors indicated they are required to announce their presence when entering a housing unit of the opposite gender. Interviews with 15 detainees confirmed the opposite gender announce their presence when entering the housing units and to their knowledge they have never been seen in a state of undress by any of the staff. During the on-site audit, the Auditor observed staff announcing their presence when entering the housing units.

(h): AIPC/DVA are not designated as Family Residential Centers; therefore, provision (h) is not applicable.

(i)(j): GEO policy 11.1.6.A states, "Facilities shall not search or physically examine a Transgender or Intersex individual in a GEO Facility or Program solely to determine their genital status. If the genital status is unknown, it may be determined during conversations with the individual, by reviewing medical records, or by learning the information as part of a broader medical examination conducted in private by a Medical Practitioner. Security staff shall be trained to conduct cross-gender pat-down searches and searches of Transgender and Intersex detainees in a professional and respectful manner." The Auditor reviewed the facility Sexual Abuse and Assault Prevention and Intervention (PREA) training curriculum, which states, "Remember, the PREA Standards impose a complete ban on searching or physically examining a transgender or intersex detainee or resident for the sole purpose of determining their genital status." Interviews with 10 security line staff and supervisors, indicated they would not search or physically examine a transgender or intersex detainee for the sole purpose of determining their genital status. In addition, they reported that they have received cross-gender pat-search training and training on conducting a pat-search of a transgender or intersex detainee. An interview with the facility TA, and review of the facility pat-search training curriculum, confirmed that security staff receive training in proper procedures for conducting pat-down searches to include in a professional and respectful manner, and in the least intrusive manner as possible, consistent with security needs, including consideration of officer safety. In addition, security line staff and supervisors could articulate the differences between a pat-search of a detainee and a pat-search of a transgender detainee. The Auditor reviewed 31 employee files and confirmed all 31 employees had received training in the proper procedures to conduct pat-down searches, including cross-gender pat-down searches and searches of transgender and intersex detainees.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): GEO policy 11.1.6.A states, "Facilities shall ensure that detainees with disabilities (i.e., those who are deaf, hard of hearing, blind, 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. GEO shall ensure that all Facilities provide written materials to every detainee in formats or through methods that ensure effective communication 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." GEO policy 11.1.6.A further states, "The facility shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary." During an informal interview with Intake staff, the Auditor confirmed, upon intake each detainee is provided an "Activation Packet." The Auditor reviewed the packet which includes: 1) a memorandum, which informs the detainee of the facility's zero-tolerance policy, how to safeguard against attempts of sexual abuse or sexual harassment, how to avoid any activity which could place the detainee into a position of vulnerability and what steps to take if the detainee were to become a victim of sexual abuse. In addition, it informs the detainee all incidents are investigated, information is maintained with strict confidentiality and all incidents are reported to law enforcement to be reviewed for prosecution. Detainees sign acknowledgment of receipt of this memorandum. In addition, the form indicates, how the information was given to the detainee, i.e., if the language line, iPad or staff were used to translate. 2) A Handbook, Forms, and Video Verification form. This form is used to document by detainee signature, that he/she received the facility Supplemental Detainee Handbook, ICE National Detainee Handbook (includes what language the detainee received the handbooks) and all PREA information (includes in what language the detainee received the information). The form indicates if the language line/staff was used to provide the information to the detainee, what language was used and the ID number for the translator used; 3) the facility Supplemental Detainee Handbook, which is available in seven languages to include English, Spanish, Chinese, Czech, French, Punjabi, and Vietnamese; 4) The ICE National Detainee Handbook which is available in 14 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese; 5) The DHS-prescribed SAA Information pamphlet available in 15 most prevalent languages encountered by ICE, (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Vietnamese, Turkish, and Ukrainian, in addition, the pamphlet is included in the facility handbook in seven languages; 6) a Zero-Tolerance flyer, which informs the detainees how to report sexual abuse anonymously, how to access Partners Against Violence and that calls to PAV are unmonitored and at no cost. The Auditor confirmed this document is available in English, Spanish, and Haitian Creole. An interview with facility Intake staff, indicated reasonable accommodations are made to ensure a detainee receives notification, orientation and instruction on the facility sexual abuse prevention and response to include but limited to the use of a TTY/TDD phone, video remote interpreting via I-pad, hearing aid/amplifier, ICE Effective Communication card for the deaf detainees, Eye-Pal Reader, Audio Books, Braille books for the blind, the Eye-Pal reader can also be used for those with limited reading skills. Interviews with 10 security line staff and supervisors, indicated if a detainee was intellectual, psychiatric or speech disabilities, staff would talk slow on their level and would request the detainee repeat the information back to them to confirm it was understood. Interviews with 15 detainees confirmed they were provided the PREA information in a manner they could understand. During the on-site audit there was one detainee who was deaf housed at the facility; however, he was housed in a COVID quarantine unit; and therefore, unavailable for interview. In addition, during the on-site audit, the Auditor observed, postings in the housing unit which included; the DHS-prescribed SAA Information pamphlet in all 15 most encountered languages by ICE, the DHS-prescribed sexual assault awareness notice, the contact information for the DHS Office of Inspector General (OIG), and the ICE Effective Communication card for the deaf or hard of hearing detainees, and a facility zero-tolerance flyer, which included how to report sexual abuse anonymously and included the contact information for PAV, in English, Spanish, and Haitian Creole. The Auditor reviewed 26 Detainee files; each file indicated that PREA information was received during the intake process. All files contained the signed memorandum and the Handbook, Forms, and Video Verification documenting all information contained in the "activation packet" had been received and in what language it was provided.

(c): GEO policy 11.1.6.A states, "In matters relating to Sexual Abuse, Facilities 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 this type of circumstances shall be justified and fully documented in the written investigative report. 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." The Auditor reviewed the facility Sexual Abuse and Assault Prevention and Intervention (PREA) training curriculum which states, "Detainee interpreters, detainee readers or other types of detainee assistants may not be used unless the detainee expresses a preference for a detainee interpreter and the Facility determines that such interpretation is appropriate. Minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser shall not be utilized as interpreters in matters relating to allegations of Sexual Abuse." Interviews with 10 security line staff and supervisors indicated that they would not use a detainee for interpreter services under any circumstance including if the alleged detainee victim requests another detainee to interpret and the Agency determines such interpretation is appropriate and consistent with DHS policy.

Does Not Meet (c): The facility is not in compliance with subsection (c) of this standard. GEO policy 11.1.6.A states, "In matters relating to Sexual Abuse, Facilities 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." Interviews with 10 security line staff and supervisors, indicated that they would not use a detainee for interpreter services under any circumstance including if the alleged detainee victim requests another detainee to interpret and the Agency determines such interpretation is appropriate and consistent with DHS policy. To become compliant the facility must establish a procedure to include the facility will not use a detainee for interpretation services unless the detainee expresses a preference for another detainee to provide interpretation and Agency determines such interpretation is appropriate and consistent with DHS policy. In addition, the facility must document that all security line staff and supervisors received training on the implemented procedure.

§115.17 - Hiring and promotion decisions.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, collectively require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks. ICE Directive 7-6.0 outlines "misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application." The Unit Chief of OPR Personnel Security Operations (PSO) informed auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. GEO policy 11.1.6. A states, "GEO facilities are prohibited from hiring, promoting or contracting with anyone who will have direct contact with detainees who has engaged in Sexual Abuse in a prison, jail, holding facility, community confinement facility, juvenile facility or any other institution who has been convicted of engaging in sexual activity facilitated by force, overt or implied threats of force, or coercion, if the victim did not consent or was unable to consent or refuse; or who was civilly or administratively adjudicated to have engaged in such activity in confinement settings or in the community." The Auditor reviewed GEO Employment Questionnaire and confirmed that all applicants are asked about previous misconduct required by this standard. Additionally, the application informs the applicant of the following, "Please note that sexual abuse in this setting includes sexual acts with the consent of the inmate, detainee, resident, etc." In addition, the applicants are required to initial statements, and sign the application one of which states, "I understand that the falsification, misrepresentation, or omission of any facts in this questionnaire or any other accompanying or required documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery." An interview with the HR indicated all potential employees are required to complete an application and a background check, during the hiring process. The HR further indicated an institutional background check is completed on staff who have previous correctional employment and information would be provided to a facility requesting the same for previous employees who leave the facility. In addition, the HR indicated the institutional background checks include staff who are being promoted or transferred within the facility and all employees are required to complete a "PREA Disclosure" form every year. The HR further indicated background checks are completed every five years thereafter. Informal discussions with a human resource staff member, indicated she maintains a spreadsheet of all employees, to monitor the five-year background checks. The Auditor observed this spreadsheet during the on-site audit. In addition, the Auditor reviewed the PREA Disclosure form and confirmed it included the questions required in subsection (a) and informs the employee of a continuing duty to disclose any sexual misconduct. The Auditor reviewed 31 employee personnel files and confirmed all files included the pre-employment application and the PREA Disclosure form, for every year of employment. Included in the 31 reviewed files were 8 promotions/transfers and 11 files that required an institutional background check. All eight promotions included the completed PREA Disclosure form, prior to the promotion. There were 17 of the 31 files that required a five-year criminal background check, which had been completed on all. The Auditor reviewed seven contractor files which included the facility pest control contractor and confirmed completed background checks and the PREA Disclosure form was included in the files. In addition, utilizing the DHS Background Investigation for Employees and Contractors, the Auditor received documentation, confirming completed background checks for 10 ICE employees and 7 contracted ICE employees. In an interview with a SDDO promoted during the audit period it was confirmed he had not been asked about previous misconduct related to sexual abuse in an interview or by written application prior to being promoted as required by subsection (b) of the standard.

Does Not Meet (b): The Agency/facility is not in compliance with subsection (b) of the is standard. During an interview with an SDDO promoted during the audit period the Auditor confirmed the SDDO was not asked about previous misconduct during an interview or by written application prior to being promoted as required by subsection (b) of the standard. To become compliant the Agency must develop a process that requires that employees offered promotions are directly asked about previous misconduct related to sexual abuse in an interview or through a written application prior to being promoted as required by subsection (b) of the standard. In addition, if applicable, the facility must provide the Auditor with documentation that confirms any SDDO promoted during the Corrective Action Plan (CAP) period was asked directly about previous misconduct related to sexual abuse either in an interview or by written application prior to being promoted.

§115.18 - Upgrades to facilities and technologies.

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

Notes:

(a)(b): GEO policy 11.1.6.A states, "The facility shall consider the effect any (new or upgrade) design, acquisition, expansion, or modification of physical plant or monitoring technology might have on the Facility's ability to protect detainees from Sexual Abuse. The facility shall also consider the effect any (new or upgrade) video monitoring system, electronic surveillance system or other monitoring system might have on the facility's ability to protect detainees from sexual abuse." An interview with the FA indicated there have been no upgrades to the video monitoring system or expansions or modifications to the facilities. During the on-site audit, the Auditor did not observe new or upgraded areas within the facilities.

§115.21 - Evidence protocols and forensic medical examinations.

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

Notes:

(a)(b): The Agency's Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency's evidence and investigation protocols. Per Policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted." GEO policy 11.1.6.A states, "The facility that is responsible for investigating allegations of sexual abuse are required to follow uniform evidence protocols that maximize the potential for obtaining useable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice Office on Violence Against Women publication, "A National Protocol 15 [sic] for Sexual Assault Medical Forensic Examinations, Adult/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011." A review of GEO policy 11.1.6.A confirms that the evidence protocol maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions and that the protocol was developed in coordination with DHS. An interview with a facility Investigator, confirmed that the facility is responsible for conducting administrative investigations. The facility would investigate an allegation utilizing a uniform evidence protocol that maximizes the potential for obtaining usable evidence. All allegations are initially referred to the San Bernadino Sheriff's Department (SBSD) for possible criminal charges prior to an administrative investigation. The Auditor reviewed a Memorandum of Understanding (MOU) between AIPC and PAV and an MOU between DVA and PAV and confirmed both documents were signed by all parties on September 7, 2021, and are valid for three years. A review of the MOUs, and an interview with a victim advocate from PAV, confirmed PAV provides emotional support services related to sexual abuse in response to requests from incarcerated victims, in-person crisis counseling sessions between detained victims and Rape Crisis Center (RCC) personnel. In addition, the review of the MOUs with PAV confirmed that it requires and maintains documentation confirming qualifications for Sexual Assault Counselors per CAL. EVID. CODE §1035.2ucm. There were six allegations of sexual abuse reported at AIPC/DVA for the audit period. Of the six reported investigations, two were detainee-on-detainee, one was staff-on-detainee and three were contractor staff-on-detainee. All six allegations were determined to be unfounded. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed the SBSBD had been notified of each allegation.

(c): GEO policy 11.1.6.A states, "The agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs." An interview with the facility Medical Compliance Officer, indicated that should a detainee be a victim of sexual abuse he/she would be transported to the Kaiser Fontana Hospital and would be afforded a SANE nurse from PAV. In addition, it was indicated that ICE detainees are not charged for medical services related to sexual abuse. During the on-site audit, the Auditor spoke with a victim advocate from the PAV and confirmed SANE exams are provided to detainees at the Kaiser Fontana Hospital. A victim advocate would accompany a detainee if these services were needed. The Auditor reviewed seven investigative files and confirmed none of the sexual abuse allegations required a forensic exam.

(d): GEO policy 11.1.6.A states, "As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals." During the on-site audit, the Auditor observed the PAV information posted in every housing unit, in English, Spanish and Haitian Creole. In addition, instructions were posted for the detainees, to access this service by phone anonymously, without the call being recorded and monitored. The Auditor reviewed a MOU between AIPC and PAV and an MOU between DVA and PAV. A review of the MOUs, and an interview with a victim advocate from PAV, confirmed PAV would respond to requests from AIPC/DVA to provide a victim advocate for hospital accompaniment for detained victims during the forensic medical examination process and investigative interviews. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed there were no detainees who requested a victim advocate during the audit period.

(e): The Auditor reviewed an MOU between GEO Group, Inc and the City of Adelanto to secure the services of the SBSB for investigating allegations of sexual abuse that occur in the facilities. Exhibit A Scope of Services includes the SBSB will follow all steps regarding an investigation into a sexual assault. The steps include those required by standard §115.21 (a-e). The review and an interview with the FA confirmed that a request has been made to SBSB to follow all requirements of §115.21 (a-e).

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(d)(e)(f): The Agency provided Policy 11062.2, which states in part that; "when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG)." GEO policy 11.1.6.A states, "An administrative investigation shall be completed for ALL allegations of sexual abuse at GEO facilities regardless of whether a criminal investigation is completed. The FA and ICE shall be notified prior to investigating all allegations of sexual abuse." In addition, it states, "An Administrative investigation will begin within 24 hours of notifying ICE of a sexual abuse allegation unless the facility has been advised a criminal investigation is pending by either local law enforcement or ICE OPR or DHS Office of Inspector General (OIG). Note: Should ICE OPR or DHS OIG open a criminal investigation, they will notify the facility within 24 hours of the report to inform of their interest. If allegations where a criminal investigation is initiated by ICE OPR, DHS OIG or outside law enforcement, the facility shall begin an administrative investigation as soon as the criminal investigation has concluded or at such time as the outside investigative entity indicates the facility may begin their administrative investigation." The policy further states, "Due to their confidential nature, all Sexual Abuse investigative files shall be retained in a secure location with restricted access as designated the FA. 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 circumstances, files shall be retrained no less than ten years." An interview with the facility Administrator indicated all allegations are immediately reported to the SDDO and the Field Office Director. Interviews with the PSA Compliance Manager and an Investigator confirmed all allegations are reported to the SBSB immediately. An administrative investigation would follow at the completion or approval of the SBSB to start the administrative investigation. The Auditor reviewed seven investigations and confirmed all allegations had been reported to the SBSB, however, they did not result in a criminal investigation.

(c): The Auditor reviewed the facility website (<http://www.geogroup/PREA>) and confirmed the website does not include the protocol provided by the facility for investigating allegations of sexual abuse. In addition, the Auditor reviewed the Agency website (<https://www.ice.gov/prea>) and confirmed the required Agency protocol is available to the public.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. The Auditor reviewed the facility's website www.geogroup/prea and confirmed the website does not include the protocol provided by the facilities for investigating allegations of sexual abuse, GEO policy 11.1.6.A 11062.2. To become compliant the facility must include GEO policy 11.1.6.A on the facilities website and provide the Auditor with documentation of completion.

§115.31 - Staff training.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): GEO policy 11.1.6.A states, "All Employees, Contractors and Volunteers shall receive training on GEO Sexually Abusive Behavior Prevention and Intervention Program. Each Facility shall train all Employees who may have contact with Detainees on: 1) Its zero-tolerance policy for Sexual Abuse and Assault; 2) How to fulfill their responsibilities under agency Sexual Abuse and Assault prevention, detection, reporting and response policies and procedures, to include procedures for reporting knowledge or suspicions of Sexual Abuse; 3) Recognition of situations where Sexual Abuse may occur; 4) The right of Detainees and Employees to be free from Sexual Abuse, and from retaliation for reporting Sexual Abuse and Assault; 5) Definitions and examples of prohibited and illegal sexual behavior; 6) Recognition of physical, behavioral, emotional signs of Sexual Abuse, and methods of preventing and responding to such occurrences; 7) How to detect and respond to signs of threatened and actual Sexual Abuse; 8) How to avoid inappropriate relationships with Detainees; 9) How to communicate effectively and professionally with Detainees, including LGBTI or Gender Non-conforming Detainees; and, 10) The requirement to limit reporting of Sexual Abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes." GEO policy 11.1.6.A further states, "SAAPI 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 that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-Service SAAPI Training." The Auditor reviewed the Sexual Abuse and Assault Prevention and Intervention (PREA) 2019 In-Service training curriculum and confirmed that all elements required by subsection (a) are included in the facility training. An interview with the facility TA indicated all staff are required to attend initial PREA training within the first couple of days of service and during in-service annually thereafter. Additionally, the Training Administrator maintains an excel spreadsheet that includes all employees and the dates of their PREA training. A monthly training list is posted in areas throughout the facilities to notify those employees that must attend.

Interviews with 10 security line staff and supervisors, confirmed they had received PREA pre-service training and annual refresher training each year. The security line staff could articulate the training contents that addresses the requirements in subsection (a). The Auditor reviewed 31 employee training files. Each file contained multiple copies of the acknowledgement based on employee years of service. Additionally, five of the files indicated the employee had been employed at the facility prior to May 2014. Documentation contained in the file, confirmed PREA training was received in the year 2014 and every year thereafter. In addition, the Auditor reviewed PREA training certificates for 25 ICE employees for 2018. The facility/Agency had difficulty in providing documentation to confirm the ICE Employees have received PREA training for additional years.

Does Not Meet (b)(c): The facility/Agency is not in compliance with subsections (b) and (c) of the standard. The Auditor reviewed PREA training certificates for 25 ICE employees. The facility/Agency had difficulty in providing documentation to confirm the ICE Employees have received PREA training during the past 24 months. To become compliant the facility must provide the Auditor with documentation that confirms all ICE staff have received PREA training during the past 24 months.

§115.32 - Other training.

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

Notes:

(a)(b)(c): GEO policy 11.1.6.A states, "All Employees, Contractors and Volunteers shall receive training on GEO Sexually Abusive Behavior Prevention and Intervention Program. Each Facility shall ensure that all volunteers who have contact with detainees are trained on their responsibilities under GEO Sexual Abuse and Assault prevention, detection, and response policies and procedures. The level and type of training provided to Volunteers shall be based on the services they provide and the level of contact they have with Detainees, but all Volunteers who have contact with Detainees shall be notified of GEO zero-tolerance policies regarding Sexual Abuse and informed how to report such incidents. Volunteers who have contact with Detainees shall receive annual SAAPI refresher training. Volunteers shall document through signature on the PREA Basic Training Acknowledgement Form that they understand the training they have received." In addition, GEO policy 11.1.6.A further states, "All Employees, Contractors and Volunteers shall receive training on GEO Sexually Abusive Behavior Prevention and Intervention Program. Each Facility shall ensure that all contractors who have contact with detainees are trained on their responsibilities under GEO Sexual Abuse and Assault prevention, detection, and response policies and procedures. The level and type of training provided to Contractors shall be based on the services they provide and the level of contact they have with Detainees, but all Contractors who have contact with Detainees shall be notified of GEO zero-tolerance policies regarding Sexual Abuse and informed how to report such incidents. Contractors who have contact with Detainees shall receive annual SAAPI refresher training. Contractors shall document through signature on the PREA Basic Training Acknowledgement Form that they understand the training they have received." The Auditor reviewed the ICE Prison Rape Elimination Act (PREA) Training for Contractors and Volunteers curriculum and confirmed it notifies both volunteers and other contractors of the facilities zero-tolerance policies and how to report an allegation of sexual abuse. The Auditor reviewed the Sexual Abuse and Assault Prevention and Intervention (SAAPI)/Prison Rape Elimination Act (PREA) Basic Training Acknowledgement which states, "I acknowledge on this date, I received and understand the training on Sexual Abuse and Assault Prevention and Intervention (SAAPI)/Prison Rape Elimination Act (PREA). I understand that the GEO Group, Inc maintains a zero-tolerance policy in regard to sexual abuse and sexual harassment of individuals in a GEO Facility or Program and I have statutory obligation and affirmative duty to report all forms of sexual abuse and/or sexual harassment whether in a GEO facility or not." Interviews with the Training Administrator and the ICE COR indicated all volunteers and contractors are required to attend annual training. The Auditor reviewed the 2022 Volunteer Training Attendance Record for all volunteers working in the facility. In addition, the Auditor was provided the Sexual Abuse and Assault Prevention and Intervention (SAAPI)/Prison Rape Elimination Act (PREA) Basic Training Acknowledgement and the PREA Training Certification for each volunteer. An interview with the COR indicated they have received training and are required to complete training each year. The Auditor reviewed training certificates for all ICE contractors working in the facility. Additionally, the Auditor reviewed documentation of six contracted staff which indicated training had been received annually. The Auditor reviewed one file for an outside pest control contractor and confirmed the "other contractor" had the required training prior to entry into the facility.

§115.33 - Detainee education.

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

Notes:

(a)(b)(c)(d)(f): GEO policy 11.1.6.A states, "During the intake process, Facilities shall ensure that the Detainee orientation program notifies and informs Detainees about the Company's zero tolerance policy regarding all forms of Sexual Abuse and Assault and includes instruction on: 1) Prevention and Intervention strategies; 2) Definitions and examples of Detainee-on-Detainee Sexual Abuse, Employee-on-Detainee Sexual Abuse and coercive Sexual Activity; 3) Explanation of methods for reporting Sexual Abuse, including to any Employee, including an Employee other than immediate point-of contact line officer (i.e., the PSA Compliance Manager or Mental Health staff), the DHS Office of Inspector General, and the Joint Intake Center; 4) Information about self-protection and indicators of Sexual Abuse; 5) Prohibition against retaliation, including an explanation that reporting Sexual Abuse shall not negatively impact the Detainee's immigration proceedings; and 6) The right of a Detainee who has been subjected to Sexual Abuse to receive treatment and counseling." GEO policy 11.1.6.A further states, "In all Facilities, education shall be provided in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to Detainees who have limited reading skills. Facilities shall maintain documentation of Detainee participation in the intake process orientation which shall be retained in their individual files" and "facilities shall post on all housing unit bulletin boards the following notices: 1) The DHS-prescribed sexual assault awareness notice; 2) The name of the PSA Compliance Manager; and 3) The name of local organizations that can assist Detainees who have been victims of Sexual Abuse. Facilities shall make available and distribute the DHS-prescribed "Sexual Assault Awareness Information" pamphlet." During an informal interview with Intake staff, the Auditor confirmed, upon intake each

detainee is provided an "Activation Packet." The Auditor reviewed the packet which includes: 1) a memorandum, which informs the detainee of the facility's zero-tolerance policy, how to safeguard against attempts of sexual abuse or sexual harassment, how to avoid any activity which could place the detainee into a position of vulnerability and what steps to take if the detainee were to become a victim of sexual abuse. In addition, it informs the detainee all incidents are investigated, information is maintained with strict confidentiality and all incidents are reported to law enforcement to be reviewed for prosecution. Detainees sign acknowledgment of receipt of this memorandum. In addition, the form indicates, how the information was given to the detainee, i.e., if the language line, iPad or staff were used to translate; 2) A Handbook, Forms, and Video Verification form. This form is used to document by detainee signature, that he/she received the facility Supplemental Detainee Handbook, ICE National Detainee Handbook (includes what language the detainee received the handbooks) and all PREA information (includes in what language the detainee received the information. The form indicates if the language line/staff was used to provide the information to the detainee, what language was used and the ID number for the translator used; 3) the facility Supplemental Detainee Handbook, which is available in seven languages to include English, Spanish, Chinese, Czech, French, Punjabi, and Vietnamese; 4) The ICE National Detainee Handbook which is available in 14 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese; 5) The DHS-prescribed SAA Information pamphlet available in 15 most prevalent languages encountered by ICE, (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Vietnamese, Turkish, and Ukrainian, in addition, the pamphlet is included in the facility handbook in seven languages; 6) a Zero-Tolerance flyer, which informs the detainees how to report sexual abuse anonymously, how to access Partners Against Violence and that calls to PAV are unmonitored and at no cost. The Auditor confirmed this document is available in English, Spanish, and Haitian Creole. An interview with facility Intake staff, indicated reasonable accommodations are to ensure a detainee receives notification, orientation and instruction on the facility sexual abuse prevention and response to include but limited to TTY/TDD phone, video remote interpreting via i-pad, hearing aid/amplifier, ICE Effective Communication card for the deaf detainees, Eye-Pal Reader, Audio Books, Braille books for the blind, the Eye-Pal reader can also be used for those with limited reading skills. If a detainee had intellectual, psychiatric or speech disabilities, staff would talk slow on their level and would request the detainee repeat the information back to them to confirm it was understood. Interviews with 15 detainees confirmed during the intake process they watch a PREA video, received the facility handbook, the ICE National Detainee Handbook and the other PREA information. The Auditor reviewed 26 Detainee files; each file indicated that PREA information was received during the intake process and in what language the information was provided in. All files contained the signed memorandum and the Handbook, Forms, and Video Verification documenting the orientation process.

§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 Agency policy 11062.2 states, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The lesson plan is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conduct an investigation of sexual abuse in a confinement setting. The Agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled residents; and an overall view of the investigative process. The Agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirement." GEO policy 11.1.6.A states, "Facility investigators shall be trained in conducting investigations on Sexual Abuse and effective cross-agency coordination. All investigations into alleged Sexual Abuse must be conducted by qualified investigators. Investigators shall receive this specialized training in addition to the training mandated for Employees. Facility shall maintain documentation of this specialized training." An interview with the PSA Compliance Manager indicated that there are two investigators that handle all investigations of sexual abuse. Each investigator has completed specialized training on sexual abuse and cross agency coordination offered through the National PREA Resource Center titled "PREA Specialized Training Investigating Sexual Abuse in Adult/Juvenile Correctional Setting." The Auditor reviewed the training curriculum and confirmed it contains all elements required by this standard. In addition, the Auditor reviewed, the training files of both investigators and confirmed they had received general PREA training every year during in-service training. In addition, the Auditor reviewed training certificates confirming completion of the PREA Specialized Training Investigating Sexual Abuse in Adult/Juvenile Correctional Setting through the National PREA Resource Center.

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

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

Notes:

(a)(b): AIPC/DVA does not employ DHS or Agency employees who serve as full and part-time medical or mental health practitioners, and therefore, subsections (a) and (b) of the standard are not applicable.

(c): GEO policy 11.1.6.A states, "Each facility shall train all full-time and part-time Medical and Mental Health Care Practitioners who work regularly in its Facilities on certain topic areas, including detecting signs of Sexual Abuse, responding professionally to victims of Sexual Abuse and Sexual Harassment, and proper reporting allegations of suspicious of Sexual Abuse and Sexual Harassment. Note: this training shall be completed as part of the newly hired employee pre-service orientation" and "facilities shall maintain documentation of this specialized." GEO policy 11.1.6.A further states, "Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Forensic examinations shall be performed by a Sexual Assault Nurse Examiner

(SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite Qualified Medical Practitioner may perform the examination if a SAFE or SANE is not available." A review of GEO policy 11.1.6A confirms it has been approved and signed by the FA and the AFOD. Interviews with a facility medical compliance officer, a registered nurse, and the Mental Health Director, confirmed all medical staff are required to attend general PREA training and specialized training. Medical staff could articulate how to preserve physical evidence of sexual abuse, although it was reported they would not collect physical evidence and would transport the detainee to the hospital for evidence collection. An interview with the facility TA indicated that all medical staff, including contract medical staff, are required to attend specialized training. During the on-site audit, the TA had difficulty printing the training curriculum, the Auditor viewed the curriculum via the computer, and confirmed the training includes all elements required by this standard. In addition, the Auditor reviewed 2 medical staff, 1 mental health staff and 5 contracted medical staff training files and confirmed all had received the facility PREA training each year of employment and had received the specialized training. Each file contained the signed PREA Basic Training Acknowledgment form.

§115.41 - Assessment for risk of victimization and abusiveness.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d): GEO policy 11.1.6.A states, "All detainees shall be assessed during intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house Detainees to prevent Sexual Abuse, taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general populations until he/she is classified and may be housed accordingly. The initial classification process and initial housing assignment shall be completed with 12 hours of arrival. Facility shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment. In addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records (e.g., medical files or, 213/216 remand, etc.) that can assist them with the risk assessment. The intake screening shall also consider, to the extent that the information is available, the following criteria to assess detainees for risk for sexual victimization: 1) Mental, physical or developmental disability; 2) age; 3) Physical build and appearance; 4) Previous incarceration or detained; 5) Nature of criminal history; 6) Prior convictions for sex offenses against an adult or child; 7) Whether detainee self-identified as LGBTI or Gender Nonconforming; 8) Whether detainee self-identified as having previously experienced sexual victimization; and 9) Own concerns about his/her physical safety. The intake screening shall also consider prior acts of Sexual Abuse, prior convictions for violent offenses, and history of prior institutional violence or Sexual Abuse, as known to the facility, in assessing the risk of being sexually abusive." The Auditor reviewed the Risk Assessment tool and confirmed it includes all elements required by subsections (c) and (d) of the standard. An interview with a Classification Supervisor indicated detainees are classified prior to the detainee arriving at the facility. The facility is given advanced notice on the detainees being transported to the facility. The Classification staff will begin the GEO PREA Risk Assessment Tool, based on information known at the time. Once the detainee arrives at the facility, he/she will sit one-on-one with the Classification Officer, to complete the assessment, which is completed prior to the 12-hour timeframe. The Classification Officer further indicate that if adjustments are needed, they will be made to the detainee classification. In an interview with the facility PSA Compliance Manager, it was indicated that the facility keeps an excel spreadsheet of all detainees who are potential victims and/or potential abuser. This excel spreadsheet is shared with the classification staff and will be checked prior to housing detainees who may score high for victimization or abusiveness to ensure that those who score high for victimization are not housed with those that score high for abusiveness. While on-site the Auditor, reviewed the excel spreadsheet and confirmed the spreadsheet indicates those detainees who are potential victims and those who are potential abuser. The spreadsheet included the housing assignment of each detainee to avoid housing the victims with the perpetrators. The Auditor reviewed 27 detainee files and confirmed all detainee orientation process had been completed within 12 hours of the detainee's arrival at the facility.

(e): GEO policy 11.1.6.A states, "At any point after the initial intake screening an Individual in a GEO Facility or Program may be reassessed for risk of victimization or abusiveness. Facilities shall ensure that between 60 to 90 days from the initial assessment at the facility, staff use the GEO PREA vulnerability Reassessment Questionnaire to conduct the reassessment. An inmate risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness." The Auditor reviewed the PREA Vulnerability Reassessment Questionnaire. The form requires a file review which states, "Has the inmate/detainee/resident received any infractions for sexual misconduct, filed any grievances related to threats of sexual assault, or received new information from external agencies since admission that would increase the residents' likelihood of being vulnerable to victimization." In addition, the form inquires if the detainee identifies as lesbian, gay, bisexual, transgender/intersex or gender non-conforming; if the detainee has been forced or threatened to engage in sexual activity while at the facility, and if they feel safe. An interview with the Classification Supervisor, indicated a reassessment is completed between 60 to 90 days, and completed if new information is learned or if the detainee was involved in an incident of sexual abuse. The Auditor reviewed 27 detainee files and confirmed 20 files contained the PREA Vulnerability Reassessment Questions that had been completed between 60 to 90 days. The additional seven files indicated that the reassessment had not been completed at the time of the review, because the detainee had recently entered the facility. The Auditor reviewed a memorandum to the file, which states, "For the current audit period, detainees did not require a reassessment as a result of an incident of sexual abuse or victimization." The Auditor reviewed seven investigation files and confirmed a reassessment had been completed on only one of the alleged detainee victims.

Does Not Meet (e): The facility is not in compliance with subsection (e) of the standard. The Auditor reviewed a memorandum to the file, which states, "For the current audit period, detainees did not require a reassessment as a result of an incident of sexual abuse or victimization." The Auditor reviewed seven investigation files and confirmed a reassessment had been completed on only one of the alleged detainee victims. To become compliant the facility must implement a practice that ensures all detainees are reassessed

following an incident of abuse or victimization. In addition, the facility must train all applicable staff on the implemented policy. If applicable, the facility must provide the Auditor with all allegations of sexual abuse investigation files and the corresponding reassessment of the alleged detainee victim that occurred during the CAP period.

(f): GEO policy 11.1.6.A states, "Disciplining detainees for refusing to answer or not providing complete information in response to certain screening questions is prohibited." In interviews with the Classification Supervisor and the PSA Compliance Manager it was indicated that detainees are not disciplined for refusing to answer or provide complete information in response to the screening questions.

(g): GEO policy 11.1.6.A states, "Facility shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by Employees or other detainees. Sensitive information shall be limited to need-to-know Employees only for the purpose of treatment, programming, housing and security and management decisions." An interview with the Classification Supervisor indicated that the PREA risk assessment tool is maintained in a Classification packet in the detainee file and only the booking clerk in the records room has access. The Classification Supervisor further indicated if the detainee scores high for victimization or abusiveness, the detainee's name and housing unit is added to the PSA Compliance Manager Spreadsheet to ensure they are housed properly which only upper management, Intake staff and Classification have access to.

§115.42 - Use of assessment information.

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

Notes:

(a)(b): GEO policy 11.1.6.A states, "Screening information from standard shall be used to determine housing, bed, work, education, and programming assignments within the Facility in order to keep potential victims away from potential abusers. The PSA Compliance Manager will maintain an "at risk log" of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The "at risk log" will be kept current and including current housing locations: Note: Following a reported allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the "at risk" log as soon as possible and tracked as a potential victim and housed separate from potential abusers pending the outcome of the investigation. If the investigation is determined "unfounded", the victim may be removed from the "at risk" log. PREA Compliance will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. In making assessments and housing decisions for Transgender or Intersex detainees, the facility shall consider the detainee's gender self-identification and an assessment of the effects of placement on the detainee's health and safety. In U.S. Corrections and Detention Facilities, these housing and programming assignments for each Transgender and Intersex individual shall be reassessed every six (6) months to determine any threats to safety experienced by the individual. Serious consideration shall be given to the individual's own views with respect to his/her safety. A Medical or Mental Health Practitioner shall be consulted as soon as practicable on these assessment and placement decisions which shall not be based solely on the identity documents or physical anatomy of the Detainee." Interviews with the PSA Compliance Manager and the Classification Supervisor indicated the facility utilizes an excel spreadsheet of all detainees who are potential victims and/or potential abusers. This excel spreadsheet is shared with the classification staff and is checked prior to housing or assigning programming for detainees who may score high for victimization or abusiveness to ensure that potential victims are not housed or programmed with potential predators. In addition, the PSA Compliance Manager stated if the facility had received a transgender or intersex detainee, they would be added to the excel spreadsheet and medical and mental health would be contacted for input on housing and programming of the detainee.

(c): GEO policy 11.1.6.A states, "When operationally feasible, Transgender and Intersex Detainees shall be given an opportunity to shower separately from other Detainees." Interviews with 10 security line staff and supervisors indicated a transgender or intersex detainee can shower separately from other detainees because all showers are single showers. During the on-site audit, the Auditor confirmed the facility has single showers with an area in which to privately change clothing. There were no transgender or intersex detainees housed at the facility during the on-site audit. Therefore, no interview was conducted.

§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)(d)(e): GEO policy 11.1.6.A states, "The facility shall develop and follow written procedures governing the management of its administrative segregation unit. These procedures should be developed in consultation with the ICE Enforcement and Removal Operations Field Office Director having jurisdiction for the facility, must document detailed reasons for placement of an individual in administrative segregation on the basis of a vulnerability to Sexual Abuse or assault. Use of administrative segregation to protect Detainees vulnerable to Sexual Abuse or assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exists, as a last resort. The Facility should assign Detainees vulnerable to Sexual Abuse or assault to administrative segregation 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 segregated housing is used to protect vulnerable Detainees, they shall have access to programs, visitation, counsel, and other services available to the general population to the maximum extent practicable. The Facility shall implement written procedures for the regular review of all Detainees held in administrative segregation for their protection as follows: 1) A supervisory staff member shall conduct a review within 72 hours of the Detainees placement in administrative segregation to determine whether segregation is still warranted; and, 2) A supervisor staff member shall conduct, at a minimum, an

identical review after the Detainee has spent seven (7) days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter. The Facilities shall utilize the "DHS Sexual Assault/Abuse Available Alternatives Assessment" form to document the assessments. All completed forms shall be reviewed and signed by the FA or the AFA upon completion. Facilities shall notify the appropriate ICE Field Office Director no later than 72 hours after the initial placement in administrative segregation on the basis of a vulnerability to Sexual Abuse or assault for review and approval of the placement." An interview with the FA indicated a detainee that is vulnerable to sexual abuse would only be placed in administrative segregation/protective custody if it is the best option, and as a last resort, and would not exceed 30 days. The FA further indicated detainees would be provided access to programming, visitation, counsel, and any other services that are provided to the general population and at any time a detainee is placed into segregation or protective custody the ICE FOD is immediately notified. The Auditor reviewed seven investigation files; one file indicated the use of protective custody based on the detainee request. A DHS Sexual Assault/Abuse Available Alternatives Assessment form had been completed. The form indicated there was a 72-hour review, a 7-day review and a 14-day review, prior to the detainee being placed back into the general population. In addition, the form indicated there was notification made to the ICE FOD prior to the placement. During the on-site audit, there were no detainees housed in administrative segregation/protective custody; and therefore, no interviews were conducted.

§115.51 - Detainee reporting.

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

Notes:

(a)(b)(c): GEO policy 11.1.6.A states, "Each Facility shall provide multiple ways for detainees Individuals in a GEO Facility or Program to privately report Sexual Abuse and Sexual Harassment, retaliation by other detainees Individuals in a GEO Facility or Program, or Employees for reporting Sexual Abuse and Sexual Harassment and staff neglect of violation of responsibilities that may have contributed to such incidents." GEO policy 11.1.6.A further states, "Facility shall provide contact information to Detainees for relevant consular officials, the DHS Office of Inspector General or, as appropriate, another designated office, to confidentially and, if desired, anonymously, report these incidents' and "facilities shall provide detainees contact information on how to report Sexual Abuse incidents to the Facility PREA Compliance Manager." In addition, GEO policy 11.1.6A states, "Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports. The Facility 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. 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." The Auditor observed information in English and Spanish that advised detainee's how to contact their consular official, the DHS OIG, and the ICE Detention Reporting and Information Line (DRIL), and the designated facility PREA Hotline to confidentially and if desired anonymously report an incident of sexual abuse posted in all the housing units. In interviews with PSA Compliance Manager and 10 security line staff and supervisors it was indicated detainees are provided multiple ways to report sexual abuse, retaliation and any staff neglect of their responsibilities that may have contributed to an incident of sexual abuse. In addition, the 10 security line staff and supervisors indicated that all reports received verbally, in writing, anonymously and from third parties must be promptly reported and documented. Detainees can report to the facility utilizing the PREA Hotline by dialing 9 from the detainee phones. During the on-site audit, the Auditor tested the designated facility number for detainees to report an incident of sexual abuse and confirmed detainees are requested to leave a message. The line does not require the detainee pin number; therefore an anonymous report can be made. The PSA Compliance Manager indicated that the message is translated into an email and immediately sent to her and upper management. In addition, the Auditor tested the DHS OIG and DRIL toll-free numbers and confirmed they were in working order.

§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)(f): GEO policy 11.1.6.A states, "Facility grievance policies shall include the following procedures regarding Sexual Abuse grievances: 1) The facility shall permit a Detainee to file a formal grievance related to Sexual Abuse at any time during, after, or in lieu of lodging an informal grievance or complaint; 2) The facility shall not impose a time limit on when a Detainee may submit a grievance regarding allegation of Sexual Abuse; 3) The facility shall implement written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to Detainee health, safety, or welfare related to Sexual Abuse; 4) Facility staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment; 5) 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; and 6) The Facility 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." GEO policy 11.1.6.A further states, "Facilities shall send all grievances related to Sexual Abuse and the facility's decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process." In addition, GEO policy 11.1.6.A states, "If the detainee claims that the issue is sensitive or their safety or wellbeing would be jeopardized if others in the Facility learned of the grievance, the detainee may seal the grievance in an envelope; mark it as "sensitive" and submit it directly to the Facility Administrator, including any grievances written against a staff member. Detainees may also contact their ICE Deportation Officer to report staff misconduct" and "a detainee may obtain assistance from another detainee or staff in preparing the grievance. Outside sources such as family or legal representative may also provide assistance. Illiterate, disabled, or non-English speaking detainees may receive special assistance when preparing their grievance, when necessary." The Auditor reviewed the Revised Supplement to the National Detainee Handbook, which is the facility handbook, available in seven languages which include English, Spanish, Chinese, Czech, French, Punjabi and Vietnamese. The facility handbook states, "The detainee is free to bypass or terminate

the informal grievance process and proceed directly to the formal grievance stage. No imposed time limits for sexual abuse grievances." An interview with the facility Grievance Officer (GO), indicated grievance forms and locked grievance boxes are in all housing units and are picked up daily. The GO further stated no time limits are imposed on grievances that allege sexual abuse and detainees can request the assistance of another detainee, staff, family, legal representative, or any other person. In addition, the GO indicated all PREA grievances are considered emergency grievances. If an emergency sexual abuse grievance is received, the staff would immediately ensure the detainee is safe and medical would be notified to conduct an assessment. The GO further states, for all sexual abuse grievances the detainee would be issued notification within five days that the grievance is closed out and a PREA Investigator is assigned to investigate the grievance. In addition, the GO indicated that all PREA related grievances are maintained by the facility PSA Compliance Manager with a copy of the grievance forwarded to the ICE FOD. The Auditor reviewed seven investigation files which indicated that two of the allegations were filed by the detainee through the grievance process.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c)(d): GEO policy states, "The facility shall utilize Partners Against Violence (PAV) 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 need. The facility shall make available to detainee's information about local organizations that can assist detainees who have been victims of sexual abuse, including mailing address and telephone numbers (including toll-free hotline numbers where available). The facility shall enable reasonable communication between detainees and PAV 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. The facility is required to maintain or attempt to enter into agreements with community services provide detainees with confidential emotional support services related to sexual abuse while in custody, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime. The facility shall maintain copies of agreement or documentation showing unsuccessful attempts to enter into such agreements." The Auditor reviewed a MOU between AIPC and PAV, and a MOU between DVA and PAV, both documents were signed by all parties on September 17, 2021, and are valid for three years. A review of the MOUs and an interview with a victim advocate from PAV confirmed PAV provides detainees with access to advocates for emotional support related to sexual abuse; responds to requests from AIPC/DVA to provide a victim advocate for hospital accompaniment for detained victims during the forensic medical examination process and investigative interviews; and in-person crisis counseling sessions between detained victims and RCC personnel. The Auditor reviewed the PAV poster, which was observed in English and Spanish, posted in all housing units, which states, "You have access to toll free confidential calls. If you would like to speak to someone about any incidents of sexual violence, or if someone you know has been impacted by an act of sexual violence, you may contact outside victim advocates for emotional support services." In addition, the poster provides a mailing address and instructions to ensure confidentiality when sending or receiving communications through the mail system to PAV. The Auditor reviewed the Supplement to the National Detainee Handbook (facility handbook), which states, "Partners Against Violence providers are legally obligated to ensure client confidentiality, except in the limited circumstances when mandatory reporting laws apply." Interviews with 15 detainees, indicated they were aware of the victim advocate services that are provided. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed there were no detainees who requested a victim advocate during the audit period.

§115.54 - Third-party reporting.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

GEO policy 11.1.6.A states, "Each facility shall post publicly GEO third-party reporting procedures. In addition, GEO shall post on its website its methods of receiving third-party reports of Sexual Abuse or Assault on behalf of Detainees. In all facilities, third party reporting posters shall be posted in all public areas within the facility." The Auditor reviewed the GEO website www.geogroup/prea and confirmed the website advises the public how to report allegations of sexual abuse/sexual Harassment of someone in a GEO facility. Directions are provided to locate the facility and the contact information for the facility Administrator's Office to make a report. In addition, contact information is provided to contact the GEO PREA Coordinator and an email address is provided. In addition, the Auditor sent a test email to the address provided on the website, as of the writing of this report, the Auditor had not received a response or acknowledgement the email had been received.

Does Not Meet: The facility is not in compliance with standard 115.43. Although the facilities post how to report a third-party allegation of sexual abuse on their website, the Auditor sent a test email during the on-site audit and has not received a response, which indicates the email address provided is not in working order. To become compliant the facility must establish a method to receive third-party reports of sexual abuse. Once the method is implemented the facility must provide the established method to be implemented. In addition, the facility must submit documentation that the established method includes the person receiving the third-party report forwards said report to the facility for investigation.

§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)(d): The Agency policy 11062.2, states, "If the alleged victim is under the age of 18 or determined, after consultation with the relevant OPSA Office of the Chief Counsel (OCC), to be a vulnerable adult under a State or local vulnerable persons statute, report the allegation to the designated State or local services agency as necessary under applicable mandatory reporting laws." GEO policy 11.1.6.A policy states, "Employees and Contractors are required to immediately report any of the following: knowledge, suspicion, or

information regarding an incident of Sexual Abuse or Sexual Harassment that occurred in a Facility whether or not it is a GEO Facility; retaliation against detainees or Employees who reported such an incident; and, any Employee neglect or violation of responsibilities that may have contributed to an incident or retaliation." GEO policy 11.1.6.A further states, "Apart from reporting to designated supervisor or officials, Employees shall not reveal any information related to a Sexual Abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the Facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions. Employees reporting Sexual Abuse or Sexual Harassment 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." Interviews with 10 security line staff and supervisors confirmed they were knowledgeable regarding their responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation, or staff failure to perform their duties he/she becomes aware of to their immediate supervisor. In addition, all confirmed they are aware of their ability to make a report outside the chain of command through the "employee hotline." The Auditor confirmed the "employee hotline" is a line provided to staff for making a report anonymously or outside the chain of command and goes directly to the GEO Corporate Office. An interview with the FA indicated he was aware if an alleged victim is a vulnerable adult a report would be made to Adult Protective Services. In addition, interviews with the FA and SDDO, and the Auditor's review of the policy, confirmed that the Agency has reviewed and approved the facility policy and procedures. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed there were no allegations of sexual abuse which include a vulnerable as the alleged detainee victim.

§115.62 - Protection duties.

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

Notes:

GEO policy 11.1.6.A states, "When a facility learns that a detainee is subject to substantial risk of imminent Sexual Abuse, it shall take immediate action to protect the detainee." The Auditor reviewed the facility Sexual Abuse and Assault Prevention and Intervention (PREA) In-Service training curriculum which states, "Simply put, if it comes to your attention that a detainee is at a "substantial risk" of "imminent sexual abuse" you must take IMMEDIATE action to protect the detainee." Interviews with 10 security line staff and supervisors confirmed if they become aware a detainee is at substantial risk of sexual abuse, their first response would be the safety of the detainee at risk and their course of action would be to separate the detainee and notify a supervisor of the situation. An interview with the FA indicated the detainee's safety would be the priority; and therefore, if indicated, the detainee would be moved to the least restrictive housing available.

§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): GEO policy 11.1.6.A states, "In the event that a Detainee alleges that Sexual Abuse occurred while confined at another facility, the Facility shall document those allegations and the FA or AFA (in the absence of the FA) where the allegation was made shall contact the FA or designee where the abuse is alleged to have occur and notify the ICE Field Office as soon as possible, but no later than 72 hours after receiving the notification. GEO policy 11.1.6A further states, "The Facility shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PREA Compliance Manager and Corporate PREA Coordinator. Any Facility that receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA standards and reported to the appropriate ICE Field Office Director." In an interview with the FA, it was indicated the FA would notify the appropriate agency officials where the alleged sexual abuse occurred immediately upon receiving the allegation. The notification would be made by telephone and would be followed up with an email, to document the notification. The FA further indicated, if the facility received notice from another facility that a detainee has alleged sexual abuse while housed at AIPC/DVA, he would ensure that the allegation is immediately assigned for investigation. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed there were incidents where a detainee, transferred from another facility, made an allegation of sexual abuse or notifications from another facility that reported a detainee had made an allegation of sexual abuse while housed at AIPC/DVA.

§115.64 - Responder duties.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): GEO policy 11.1.6.A states, "Upon receipt of a report that an Individual in a GEO Facility or Program was sexually abused, or if the Employee sees abuse, the first security staff member to respond to the report shall: a. Separate the alleged victim and abuser; b. Immediately notify the on duty or on call supervisor and remain on scene until relieved by responding personnel; c. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; d. If the sexual abuse occurred within 96 hours, ensure that the alleged victim or abuser do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing cloths, urinating, defecating, smoking, drinking, eating; e. The alleged victim and abuser should be placed (separately) in a dry cell or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; until the forensic examination can be performed; f. A security staff member of the same sex shall be placed outside the cell or area for direct observation to ensure these actions are not performed, and g. If the first responder is not a security staff member, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence, remain with the alleged victim, and notify Security Staff." The facility Sexual Abuse and Assault Prevention and Intervention (PREA) training curriculum states, "Upon receipt of a report of Sexual Abuse, the first Security Staff Person to respond must: separate the alleged victim and abuser, immediately notify the on duty or on call supervisor and remain on the scene until relieved by responding personnel; preserve and protect any crime scene until appropriate steps can be taken to collect any

evidence; request alleged victim and ensure abuser take any actions that could destroy physical evidence, including, as appropriate washing, brushing teeth, changing cloths, urinating, defecating, smoking, drinking, eating; 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." The SAAP Incident Checklist for Incidents of Sexual Abuse and Harassment states, "If sexual assault alleged to have occurred within previous 96 hours place the victim in Infirmary Isolation cell and request the victim does not destroy evidence by washing, brushing teeth, changing cloths, urinating, defecating, smoking, drinking, eating." An interview with the FA confirmed that GEO policy 11.1.6.A is the facility coordinated response plan. The Auditor reviewed the facility first responder cards, which are provided to all security line staff and are worn on their lanyards. The cards stated, "Shall ensure that the alleged victim or abuser not take any actions that could destroy physical evidence." The facility immediately corrected the cards to state "Shall request the alleged victim and ensure the abuser not take any actions that could destroy physical evidence" and distributed the updated cards to all security line staff during the on-site audit. Interviews with security line staff and supervisors indicated if detainee reported an allegation of sexual abuse to them, they would separate the detainee, call for backup, secure the scene and request the detainee victim and ensure the abuser does not take any action that could destroy physical evidence. An interview with a non-custody staff member, indicated she would tell them to stop and call for backup. During each interview, the Auditor confirmed the security line staff and supervisors did have the updated card on their person.

Does Not Meet (a): The facility is not in compliance with subsection (a) of this standard. The facility's coordinated response plan states, "If the sexual abuse occurred within 96 hours, ensure that the alleged victim or abuser do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing cloths, urinating, defecating, smoking, drinking, eating; e. The alleged victim and abuser should be placed (separately) in a dry cell or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; until the forensic examination can be performed. To become compliant the facility shall revise and implement the coordinated response plan to include first responder duties, 3) if the abuse occurred within a time period that still allows for the collection of physical evidence, request the victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, smoking, drinking, or eating. Once the coordinated response plan has been revised, the facility shall train all security line staff and supervisors on 1st responder duties and provide documentation of such training to the Auditor.

§115.65 - Coordinated response.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): GEO policy 11.1.6.A states, "Upon receipt of a report that an Individual in a GEO Facility or Program was sexually abused, or if the Employee sees abuse, the first security staff member to respond to the report shall: a. Separate the alleged victim and abuser; b. Immediately notify the on duty or on call supervisor and remain on scene until relieved by responding personnel; c. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; d. If the sexual abuse occurred within 96 hours, ensure that the alleged victim or abuser do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing cloths, urinating, defecating, smoking, drinking, eating; e. The alleged victim and abuser should be placed (separately) in a dry cell or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; until the forensic examination can be performed; f. A security staff member of the same sex shall be placed outside the cell or area for direct observation to ensure these actions are not performed, and g. If the first responder is not a security staff member, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence, remain with the alleged victim, and notify Security Staff." An interview with the FA, indicated GEO policy 11.1.6.A is the facility's coordinated response plan to coordinate the actions taken by first responders, investigators, medical and mental health, and the facility leadership. A review of the facility coordinated response plan, confirmed the plan coordinates the action taken by the first responders, medical and mental health practitioners, investigators, and the facility leadership in response to an incident of sexual abuse; however, a review of the Coordinated Response plan requires security first responders ensure that the alleged victim or abuser do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing cloths, urinating, defecating, smoking, drinking, eating. In addition, the Auditor reviewed the facility first responder cards, which are provided to all security line staff and are worn on their lanyards. The cards stated, "Shall ensure that the alleged victim or abuser not take any actions that could destroy physical evidence." The facility immediately corrected the cards to state "Shall request the alleged victim and ensure the abuser not take any actions that could destroy physical evidence" and distributed the updated cards to all security line staff during the on-site audit. Interviews with security line staff and supervisors indicated if detainee reported an allegation of sexual abuse to them, they would separate the detainee, call for backup, secure the scene and request the detainee victim and ensure the abuser does not take any action that could destroy physical evidence. The Auditor reviewed seven investigation files and confirmed the facility utilized a coordinated, multidisciplinary response, in responding to each allegation.

Does Not Meet (a): The facility is not in compliance with subsection (a) of this standard. The facility's coordinated response plan states, "If the sexual abuse occurred within 96 hours, ensure that the alleged victim or abuser do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing cloths, urinating, defecating, smoking, drinking, eating; e. The alleged victim and abuser should be placed (separately) in a dry cell or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; until the forensic examination can be performed." To become compliant the facility shall revise and implement the coordinated response plan to include first responder duties and if the abuse occurred within a time period that still allows for the collection of physical evidence, request the victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing

clothes, urinating, smoking, drinking, or eating. Once the coordinated response plan has been revised, the facility shall train all security line staff and supervisors on 1st responder duties and provide documentation of such training to the Auditor.

(c)(d): GEO policy 11.1.6.A states, "If the victim of Sexual Abuse is transferred between DHS Immigration Detention Facilities, the sending Facility shall, as permitted by law, inform the receiving Facility of the incident and the victim's potential need for medical or social services. If the victim of Sexual Abuse is transferred to a non-DHS Facility, the sending Facility shall, as permitted by law, inform the receiving Facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. Facilities shall utilize the "Notification of PREA Incident"." Interviews with the facility Administrator, medical and mental health staff, indicated that the facility would provide information regarding the victim's potential need for medical and mental health services. If the detainee is transferred to a non-DHS facility, the medical staff would obtain the detainee's consent prior to providing the information to the receiving facility.

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

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

Notes:

GEO policy 11.1.6.A states, "In every case where the alleged abuser is an Employee, Contractor, or Volunteer, they will be removed from all duties that involve detainee contact pending an 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 allegations. The email or memorandum shall be printed and maintained as part of the investigation file. Note: A GEO OPR referral shall be completed for all allegations in which staff, contractor or volunteer is the alleged abuser." In interviews with the FA and the PSA Compliance Officer it was indicated that staff are removed from contact with detainees until the investigation has been concluded. The Auditor reviewed one staff-on-detainee and three contractor-on-detainee sexual abuse allegation investigation files and confirmed both staff and contracted staff were removed from all detainee contact pending the outcome of the investigation.

§115.67 - Agency protection against retaliation.

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

Notes:

(a)(b)(c): GEO policy 11.1.6.A states, "Employees, Contractors and Volunteers, and Detainees shall not retaliate against any person, including detainee, who reports, complains about or participates in an investigation into an allegation of Sexual Abuse, or for participating in Sexual Activity as a result of force, coercion, threats, or fear of force. The Facility shall employ multiple protection measures, such as housing changes, removal of alleged staff abusers from contact with victims, and emotional support services for Detainees and Employees who fear retaliation for reporting Sexual Abuse or for cooperating with investigations. The Facility PREA Compliance Manager or Mental Health personnel shall be responsible for monitoring detainee retaliation. GEO policy 11.1.6A further states, "Facilities shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims who fear retaliation for reporting Sexual Abuse or for cooperating with investigations" and "a Mental Health staff member or the PREA Compliance Manager shall meet weekly with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. Any issues discussed shall be noted on the "Protection from Retaliation Log", to include corrective actions taken to address the issue. Items to be monitored for detainees include disciplinary reports and housing or program changes." In addition, GEO policy 11.1.6A, "For at least 90 days following a report of Staff Sexual Misconduct (abuse or harassment) by another Employee, the Facility Human Resources Staff or Facility Investigator as designated by the FA shall monitor the conduct and treatment of the Employee who reported the Staff Sexual Misconduct (abuse or harassment) or Employee Witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Designated staff shall meet every 30 days for 90 days with employees in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. The Employee Assistance Program (EAP) may also be offered for emotional support services for Employees who fear retaliation. Any issues discussed shall be noted on the "Employee Protection from Retaliation Log", to include corrective actions taken to address the issue. Items to be monitored for Employees include negative performance reviews and Employee reassignments. If any other individual expresses fear of retaliation, the Facility shall take appropriate measures to protect that individual as well. Completed Monitoring Logs shall be retained in the investigative file of the corresponding SAAPI incident." In an interview with the PSA Compliance Manager, it was indicated that she is responsible for retaliation monitoring of detainee victims of sexual abuse and HR staff would monitor staff. In addition, the PSA Compliance Manager indicated she meets with the detainee every week for 90 days, or longer if needed, and will review the detainee's housing record, disciplinary record, or any program changes, that may have occurred. An interview with the HR Manager indicated staff are monitored every 30 days for up to 90 days, or longer if needed, to ensure there have not been negative reviews or reassignments as a result of reporting an allegation of sexual abuse or cooperating in an investigation. The Auditor reviewed seven investigation files and confirmed all seven files contained documentation confirming retaliation monitoring for at least 90 days.

§115.68 - Post-allegation protective custody.

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

Notes:

(a)(b)(c)(d): GEO policy 11.1.6.A states, "The facility shall take care to place detainee victims of Sexual Abuse in a supportive environment that represents the least restrictive housing option possible (e.g., protective custody), subject to the requirements of 115.43. Detainee victims shall not be held for longer than five (5) days in any type of administrative segregation, except in unusual circumstances or at the request of the detainee. A detainee victim who is in protective custody after having been subjected to Sexual Abuse shall not be returned to general population until completion of a proper re-assessment, taking into consideration and increased

vulnerability of the detainee as a result of the sexual abuse. Facilities shall not notify the appropriate ICE Enforcement and Removal Operations Field Office Director whenever a detainee victim has been held in administrative segregation for 72 hours.” An interview with the FA indicated a detainee that is a victim of sexual abuse would only be placed in administrative segregation/protective custody if it is the best option, and as a last resort or at the request of the victim detainee, until alternative arrangements could be made. The FA further indicated any time a detainee is placed into segregation or protective custody due to an incident of sexual abuse the ICE FOD is notified immediately. The Auditor reviewed seven investigation files and confirmed in one file it was indicated the facility utilized protective custody based on request of the victim detainee and that a reassessment was conducted prior to placing the detainee back into general population. A review of the sexual abuse investigation further indicated there was notification made to the ICE FOD prior to the placement. During the on-site audit, there were no detainee victims of sexual abuse housed in administrative segregation/protective custody; and therefore, no interviews were conducted.

Recommendation: The Auditor recommends that GEO policy 11.1.6A be updated to remove the verbiage “not” in the policy requirement that states, “the facility would not notify the Removal Operations Field Office Director whenever a detainee victim has been held in administrative segregation for 72 hours.

§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)(e)(f): GEO policy 11.1.6.A states, “When the facility conducts its investigation into allegations of sexual abuse, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. An administrative investigation will begin within 24 hours of notifying ICE of a sexual abuse allegation unless the facility has been advised a criminal investigation, is pending by either local law enforcement or ICE OPR or DHS Office of Inspector General (OIG). Note: Should the ICE OPR or DHS OIG open a criminal investigation, they will notify the facility within 24 hours of the report to inform of their interest. In allegations where a criminal investigation is initiated by ICE OPR, DHS OIG, or outside law enforcement, the facility shall begin an administrative investigation as soon as the criminal investigation has concluded or at such time as the outside investigative entity indicates the facility may begin their administrative investigation. When outside agencies (ICE OPR, DHS OIG, or outside law enforcement) investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Facilities shall request copies of completed investigative reports.” An interview with a facility Investigator, indicated the facility will complete an administrative investigation on all allegations. The investigators remain in constant contact with the SBSB or the investigating agency and will begin the administrative investigation as soon as SBSB the investigating agency indicates they can begin. She further indicated that an investigation would continue regardless of if the victim or the abuser (staff or detainee) is no longer at the facility. The Auditor reviewed seven sexual abuse allegation investigation files, and confirmed each investigation was completed promptly, thoroughly, and objectively. In addition, a review of seven sexual abuse allegation investigation files confirmed each investigation was conducted by specifically trained, qualified investigators.

(c): GEO policy 11.1.6.A states, “An investigative report shall be written for all investigations of allegations of Sexual Abuse conducted at the facility level. Facilities shall utilize the investigative report template for all PREA investigations.” GEO policy 11.1.6A further states, “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. GEO policy 11.1.6A further states, “Administrative investigations (1) shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings” and “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 inmate or staff. In addition, GEO policy 11.1.6A states, “No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation.” The Auditor reviewed seven investigation files; each file contained an investigative report. The reports included a description of the physical and testimonial evidence, the reasoning behind credibility assessments, a review of prior complaints and reports of sexual abuse involving the abuser, efforts to determine whether staff actions or failures to act contributed to the abuse and the investigative facts and findings. In addition to the review of the reports, an interview with an Investigator confirmed all elements are considered and documented in each investigation.

§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:

Agency Policy 11062.2 states, “The OPR shall conduct either an OPR review or investigation, in accordance with OPR policies and procedures. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse.” GEO policy 11.1.6.A states, “Facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of Sexual abuse are Substantiated.” An interview with a facility Investigator indicated the facility will not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. The Auditor reviewed seven investigative files and confirmed outcomes of the investigations were not based on a standard higher than a preponderance of the evidence.

§115.73 - Reporting to detainees.

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

Notes:

GEO policy 11.1.6.A states, "At the conclusion of all investigations conducted by facility investigators, the facility investigator or staff member designated the FA shall inform the Detainee victim of the results of the investigation into the allegations of sexual abuse and any responsive action taken. The Detainee shall receive the original completed "Notification of Outcome of Allegations" form in a timely manner and a copy of the form shall be retained as part of the investigation file. The Detainee will be provided an updated notification at the conclusion of a criminal proceeding, if the detainee is still in custody at the facility. The facility's obligation to report under this section shall terminate if the Detainee is released from custody. If the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the Detainee." In interviews with the PSA Compliance Manager and facility Investigator, indicated that notification is made to each victim of an alleged sexual abuse and of any responsive action that is taken on the case. The Auditor reviewed seven investigations and confirmed each alleged victim had been notified of the result of the investigation. During the on-site audit there was one detainee who reported an allegation of sexual abuse during the audit period; however, he was housed in a COVID quarantine unit; and therefore, unavailable for interview.

§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)(c)(d): GEO policy 11.1.6.A states, "Staff shall be subject to disciplinary or adverse actions up and including removal from their position and the Federal service for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies. The agency shall review and approve facility policies and procedures regarding disciplinary or adverse actions for staff and shall ensure that the facility policy and procedures specify disciplinary or adverse actions for staff, up to and including removal from their position and from Federal service for staff, when there is a substantiated allegation of sexual abuse or when has been a violation of agency sexual abuse rules, policies, or standards. Removal from their position and Federal services 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 facility shall report all removals or resignations in lieu of removal for violations of Agency or facility Sexual abuse policies to appropriate law enforcement agencies, unless the activity is clearly not criminal. The facility shall make reasonable efforts to report removals or resignations in lieu of removal for violations of agency or facility's sexual abuse policies to any relevant licensing bodies, to the extent known." In an interview with the FA and SDDO, and review of GEO policy 11.1.6A, confirmed the policy was approved by the FA and the AFOD. Interviews with the FA and 10 security line staff and supervisors indicated they all were aware that termination is the presumptive disciplinary sanction if they violate the facility policies. In addition, the FA confirmed the facility would notify any licensing body of removals or resignations in lieu of removal for violating the facility sexual abuse policies. The Auditor reviewed one sexual abuse allegation investigation file that included staff-on-detainee and confirmed the allegation was determined to be unfounded.

§115.77 - Corrective action for contractors and volunteers.

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

Notes:

(a)(b)(c): GEO policy 11.1.6.A states, "Any contractor or volunteer who has engaged in sexual abuse shall be prohibited from contact with detainees. The facility shall make reasonable efforts to reports [sic] to any relevant licensing body, to the extent known, incidents of substantiated sexual abuse by a contractor or volunteer. Such incidents shall also be reported to law enforcement agencies, unless the activity was clearly not criminal. Contractors and Volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with detainees by Contractors or volunteers who have not engaged in sexual abuse but have violated other provisions within these standards." An interview with the FA indicated that any contractor or volunteer suspected of perpetrating sexual abuse would be removed from all duties involving detainee contact and law enforcement would be notified, the incident would be reported to the contractor's employer, and any other licensing bodies. In addition, if a contractor violated any other provisions of facility policies, they would be removed from the facility and any further contact with detainees, pending the results of an investigation. The Auditor reviewed three sexual abuse investigation files that included contractor-on-detainee and confirmed the contractor was removed from the facility, until the investigation had been completed. All investigations were determined to be unfounded.

§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): GEO policy 11.1.6.A states, "The facility shall subject a detainee to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engages in sexual abuse. At all steps in the disciplinary process any sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations in the future. The facility holding detainees in custody shall have a detainee disciplinary system with progressive levels of reviews, appeals, procedures, and documentation procedure. The disciplinary process shall consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The facility shall not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. 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 PSA Compliance Manager shall

receive copies of all disciplinary reports regarding sexual activity and sexual abuse for monitoring purposes." Interviews with the FA and the PSA Compliance Manager indicated that detainees are subject to disciplinary sanction pursuant to a formal disciplinary process for an administrative or criminal finding that the detainee engaged in sexual abuse. The FA and PSA Compliance Manager further indicated detainees are not disciplined for reports made in good faith based on a reasonable belief that the alleged conduct had occurred. In an interview with the FA, it was confirmed the AIPC/DVA has a disciplinary system that includes reviews, appeals and documentation procedures. The Auditor reviewed 7 investigation files and confirmed no detainee had been found to have engaged in sexual abuse; and therefore, no disciplinary records were reviewed.

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

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

Notes:

(a)(b)(c): GEO policy 11.1.6.A states, "If during the intake assessment, persons tasked with screening determine that a detainee is at risk for either sexual victimization or abusiveness, or if the detainee has experienced prior victimization or perpetrated sexual abuse, the detainee shall be immediately referred to a Qualified Medical and/or Mental Health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the Detainee shall receive a health evaluation no later than two (2) working days from the date of assessment. When a referral for mental health follow-up is initiated, the Detainee shall receive a mental health evaluation no later than 72 hours after the referral." An interview with a Classification Supervisor indicated that if a detainee reports a history of sexual abuse, an automatic referral is completed for medical and mental health. An interview with a Medical Compliance Manager indicated the detainee would be seen immediately, if possible, but no later than two days. An interview with a Doctor of Psychology indicated if a referral was received for a detainee who reported a history of sexual abuse, the detainee would be initially seen between 24 and 72 hours. The Auditor reviewed 26 detainee files that included five detainees who reported previous sexual abuse. All five detainees were referred to medical and mental health and seen by both medical and mental health within 24 hours.

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

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

Notes:

(a)(b): GEO policy 11.1.6.A states, "Detainee victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services shall be provided without financial cost to the victim and regardless of whether that victim names the abuser or cooperates with any investigation arising out of the incident. No attempt will be made by Facility medical staff to clean or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim's medical condition; however, visible injuries shall be documented both photographically and in writing and placed in the victim's medical record." An interview with the facility Medical Compliance Officer, indicated that should a detainee be a victim of sexual abuse he/she would be triaged to address any emergency medical issues and would be transported to the Kaiser Fontana Hospital for a SANE exam, if needed. The hospital would provide emergency medical treatment, including emergency contraception and sexually transmitted infections prophylaxis. The facility would continue follow-up care, once the detainee is returned to the facility. In addition, it was indicated that ICE detainees are not charged for medical services related to sexual abuse. During the on-site audit, the Auditor spoke with a victim advocate from the PAV, and confirmed they would accompany the detainee for a SANE exam at the Kaiser Fontana Hospital. Victims of sexual abuse are not charged for SANE exams or advocacy provided by PAV. The Auditor reviewed 7 investigative files, each file contained a SA-API Incident Checklist for Incidents of Sexual Abuse and Harassment. The files indicated that each alleged victim was taken to medical immediately following the reported sexual abuse. The checklists indicated there had not been notification or referrals to the designated Forensic Exam Facility, as a SANE Exam was not required.

§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)(g): GEO policy 11.1.6.A states, "Each Facility shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of Sexual Abuse while in immigration detention. The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or release. 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 test 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 Facility shall attempt to conduct a mental health evaluation on all known detainees-on-detainee abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners. Note: "known abusers" are those Detainee abusers in which a SA-API investigation determined either administratively substantiated or substantiated by outside law enforcement. All refusals for medical and mental health services shall be documented." In an interview with the Medical Compliance Manager, she confirmed detainees would receive timely emergency access to medical and mental health treatment that includes as appropriate, pregnancy tests with information for all options of pregnancy related medical services, follow up tests for sexually transmitted infections, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to or placement in, other facilities, or their release from custody in accordance with professionally accepted standards of care.

In addition, all treatment is provided at no cost to the victim of sexual abuse. An interview with a Doctor of Psychology confirmed detainee perpetrators of sexual abuse would receive an evaluation immediately upon learning of such abuse history and a treatment plan would be established if the abuser is willing to participate. The Auditor reviewed seven investigation files, in all seven files, the Auditor confirmed the victims were immediately referred to medical and mental health. There were no investigation files with substantiated finding of sexual abuse, therefore no abuser was referred to mental health.

§115.86 - Sexual abuse incident reviews.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): GEO policy 11.1.6.A states, "Facilities are 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 Corporate PREA Coordinator may attend via telephone or in person. A DHS Sexual Abuse or Assault Incident Review form of the team's findings shall be completed and submitted to the local PSA Manager and the Corporate PREA Database. The Facility shall implement the recommendations for improvement or document its reasons for not doing so. GEO policy 11.1.6.A further states, "Annually, each Facility shall conduct a review of all Sexual Abuse investigations resulting incident reviews to assess and improve Sexual Abuse intervention, prevention, and response efforts. If the Facility has not had any reports of Sexual Abuse during the annual reporting period, then the Facility shall prepare a negative report. Facilities shall document the review utilizing the "DHS Annual Review of Sexual Abuse Incidents" form. The results and finding shall be provided to the FA, Field Officer Director, or his/her designee and Corporate PREA Coordinator upon completion." In an interview with the PSA Compliance Manager, it was indicated that the review team consists of upper-level management officials and allows for input from the security line supervisors, investigators, and medical and mental health practitioners. The PSA Compliance Manager further indicated that the facility would do an incident review utilizing a Sexual Abuse or Assault Incident Review form on all investigations, including those determined to be unfounded, within 30 days of the conclusion of the investigation; in an interview with the PSA Compliance Manager, it could not be confirmed that the incident reviews and the corresponding report would be forwarded to the Agency PSA Coordinator. The Auditor reviewed the form and confirmed it contained all elements required by subsection (b) of the standard. In addition, the Auditor reviewed seven sexual abuse allegation investigation files and confirmed each investigation contained a Sexual Abuse or Assault Incident Review form completed within 30 days of the conclusion of the investigation. In addition, the Auditor reviewed the DVA 2022 Annual Review of Sexual Abuse Investigations and Corrective Action Plan and confirmed its completion and that it had been forwarded to the ICE FOD and the Director of Contract Compliance; however, the Auditor could not confirm the report had been sent to the Agency PSA Coordinator. The facility did not submit a report that included AIPC allegations or a negative report from AIPC.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. The Auditor reviewed the submitted 2022 Annual Review of Sexual Abuse Investigations and Corrective Action Plan and confirmed its completion and that it had been forwarded to the ICE Field Officer Director and the Director of Contract Compliance; however, the Auditor could not confirm the report has been sent to the Agency PSA Coordinator. In addition, the facility did not submit a report that included AIPC allegations or a negative report from AIPC. To become compliant the facility must provide the Auditor with documentation the DVA annual report was submitted to the Agency PSA Coordinator. The facility must provide the Auditor with documentation that an annual report, or negative report, for 2022, which includes AIPC, was submitted to the facility administrator, ICE FOD, and the Agency PSA Coordinator. In addition, the facility must provide the Auditor with the annual reports, or negative reports, for the year 2023.

§115.87 - Data collection.

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

Notes:

GEO policy 11.1.6.A states, "Each facility shall collect and retain data related to Sexual Abuse as directed by the Corporate PREA Coordinator. Facilities shall maintain in a secure area all case records associated with claims of Sexual Abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling in accordance with the PREA standards and applicable agency policies and established schedules." An interview with the facility PSA Compliance Manager indicated that the facility maintains all case records associated with allegations of sexual abuse are maintained in her office under lock and key. The Auditor confirmed the location during the on-site audit.

§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)(e)(i)(j): During all stages of the audit including the on-site audit, the Auditor was able to review all available policies, memo, and other documentation required to make assessments on PREA compliance. Interviews with detainees were conducted in a private setting and remained confidential. The Auditor observed the notice of audit posted throughout the facility. No detainees, outside entity, or staff correspondence was received prior to the on-site audit or during the post audit review.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button:

Update Outcome Summary

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	0
Number of standards met:	31
Number of standards not met:	9
Number of standards N/A:	1
Number of standard outcomes not selected (out of 41):	0

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

Robin Bruck

4/21/2023

Auditor's Signature & Date

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

4/21/2023

Program Manager's Signature & Date

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

4/27/2023

Assistant Program Manager's Signature & Date