

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



**Homeland
Security**

AUDIT DATES

From:	11/17/2020	To:	11/19/2020
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AUDITOR INFORMATION

Name of auditor:	Thomas Eisenschmidt	Organization:	Creative Corrections LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	315-255-(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:	202-381-(b) (6), (b) (7)(C)

AGENCY INFORMATION

Name of agency:	U.S. Immigration and Customs Enforcement (ICE)
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FIELD OFFICE INFORMATION(c)(d) The Auditor determined compliance to this subpart of this standard based on review

Name of Field Office:	Miami Field Office
Field Office Director:	Michael Meade
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	865 SE 78th Ave Suite 101, Plantation, FL, 33324
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:	Broward Transitional Center (BTC)
Physical address:	3900 N. Powerline Rd, Pompano Beach, FL 33073
Mailing address: (if different from above)	Click or tap here to enter text.
Telephone number:	Click or tap here to enter text.
Facility type:	CDF
PREA Incorporation Date:	6/26/2015

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	954-957-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PREA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone number:	954-957-(b) (6), (b) (7)(C)

ICE HQ USE ONLY

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

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The Prison Rape Elimination Act (PREA) audit of the Broward Transitional Center (BTC) was conducted on November 17-19, 2020 by U.S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA Auditors, Thomas Eisenschmidt and (b) (6), (b) (7)(C) for Creative Corrections, LLC. The Auditors were provided guidance and review during the audit report writing and review process by the Immigration and Customs Enforcement (ICE) PREA Program Manager (b) (6), (b) (7)(C) and Assistant ICE PREA Program Manager, (b) (6), (b) (7)(C), DOJ and DHS certified PREA Auditors. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE External Review and Analysis Unit (ERAU) section during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. The BTC is privately operated by the GEO Group and operates under contract with the DHS, ICE, Office of Enforcement and Removal Operations (ERO). The facility processes detainees who are pending immigration review or deportation. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities held at the BTC are from Mexico, Guatemala, and Honduras. The facility does not house juveniles or family detainees. The ICE PREA audit was original scheduled for July 2020 and was postponed due to the COVID-19 pandemic. The audit period review became April 2019 to August 25, 2020. This was the second PREA audit for BTC. BTC is located in Pompano Beach, Florida.

The Team Lead opened the entry briefing at 7:45 a.m. on the first day of the on-site visit. In attendance were:

(b) (6), (b) (7)(C), Prevention of Sexual Assault (PSA) /PREA Compliance Coordinator, GEO

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

(b) (6), (b) (7)(C), PREA Investigator, GEO

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

(b) (6), (b) (7)(C), Acting Assistant Facility Administrator, GEO

(b) (6), (b) (7)(C) Assistant Field Office Director (AFOD), ICE

(b) (6), (b) (7)(C), Detention Service Manager (DSM), ICE

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

(b) (6), (b) (7)(C), Inspections and Compliance Specialist Office of Professional Responsibility (OPR), ICE, ERAU

The Auditors introduced themselves and then provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance to those present. The Lead Auditor explained the audit process is designed to assess compliance through written policies and procedures and to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. He further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour, provided documentation review, and conducting both staff and detainee interviews.

The audit began with a tour of the BTC intake area. The BTU staff walked the Auditors through the detainee intake process upon their arrival at BTC. There is one holding room in the intake area with a restroom and no camera. There are two shower stalls that are monitored by the same gender as those using them. Detainees remain in this intake area until assessed by both the intake/classification staff and medical/mental health staff. While in the area, detainees view two PREA videos and are provided written PREA educational information including the Broward Transitional Center Detainee Handbook Supplement, DHS-prescribed Sexual Assault Awareness Information pamphlet, and the ICE National Detainee Handbook. The Auditors continued their tour visiting every area that detainees had access to including all housing units, the medical services department (with two infirmary beds), recreation, food service, the visiting area, and facility support areas (classroom, laundry, maintenance).

The facility houses both male and female detainees. The North and South housing wings hold 595 male detainees and the West housing wings holds 105 females. The living areas consist of rooms holding five/six beds, a shower and toilet. There are no locks on these entrance doors. Interviews with both female and male staff confirmed they are not allowed to the opposite gender living areas. If on the rare occasion a cross-gender staff member would be required to enter the living area, he/she would need the same gender escort to accompany him/her. Signage was observed by both Auditors in each of the housing areas and inside the holding room providing detainees with PREA educational information, the facility zero-tolerance policy, methods for reporting sexual misconduct, and the victim advocate (b) (6), (b) (7)(C) contact information. The information was predominantly in Spanish and English with reporting information on ICE posters in Arabic, Farsi, French, Hindi, Korean, Romanian, Simplified Chinese, Tagalog, and Urdu. The detainee reporting hotline was tested and checked from two housing locations (male/female). The detainee reporting telephone line was operational and did not require the use of the detainee PIN or providing identifiable information prior to use. There are general population telephones available throughout the facility for detainee use including the outside recreation area. The PREA audit notices were also observed in multiple locations throughout the tour to include the detainee housing, medical unit, visitation, and at the entrance to the facility.

During the course of the site visit, Auditors conducted informal interviews with staff and detainees, questioning them on their knowledge of PREA. At the conclusion of the tour, the Auditors were provided with staff and detainee rosters and randomly selected staff and detainees for formal interviews. Twelve random staff (including line-staff and first-line supervisors) and specialized staff were interviewed. Those specialized staff included the Facility Administrator, PSA Compliance Manager, Human Resources, Training Coordinator, intake staff (two) Administrative Investigators, Grievance Coordinator, Classification Supervisor, medical staff, and mental health staff. A total of 30 random detainees were interviewed. Ten detainees interviewed were limited English proficient (LEP) and required the use of a language line through Language Services Associates (LSA) provided through contract with Creative Corrections. Five specialized detainee interviews were conducted with three detainees identifying as bisexual, one identifying as gay, and one with a cognitive disability.

There was one allegation reported during the audit period. It was a detainee on detainee allegation that was determined to be unsubstantiated after the investigation.

On November 19, 2020 an exit briefing was held in the staffing conference room. The Team Lead opened the briefing and then turned it over to the Auditors.

In attendance were:

- (b) (6), (b) (7)(C), PSA/ PREA Compliance Coordinator, GEO
- (b) (6), (b) (7)(C), Facility Administrator, GEO
- (b) (6), (b) (7)(C), PREA Investigator, GEO
- (b) (6), (b) (7)(C), Compliance Administrator, GEO
- (b) (6), (b) (7)(C) Acting Assistant Facility Administrator, GEO
- (b) (6), (b) (7)(C) AFOD, ICE
- (b) (6), (b) (7)(C), DSM, ICE
- (b) (6), (b) (7)(C), SDDO, ICE
- (b) (6), (b) (7)(C), Inspections and Compliance Specialist, OPR, ICE, ERAU

Both Auditors spoke briefly about their observations. Each commented about the very noticeable spirit of cooperation between the GEO staff and ICE staff. The Lead Auditor was able to provide some preliminary findings. Detainees interviewed had a good understanding of PREA and knew what mechanisms are in place to report incidents of sexual misconduct if needed. It was clear to both Auditors that staff of BTC take PREA seriously and have fostered a culture to better prevent, detect, and respond to sexual misconduct.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 1

§115.31 Staff training

Number of Standards Met: 39

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

Number of Standards Not Met: 0

Number of Standards Not Applicable: 2

§115.14 Juvenile and family detainees
§115.18 Upgrades to facilities and technologies

PROVISIONS

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

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

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

Notes:

(c)(d): The Auditor determined compliance on this subpart of this standard based on review of the policy BTC 1-15 Sexual Abuse/Assault Prevention and Intervention Programs requiring "BTC mandates a zero-tolerance towards all forms of Sexual Abuse. This policy outlines BTC's and the Company's approach to preventing, detecting, and responding to such conduct. Where any requirements of the DHS PREA Standards may conflict with PBNDS 2011, the DHS PREA Standards shall supersede. The Agency (i.e. ICE Local Field Office) shall review and approve each Facility's written policy and any subsequent changes." The Auditor was provided documentation that policy 1-15 was approved by ICE. The interview with the PSA Compliance Manager verified she is the point of contact for the agency's PREA Coordinator and she has sufficient time and authority to oversee efforts for the facility to comply with the GEO zero-tolerance policy.

§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): The Auditors determined compliance on these subparts of this standard based on review of policy 1-15 requiring that "BTC assess, determine and document no less frequently than once each year, whether adjustments are needed to the staffing plan; BTC's deployment of video monitoring systems and other monitoring technologies; and the resources BTC has available to commit to ensure adherence to the staffing plan." The PSA Compliance Manager confirmed the staffing plan is reviewed annually utilizing the "Annual PREA Facility Assessment." She indicated the review requires consideration be given to video monitoring equipment present and operational; generally accepted detention/correctional practices; any judicial findings of inadequacy; the physical plant; detainee population; any findings of incidents of sexual abuse; any recommendations of sexual abuse incident reviews; and any other relevant factors. She provided the Auditor with a copy of the most recent review completed, dated 9/2/2020. The interview with the Facility Administrator confirmed staffing levels for the supervision of the detainees at BTC are established by DHS, ICE, ERO, and GEO prior to a contract being agreed to; he further stated that staffing is based on direct supervision and overtime would be used to cover any supervision post, if staff was not available. During the three days the Auditors were on-site they observed, on all three shifts, adequate supervision of detainees.

(d): The Auditors determined compliance on this subpart of this standard based on review of policy 1-15 requiring that "BTC maintain a practice requiring Security Supervisors to conduct unannounced rounds on each shift. Additionally, the Warden shall identify management staff (i.e. Warden, Assistant Warden, Fire Safety Manager, PREA Compliance Administrator, and Programs Manager) who will also conduct unannounced rounds throughout the facility to deter Employee Sexual Abuse and Sexual Harassment. Unannounced Rounds shall be implemented (b) (7)(E) for all shifts and will be documented in the logbooks." The interviews with the 12 random staff confirmed they were aware of the policy prohibiting them from alerting other staff that supervisors were making rounds. The Auditors reviewed logbook entries while on-site and found supervisor signatures on all shifts daily, indicating PREA rounds are occurring.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

BTC does not accept juveniles or family detainees. This was confirmed in the PAQ, with interviews conducted with the Facility Administrator, PSA Compliance Manager, and personal observations while on site.

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

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

Notes:

(b)(c)(d): The Auditor determined compliance with these subparts of the standard after a review of policy 1-15 stating that "Searches may be necessary to ensure the safety of officers, civilians, and detainees; to detect and secure evidence of criminal activity; and to promote security, safety, and related interest at Immigration Detention Facilities." The policy further 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. BTC shall not permit cross-gender pat-down searches of female Detainees, absent exigent circumstances. BTC shall document all strip searches, visual body cavity searches and cross-gender pat-down searches. (See Attachment N - Cross Gender Pat Search Log)." Interviews with 12 random security staff indicated their awareness of the policy restrictions on searching detainees. Each staff also indicated that conducting searches is covered in the PREA training and search training they receive. The PAQ and PSA Compliance Manager confirmed BTC had no instances of cross-gender pat-searches during the previous 12 months.

(e)(f): The Auditor determined compliance with these subparts of the standard after a review of policy 1-15 stating that "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." As noted above, the policy requires all strip searches and visual body cavity searches be documented. The PSA Compliance Manager confirmed BTC had no instances of cross-gender strip searches or body cavity searches conducted during the previous 12 months.

(g): The Auditor determined compliance with these subparts of the standard after review of policy 1-15 requiring that "BTC implement policies and procedures which allow Detainees to shower, change clothes, and perform bodily functions without Employees of the opposite gender viewing them, absent Exigent Circumstances or instances when the viewing is incidental to routine cell checks or otherwise appropriate in connection with a medical examination or monitored bowel movement." BTC policies and procedures 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". BTC is set up like a

motel with six detainees in a room with a private shower. Male staff do not enter female living areas without being accompanied by a female. The same restriction is placed on female staff when entering male living areas. The Auditor heard cross-gender announcements when staff entered areas other than the detainee housing areas. The PSA Compliance interview confirmed that a "monitored bowel movement" would be completed by medical staff per the standard's requirement.

Recommendation: The language in policy 1-15 should be expanded to reflect that "monitored bowel movement are performed by medical staff" to clarify the practice.

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

(i)(j): The Auditor determined compliance with these subparts of the standard after a review of policy 1-15 that requires "Security Staff at BTC shall be trained to conduct pat-down searches, including cross-gender pat-down searches and searches of Transgender and Intersex Detainees in a professional and respectful manner, and in the least intrusive manner possible, including consideration of officer safety. BTC shall not search or physically examine a Detainee for the sole purpose of determining the Detainee's genital characteristics. If the Detainee's gender is unknown, it may be determined during conversations with the Detainee, by reviewing medical records, or by learning that information as part of a standard medical examination that all Detainees must undergo as part of intake or other processing procedure." Random security staff interviewed confirmed their knowledge of the prohibition of searching transgender or intersex detainees to determine their genital status and their responsibility to perform pat-down searches in a professional and respectful manner. There were no transgender or intersex detainees at the facility to interview at the time of the on-site visit. Each random staff person interviewed indicated search training is covered within their PREA training. The Auditors verified compliance also through the review of the training curriculum that demonstrated searching detainees in a professional and respectful manner, and in the least intrusive manner possible, including consideration of officer safety.

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

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

Notes:

(a)(b)(c): The Auditors determined compliance with these subparts of the standard after a review of policy 1-15 that states "BTC shall ensure that Detainees with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, or have 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. Facility staff shall use methods to ensure effective communication, which shall include, when necessary, access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation. In matters relating to Sexual Abuse, BTC 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 BTC staff determines that such interpretation is appropriate." Each detainee upon arrival is provided the Broward Transitional Center Handbook available in English and Spanish and the ICE National Detainee Handbook, available in 11 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Bengali, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, and Vietnamese). The detainees view two videos (PREA Orientation and Know Your Rights) while in intake. Posted in the intake area and on each of the bulletin boards, in areas the detainees are allowed to gather, is the DHS Sexual Assault Awareness pamphlet in Spanish and English. Interviews with the intake staff confirmed that if a detainee speaks a language not available in the ICE National Detainee handbook, the staff will utilize the ERO Language Line Service for interpretive services to provide this initial PREA information. The interview with the intake staff indicated that detainees they encounter, that may be hearing impaired or deaf, would require staff to utilize the teletype (TTY) telephone and a tablet with a communication application for the deaf. Limited sight or blind detainees are provided individualized attention by staff which may include reading the information to him or her. In instances where a detainee has intellectual disabilities or limited reading skills, depending on the degree of limitation, the detainee would be referred initially to their security supervisor or the medical/mental health department to provide the necessary orientation information. The Auditors interviewed ten detainees that were LEP and one with a cognitive disability. All 11 detainees indicated that they were provided information on PREA that they understood. There were no detainees, at the time of the on-site visit, with any other disabilities. Thirty random and targeted detainee interviews confirmed information on the facility's PREA program was provided to them upon arrival. During these interviews, the Auditor was informed by six detainees that they never received this information. The Auditors reviewed their detention files and found signed documentation indicating that each had received the required information. The interviews with the Facility Administrator, PSA Compliance Manager, and facility investigator confirmed an interpreter would be used in any sexual abuse allegation involving a LEP detainee. The random staff interviews confirmed their understanding of who can and cannot provide interpreter services during matters relating to sexual abuse. There was no detainee present at the facility who filed a sexual abuse allegation for the Auditors to interview. The investigative case file review for the only reported allegation of sexual abuse made during the previous 12 months documented the use of interpretive services along with the interpreter's identification number.

§115.17 - Hiring and promotion decisions.

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

Notes:

(a)(b)(e)(f): Executive Order 10450 (Security Requirements for Government Employment), Office of Personal Management Section Part 731 and ICE Directives 6.7.0 and 6.8.0 that requires "the facility and agency, to the extent permitted by law, to refuse to hire or promote anyone who may have contact with detainees, and decline to enlist the services of any contractor or volunteer who may have contact with detainees, who has been found to have engaged, been convicted of engaging, or civilly or administratively adjudicated to have engaged in sexual abuse as defined in the standard." The documents require all new hires, those staff awaiting promotions, and all staff on an annual basis to complete and submit a Self-Declaration of Sexual Abuse/Sexual Harassment form. The individual responds directly to questions about previous misconduct as required per the standard and as verification of the employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct. The Unit Chief of the OPR Personnel Security Unit (PSU), informed Auditors who attended video training in October 2020, that candidate suitability for all employment 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. Applicants are questioned directly about any such previous misconduct both during their background check and during the job interview process and a positive response to any of those specific questions are grounds for unsuitability including material omissions or making false or misleading statements in the application. The BTC Human Resources (HR) Manager confirmed any employment candidate or staff member that provides false, misleading, or incomplete information would be subject to dismissal from his/her employment or withdrawal of any offer for employment. She also stated the facility would provide information on substantiated allegations of sexual abuse involving former employees upon the request from an institutional employer for which the employee has sought new employment. She

also indicated, as part of the facility employment process, they would request information from prior institutions where the prospective candidate was previously employed. The Auditors reviewed background checks completed on promoted staff. The Auditors reviewed ten employee files and found completed background checks dated prior to the actual start dates.

(c)(d): The Federal Statute 731.105 and ICE Directives 6.0, 7.0 and 6.8.0 require "the facility and agency to conduct criminal background checks on all staff and contractors who may have contact with detainees prior to being allowed entrance into the facility. It further requires a background recheck be conducted every five years on all employees and unescorted contractors." The BTC HR Manager stated ICE completes all background checks for all staff and contractors prior to hiring and then again, every five years. ICE conducts National Crime Information Center (NCIC) background checks on all volunteers annually according to the SDDO. A review of the documentation provided by ICE's PSU confirmed that ten randomly selected employees' (eight BTC and two ICE) background checks were performed prior to them reporting to work and the five -year background checks are completed on employees that have been employed longer than five-years..

§115.18 - Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a)(b): These subparts of the standard are not applicable as BTC has not made any upgrades to the facility and technologies since their previous audit in 2017.

§115.21 - Evidence protocols and forensic medical examinations.

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

Notes:

(a): The Auditors determined compliance on this subpart on ICE policy 11062.2 Sexual Abuse and Assault Prevention and Intervention that requires "facilities secure and preserve the crime scene and safeguard information and evidence, consistent with ICE uniform evidence protocols and local evidence protocols in order to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.". The agency's policy 11062.2 Sexual Abuse and Assault Prevention and Intervention outlines the agency's evidence and investigation protocols. Per policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with local law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the 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 AFOD would assign an administrative investigation to be conducted. BTC Policy 1-15 requires "if an allegation of sexual abuse incident involves coercion, force, threats or intimidation, the facility should promptly contact the local law enforcement (Broward Sheriff's Office) having jurisdiction for investigation." The facility requested a Memorandum of Understanding (MOU) with the Sheriff's office, requesting that the department comply with subparts (a) thru (d), but were told that the Sheriff's office would respond to any criminal activity at the facility, but would not enter into an MOU. The Facility Administrator and PSA Compliance Manager confirmed the protocols for investigations of sexual abuse outlined in policy 1-15 were approved by ICE.

(b)(c)(d): The Auditors determined compliance with these subparts of the standard through a review of the MOU with the Nancy J. Cotterman Center (NJCC). This MOU was initiated in 2014 and automatically renews annually. The NJCC is the Broward County's only certified rape crisis and accredited children's advocacy center. The NJCC provides immediate crisis response to victims, including detainees, and improves and enhances the quality of life for victims of sexual assault and child abuse through effective forensically sensitive interventions, implemented by professionals specializing in the fields of sexual assault and child abuse. Services are available in English, Spanish, and Creole. The Auditor spoke with an advocate with the NJCC that provides forensic services and crisis intervention support to victims of sexual violence, if requested. If requested by the victim, the advocate further advised the presence of the victim advocate, including any available victim advocacy services offered by a hospital conducting a forensic exam, will be allowed for support during a forensic exam and investigatory interviews. At no cost to the detainee, and only with the detainee's consent, the facility will arrange for an alleged victim to undergo a forensic medical examination by qualified health care personnel, including a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE), where practicable. Policy 1-15 requires "if the alleged Sexual Abuse is reported or discovered within 96 hours of the incident, and if determined appropriate by the medical provider and/or investigator, the alleged victim shall be either transported to the designated off-site facility (e.g. North Broward Hospital or Nancy J. Cotterman Center) where a SANE or SAFE would be called for the collection of forensic evidence and medical treatment."

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

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

Notes:

(a)(b): The Auditors determined compliance with these subparts of the standard after a review of policy 15-1 that requires "an administrative or criminal investigation shall be completed for all allegations of Sexual Abuse at BTC, regardless of whether a criminal investigation is completed. When the facility conducts its own investigations into allegations of Sexual Abuse, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. An administrative investigation will begin within 24 hours of notifying ICE of a sexual abuse allegation except for allegations where the facility has been advised a criminal investigation is pending by either local law enforcement or ICE Office of Professional Responsibility (OPR) or DHS Office of Inspector General (OIG). 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." The Broward County Sheriff is the local law enforcement agency that conducts criminal investigations at BTC. The policy further requires "GEO shall retain all written reports referenced this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years." The interview with the facility investigator and the investigative file review confirmed all allegations made at BTC were investigated. The facility investigator also confirmed she assists with outside law enforcement as necessary.

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

(d)(e)(f): The Auditors determined compliance with these subparts of the standard after a review of policy 15-1 that requires "when a detainee of the Facility in which an alleged detainee victim is housed is alleged to be the perpetrator of Detainee Sexual Abuse, the Facility shall ensure that the incident is promptly reported 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 (e.g. Broward Sheriff's

Office) having jurisdiction for investigation." Policy indicates and was further corroborated by the PSA Compliance Manager that the facility may separately conduct its own investigation. The SDDO and the PSA Compliance Manager indicated they would be notified in all allegations of sexual abuse and make the necessary notifications. The ICE notification is made through the SDDO and GEO notification through the PSA Compliance Manager. The documentation observed in the investigative files noted these notifications were completed.

§115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c): The Auditors determined compliance with these subparts of the standard after a review of policy 1-15 requiring "all Employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program. PREA/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 (attachment E) that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-Service SAAPI Training." The policy further requires the training include "definitions and examples of prohibited and illegal sexual behavior; ICE and GEO's zero-tolerance policies for all forms of sexual abuse; how to fulfill their responsibilities under the agency sexual abuse and assault prevention, detection, reporting and response policies and procedures, to include procedures for reporting knowledge or suspicions of sexual abuse; the right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; an understanding that sexual abuse or assault is never an acceptable consequence of detention; recognition of situations where sexual abuse or assault may occur; recognition of the physical, behavioral, and emotional signs of sexual abuse or assault and methods to prevent and respond to such occurrences; how to detect and respond to signs of threatened and actual sexual abuse; the requirement to limit reporting of sexual abuse and assault to personnel with a need-to-know in order to make decisions concerning the detainee-victim's welfare, and for law enforcement/investigative purposes; the investigation process and how to ensure that evidence is not destroyed; and prevention, recognition, and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities; understanding of how to report knowledge or suspicion of sexual abuse or assault and make intervention referrals to the facility's program; understanding of documentation and referral procedures of all allegations or suspicion of sexual assault; how to avoid inappropriate relationships with detainees; and how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees." The Auditors reviewed ten random employee training files, (eight staff and two contractors), each containing a signed PREA Basic Training Acknowledgement Form. Random GEO staff (12) and ICE staff (2) interviews confirmed each had received in-service PREA training and annual refresher training. The Auditors also reviewed the course curriculum for the PREA training and found it addressed each of the subpart (a) requirements of the standard. The Training Coordinator confirmed all BTC staff received GEO's PREA training within one year of the facility incorporation date (6-26-2015). The Auditors believe the facility exceeds the standard as the training requirement is refresher training every two years and BTC requires annual refresher.

§115.32 - Other training.

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

Notes:

(a)(b)(c): The Auditor based determined compliance with these subparts of the standard after a review of policy 1-15 that requires "all Employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program on their responsibilities under GEO's Sexual Abuse and Assault prevention, detection, and response policies and procedures." During the on-site visit the Auditors interviewed one available contractor. There were no volunteers available, as none were allowed at the facility due to COVID-19 restrictions. The contractor detailed the training he received and indicated that he signed the GEO attachment E According to the PSA Compliance Manager and Training Coordinator, all contractors and volunteers receive the same ICE approved curriculum on PREA training as employees. All volunteer training is provided through the facility investigator. The contractor files reviewed by the Auditors contained signed PREA Basic Training Acknowledgement Form (attachment E) documents. The Auditor was also provided training sign in sheets for all volunteers and reviewed a sampling of completed PREA Basic Training Acknowledgement Forms (Attachment E) for contractors as well.

§115.33 - Detainee education.

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

Notes:

(a)(b)(c)(e): The Auditors determined compliance with these subparts of the standard after a review of policy 1-15 that requires "during the intake process, BTC shall ensure that the Detainee orientation program conducted by the Programs Department notifies and informs Detainees of BTC's zero tolerance policy regarding all forms of Sexual Abuse and Assault and includes instruction on: Prevention and intervention strategies; Definitions and examples of Detainee-on-Detainee Sexual Abuse, Employee-on Detainee Sexual Abuse and coercive Sexual Activity; 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; Self-protection and indicators of Sexual Abuse; Prohibition against retaliation, including an explanation that reporting Sexual Abuse shall not negatively impact the Detainee's immigration proceedings; and the right of a Detainee who has been subjected to Sexual Abuse to receive treatment and counseling." The policy further requires "the 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. BTC's Program Department shall maintain documentation of Detainee participation in the intake process orientation which shall be retained in their individual files." As noted in standard 115.16 each detainee, upon arrival, is provided PREA information through the Broward Transitional Center Handbook available in English and Spanish and the ICE National Detainee Handbook, available in 11 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Bengali, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, and Vietnamese). The detainees also receive information from viewing two videos (PREA Orientation and Know Your Rights) while in intake as well. Posted in the intake area and on each of the bulletin boards in areas the detainees are allowed to gather is the DHS Sexual Assault Awareness pamphlet in Spanish and English. Interviews with the intake staff confirmed that if a detainee speaks a language not available in the ICE National Detainee Handbook, staff will utilize the ERO Language Line Service to provide this initial PREA information in a language he/she would understand. The Auditors interviewed 30 detainees and six indicated they were never provided this information. The detention files for each of these detainees was reviewed and contained a signed document acknowledging receipt of this information.

(d): The Auditors determined compliance with this subpart of the standard after observing the DHS prescribed sexual assault awareness notice in Spanish and English, throughout BTC where detainees have access, with the name of the PSA Compliance Manager. The Auditor also observed the contact information for the NJCC posted as well. This information is also available in the Broward Transitional Center Handbook.

(f): The Auditors determined compliance with this subpart of the standard after reviewing detainee reporting information in both the Broward Transitional Center Handbook and the ICE National Detainee Handbook as required in subpart (a) above and through the thirty random detainee interviews, where each detainee was aware of at least one means to report sexual abuse.

§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 Auditors determined compliance with these subparts of the standard after a review of policy 1-15 that requires that "investigators shall receive specialized training in addition to the general training mandated for Employees. BTC investigators shall be trained in conducting investigations on Sexual Abuse and effective cross-agency coordination. All investigations into alleged Sexual Abuse will be conducted by qualified investigators. BTC's PSA Compliance Manager and Training Coordinator shall maintain documentation of this specialized training." The facility currently only uses one primary investigator. She confirmed for the Auditor the investigator training she received was through GEO titled "Specialized Training - Investigating Sexual Abuse in Correctional Settings." She stated the training included cross-agency coordination. The documentation of her successful completion of this training is provided in her training records. The review of the only administrative investigative file reported during the past 12 months confirmed the investigation was conducted by the facility's trained investigator. The Auditor reviewed the specialized training the investigator received and the curriculum included the subpart (a) requirements.

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 conducting an investigation of sexual abuse in a confinement setting. The agency offers another level of training, the Fact Finders Training which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; Lesbian, Gay, Bi-sexual, Transgender, Intersex (LGBTI), and disabled detainees; and an overall view of the investigative process. The agency provided training records for agency investigators on the SharePoint, to document compliance in accordance with the standards requirement.

§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): These subparts of the standard do not apply to BTC as the facility medical department is operated by the GEO group.

(c): A review of Policy 1-15 and an interview with the Health Services Administrator (HSA) indicated that the facility medical staff do not participate in sexual assault forensic medical examinations or evidence gathering. Forensic examinations are performed either by a Sexual Assault Nurse Examiner (SANE) at NJCC or the North Broward Hospital. This policy was approved by the AFOD. The HSA further indicated that facility medical staff is trained in procedures for examining and treating victims of sexual abuse, in facilities where medical staff may be assigned these activities.

§115.41 - Assessment for risk of victimization and abusiveness.

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

Notes:

(a)(b)(c)(d): The Auditor determined compliance with these subparts of the standard after a review of policy 1-15 that requires "all Detainees at BTC shall be assessed by a Nurse utilizing an objective screening instrument during intake to identify those likely to be sexual aggressors or sexual abuse victims and shall be housed to prevent Sexual Abuse, including taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the Facility. BTC shall use the GEO PREA Risk Assessment Tool (Attachment B) to conduct the initial risk screening assessment." Attachment B utilizes the following criteria to assess detainees for risk and sexual victimization: whether the detainee has a mental, physical, or developmental disability; the age of the detainee; the physical build and appearance of the detainee; whether the detainee has previously been detained; the nature of the detainee's criminal history; whether the detainee has any convictions for sex offenses against an adult or child; whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the detainee has self-identified as having previously experienced sexual victimization; and the detainee's own concerns about his or her physical safety. Policy further indicates that the initial screening shall 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 detainees for risk of being sexually abusive. The medical staff and PSA Compliance Manager confirmed that each detainee arriving at BTC receives a risk assessment, typically within two hours of their arrival, which becomes part of the detainee's medical record. The Auditors reviewed ten medical records and found a completed risk assessment, conducted utilizing Attachment B, in each file. The intake staff and PSA Compliance Manager at BTC explained the classification process to the Auditors; all detainees arriving at BTC are processed and classified at Krome North Service Processing Center (KNSPC) prior to leaving for BTC. BTC is an "open" environment with no secure cells/rooms or segregation unit, so the facility can only accept level 1 (non-violent) detainees. Upon arrival at BTC, the intake staff, usually the Lieutenant, reviews each detainee's Risk Classification Assessment (RCA) from KNSPC to ensure that detainees' classification is level 1 (non-violent) only. After this classification review is completed, the risk assessment is completed along with the rest of the intake process. This intake process was confirmed by the intake staff, Program Supervisor, and the PSA Compliance Manager.

Recommendation: The current classification process be placed into writing with the requirement that the intake staff that reviews the KNSPC RCA initial detainee classification document the time of the review and acceptance of the classification.

(e): The Auditor determined compliance with this subpart of the standard after a review of policy 1-15 that requires BTC "ensure that between 60 and 90 days from the initial assessment at the Facility, medical nurses, PSA Compliance Manager or designee shall reassess each Detainee's risk for victimization or abusiveness. The reassessment will be recorded on the GEO PREA Vulnerability Reassessment Questionnaire (attachment C). At any point after the initial intake screening, a detainee can be reassessed for risk of victimization or abusiveness when warranted based upon the receipt of additional, relevant information or following an incident or abuse or victimization. This may be done by the Facility's Medical personnel, PSA Compliance Manager, PREA Investigator or appropriate designee." BTC has authorized the facility investigator to perform this duty. During the facility investigator's interview, she confirmed she conducts all reassessments and places the completed attachment C in the detainee's medical file. During the review of the

ten detainee medical records, the Auditors found two detainees who were at BTC long enough to receive their reassessment; both of their medical records included the completed reassessment.

(f): The Auditor determined compliance with these subparts of the standard after a review of policy 1-15 that "prohibits BTC's staff to discipline Detainees for refusing to answer or not providing complete information in response to certain screening". The HSA and PSA Compliance Manager confirmed detainees are not disciplined for refusing to answer any of the questions on the risk assessment or risk reassessment as outlined in subpart (c) of this standard and noted on the GEO PREA Risk Assessment Tool or GEO PREA Vulnerability Reassessment Questionnaire.

Recommendation: The Auditor recommend that policy 1-15 should either state detainees will not be disciplined for refusing to answer any questions on the GEO risk assessment instead or the policy wording "certain" questions, or be more specific to the wording in the standard.

(g): The Auditor determined compliance with this subpart of the standard after a review of policy 1-15 that requires "the Facility 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." The HSA confirmed appropriate controls are placed on all detainee medical records with release of information or files only on a need-to-know basis. The documents are kept under double lock and key.

§115.42 - Use of assessment information.

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

Notes:

(a): The Auditor determined compliance with this subpart of the standard after a review of policy 1-15 that requires "screening information from the risk assessment shall be used to determine assignment of Detainees to housing, recreation and other activities, and voluntary work. BTC shall make individualized determinations about how to ensure the safety of each Detainee. The PSA Compliance Manager will maintain an "at risk log" of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The "at risk log" will be kept current and include current housing locations. Note: Following a reported allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the "at risk" log as soon as possible and tracked as a potential victim and housed separate from potential abusers pending the outcome of the investigation. If the investigation is determined "unfounded", the victim may be removed from the "at risk" log." As noted in standard 115.41 and confirmed through interviews with the PSA Compliance Manager and the Facility Administrator, BTC is a level 1 facility allowing no one with any history of abusive behavior or violence to be housed there. The PSA Compliance Manager indicated that if a detainee arrived at BTC with abusive behavior, they would be held in the intake area and ICE would be notified for their removal. The Auditor reviewed 10 detainee medical files, where the assessment and reassessment files are kept, that files demonstrated assessments were conducted on each detainee.

(b)(c): The Auditor determined compliance with these subparts of the standard after a review of policy 1-15 that requires "when making assessments and housing decisions for Transgender and 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." Policy further states "placement and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review any threats to safety experienced by the detainee. BTC will consult with ICE. 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. Serious consideration shall be given to the individual's own views with respect to his/her own safety, privacy issues, including showers, available beds and or housing." The policy states, "when operationally feasible, Transgender and intersex Detainees housed at BTC shall be given an opportunity to shower separately from other Detainees." The policy further states "Transgender and Intersex Detainees may be housed in medical for up to 72 hours (excluding weekends, holidays and emergencies) until the appropriate housing determination is made by the Transgender Care Committee (TCC). TCC members shall consist of the Warden or Assistant Warden, Security Chief, Classification or Case Management Supervisor, Medical and/or Mental Health staff and PSA Compliance Manager. The Corporate PREA Coordinator may also be consulted." The Facility Administrator confirmed these policy requirements. There were no transgender detainees assigned to BTC during the audit period. The Auditor did review a TCC review conducted on a transgender detainee outside the audit period but within 3 years. The review was conducted in accordance with policy 1-15 requirements as outlined above.

§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): The Auditor determined compliance with the subparts of the standard after a review of policy 1-15 that states "BTC does not have a special housing unit or administrative segregation units. However, in instances of protecting a detainee on the basis of a vulnerability to sexual abuse or assault; a detainee will be escorted to the Medical Department. At this point BTC, in consultation with the ICE Enforcement and Removal Operations Field Office Director having jurisdiction for the Facility, will decide housing arrangements including transferring the alleged victim or perpetrator to another facility." Interviews with the PSA Compliance Manager and Facility Administrator, as well as personal observations during the facility tour, confirmed BTC has no secure/locked segregation unit. The Facility Administrator did confirm that the alleged abuser would be moved to the medical department to separate the victim and abuser. The 1-15 policy further states "the Facility will assign Detainees vulnerable to Sexual Abuse or assault to the Medical Department/or appropriate location 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 administrative observation 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. A supervisory staff member shall conduct a review within 72 hours of the Detainees placement in observation to determine whether observation is still warranted; and a supervisory staff member shall conduct, at a minimum, an identical review after the Detainee has spent seven (7) days under observation, and every week thereafter for the first 30 days, and every 10 days thereafter." The Facility Administrator indicated the medical department has never been utilized to secure a vulnerable detainee.

§115.51 - Detainee reporting.

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

Notes:

(a)(b): The Auditor determined compliance with these subparts of the standard after a review of policy 1-15 that requires "BTC provides multiple ways for Detainees to privately report Sexual Abuse and Assault, retaliation for reporting Sexual Abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. BTC provides 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. BTC 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. ICE) and that is able to

receive and immediately forward Detainee reports of Sexual Abuse to Facility or GEO officials, and allow the Detainee to remain anonymous if requested." The Auditor reviewed both the ICE National Detainee Handbook and Broward Transitional Center Handbook which contains contact information for the DHS OIG, the DHS Joint Intake Center (JIC), ICE OPR, and the Detainee Reporting Information Line (DRIL). The Broward Transitional Center handbook provides information on how detainees may contact the PSA Compliance Manager, a staff member, or medical staff. There are ICE reporting posters in each of the living areas as well as in areas where detainees have access. The one allegation made during the previous 12 months was by the alleged victim to a security staff member. The Auditor checked the detainee reporting telephone line to the OIG for reporting allegations of sexual abuse and found it operational without the use of the detainee's PIN or providing identifiable information prior to use.

(c): The Auditor determined compliance with this subpart of the standard after a review of policy 1-15 that requires "Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports." The random staff interviews confirmed staff are to accept and report allegations of sexual abuse regardless of how the allegation was reported. They also indicated verbal reports from detainees, or third parties must be documented in writing to their supervisors.

§115.52 - Grievances.

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

Notes:

(a)(b)(c)(d)(e): The Auditor determined compliance with the subparts of the standard after review of policy 1-15 that requires "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. The Facility shall not impose a time limit on when a Detainee may submit a grievance regarding allegation of Sexual Abuse. 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. Facility staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment". The Broward Transitional Center handbook outlines this process for filing a sexual assault allegation through the grievance process. The Grievance Coordinator confirmed that any grievance alleging sexual assault is considered an Emergency Detainee Grievance, with no time limit on filing, and a written response is issued within five days of receipt of the grievance. Notifications are made to the SDDO who confirmed he makes all ICE notifications. The grievance staff person also indicated she responds to an appeal of the grievance decision within 30 days. The PAQ and the PSA Compliance Manager confirmed that the grievance process was not utilized at BTC by any detainee to allege sexual abuse during the last 12 months.

(f): The Auditor determined compliance with the subparts of the standard after review of policy 1-15 that requires "to prepare a grievance, a Detainee may obtain assistance from another Detainee, the housing officer or other facility staff, family members, or legal representatives. Staff shall take reasonable steps to expedite requests for assistance from these other parties." Most of the 30 detainees interviewed were aware of the procedures for filing a grievance alleging sexual assault. The 12 random security staff confirmed their knowledge that, in order to prepare a grievance, detainees may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c)(d): The Auditors determined compliance with the subparts of the standard after a review of policy 1-15 that requires "BTC shall utilize available community resources (e.g. Nancy J. Cotterman Center) and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation and the prosecution of Sexual Abuse perpetrators to most appropriately address victim's needs. BTC makes available to detainees information about local organizations (Nancy J. Cotterman Center) that can assist detainees who have been victims of Sexual Abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available). BTC's medical staff shall enable reasonable communication between detainees and these organizations as well as inform detainees (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws." The PSA Compliance Manager confirmed that when an allegation of sexual abuse is made the detainee is brought to the medical area. While there the detainee is allowed, if they desire, to call the Nancy J. Cotterman Center. This call is not monitored. The facility has the ability to monitor calls made from the general population telephones and detainees are informed of this in the facility's handbook. The facility has an MOU with this NJCC to provide expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to most appropriately address victim's needs. This MOU was initiated in 2014 and automatically renews annually. The Auditor spoke with an advocate from the NJCC who confirmed the MOU and the crisis services that they provide. The advocate stated the center does not accept allegations of sexual abuse but will provide the detainee information on how to report. The Auditors observed the contact information for the NJCC available in each of the detainee living areas. The Auditor verified that the phone contact was confidential while at the facility infirmary. Contact through the telephone from general population can be monitored and detainees are informed of this. The facility investigator and PSA Compliance Manager confirmed that the detainee victims of sexual assault are also provided information about the NJCC when they are brought to the hospital. The one investigative file that was reviewed indicated that the detainee was provided this advocacy information.

§115.54 - Third-party reporting.

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

Notes:

The Auditors determined compliance with this subpart of the standard after a review of policy 1-15 that requires "BTC post publicly GEO's third-party reporting procedures in housing units, facility lobby, and visitation areas. In addition, GEO shall post on its public website its methods of receiving third-party reports of Sexual Abuse or Assault on behalf of Detainees. In all facilities, third party reporting posters shall be posted in all public areas in English and Spanish to include lobby, visitation, and staff break areas within the facility." During the on-site visit, the Auditors observed these third-party reporting posters in Spanish and English, throughout the facility to include the lobby and visitation areas. The GEO web page www.geogroup.com/PREA and ICE website <https://www.ice.gov> have reporting information on behalf of a detainee as well. The random detainee interviews confirmed their knowledge that if the detainee wanted, they could have family members and friends report sexual abuse on their behalf. The PAQ and the PSA Compliance Manager confirmed no sexual abuse allegations were made through third party reporting.

§115.61 - Staff reporting duties.

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

Notes:

(a)(b)(c): The Auditors determined compliance with these subparts of the standard after a review of policy 1-15 that states "Employees are required to immediately report, in accordance with Agency policy, any of the following: Knowledge, suspicion, or information regarding an incident of Sexual Abuse or Assault that occurred in a Facility whether or not it is a GEO Facility; Retaliation against Detainees or Employees who reported such an incident or participated in an investigation about such incident; and, Any Employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, Employees shall not reveal any information related to a Sexual Abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other Detainees or staff in the Facility, or for medical treatment, investigation, law enforcement, or other security and management decisions." The policy also requires "Apart from reporting to designated supervisors, Employees shall not reveal any information related to the incident to anyone other than to staff involved with investigating the alleged incident." As noted earlier, this policy was reviewed and approved by the AFOD. The Facility Administrator and the PSA Compliance Manager confirmed these staff reporting requirements and indicated they are provided to everyone through policy and included in the pre-service and annual refresher PREA training. Policy 1-15 also allows "Employees reporting Sexual Abuse shall be afforded the opportunity to report such information to the Chief of Security or upper level executive privately if requested and may also utilize the employee hotline or contact the Corporate PREA Coordinator directly to report these types of incidents privately." The 12 random staff interviews confirmed staff were aware that they can report allegations of sexual abuse outside their chain of command.. Their interviews also confirmed that any information they become aware of is to be reported to their supervisor and only shared on a need to know basis.

(d): The Auditors determined compliance with this subpart of the standard after a review of policy 1-15 that requires that "Allegations of Sexual Abuse in which the alleged victim is under the age of 18 or considered a vulnerable adult under the State or local vulnerable persons statute, the Facility shall report to designated State or local services Agencies under applicable mandatory reporting laws." As noted earlier, there are no juveniles placed at BTC. According to the Facility Administrator, any incident involving a vulnerable adult would be immediately reported to the Broward County Sheriff Office. He also stated that BTC has not had any incidents of sexual assault involving a vulnerable adult within the last 12 months.

§115.62 - Protection duties.

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

Notes:

The Auditor determined compliance with this standard after review of policy 1-15 that requires that "when an Employee or Facility staff member has reasonable belief that a Detainee is subject to substantial risk of imminent Sexual Abuse, he or she shall take immediate action to protect the Detainee." The Facility Administrator, PSA Compliance Manager, and the 12 random staff interviews confirmed that in any situation involving a vulnerable detainee, who may be at substantial risk of imminent sexual abuse, they would take immediate action to protect the detainee. The PSA Compliance Manager and the PAQ confirmed BTC had no detainees at substantial risk of imminent sexual abuse within the last 12 months.

§115.63 - Report to other confinement facilities.

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

Notes:

(a)(b)(c)(d): The Auditors determined compliance with these standard subparts after a review of policy 1-15 that requires "in the event that a Detainee at BTC alleges that Sexual Abuse occurred while confined at another Facility, BTC shall document those allegations and the Facility Administrator or Assistant Facility Administrator (in the absence of the Facility Administrator) where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred and notify the ICE Field Office as soon as possible, but no later than 72 hours after receiving the notification. The Facility Administrator shall ensure that documentation is maintained related to notifications and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PSA Compliance Manager and Corporate PREA Coordinator. The Facility shall ensure that all notifications of alleged abuse is investigated in accordance with PREA standards and reported to the appropriate ICE Field Office Director." The Facility Administrator, PSA Compliance Manager, and the PAQ each indicated BTC has had no incidents of sexual abuse reported to them having occurred at another facility but would follow the notification and investigative requirements if the facility became aware of such a situation.

§115.64 - Responder duties.

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

Notes:

(a): The Auditors determined compliance with this subpart of the standard after a review of policy 1-15 that requires "Upon learning of an allegation that a Detainee was Sexually Abused, or if the Employee sees abuse, the first Security Staff member to respond to the report shall: Separate the alleged victim and abuser; Immediately notify the on-duty security supervisor and remain on the scene until relieved by responding personnel; Preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence; If the Sexual Abuse occurred within 96 hours, ensure that the alleged victim and abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; The alleged victim and abuser should be placed (separately) in a dry room or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating; until the forensic examination can be performed. A Security Staff member of the same sex shall be placed outside the cell or area for direct observation to ensure these actions are not performed. Apart from reporting to designated supervisors, Employees shall not reveal any information related to the incident to anyone other than to staff involved with investigating the alleged incident." The investigative file review of the one allegation of sexual abuse reported within the last 12 months confirmed that the initial allegation was reported to security staff. The file also reflected that the staff member followed the required protocols as required by the standard and outlined in policy. The random staff interviews also confirmed their knowledge of their responsibilities as outlined in policy and required by the standard.

(b): The Auditors determined compliance with this subpart of the standard after a review of policy 1-15 that requires "If the first responder is not a Security Staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify Security Staff." The Auditor confirmed this practice during an interview with a non-security staff member who confirmed that, if confronted with a detainee alleging sexual abuse, he would immediately call for a security staff person to report the situation.

§115.65 - Coordinated response.

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

Notes:

(a)(b): The Auditors determined compliance with these subparts of the standard after a review of policy 1-15 that states "BTC has written protocols in place to coordinate the actions taken in response to incidents of Sexual Abuse. The Facility Coordinated Response plan shall contain actions of staff first responders, Medical and Mental Health Practitioners, investigators, and Facility leadership. BTC's Prevention of Sexual Abuse (PSA) Compliance Manager shall be a required participant and the Corporate PREA Coordinator may be consulted as part of this coordinated response." The interview with the Facility Administrator confirmed that BTC utilizes policy 1-15 to coordinate the actions taken by first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse. The Auditor reviewed the one completed investigation file for the last 12 months. The file's contents documented the multidisciplinary and coordinated response by staff members responding to the incident.

(c)(d): The Auditors determined compliance with these subparts of the standard after a review of policy 1-15 that requires that "If the victim of Sexual Abuse is transferred to a non-DHS Facility, the sending Facility shall, as permitted by law, inform the receiving Facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." The Facility Administrator and PSA Compliance Manager confirmed that BTC has had no detainee victims of sexual abuse transferred between DHS or non-DHS facilities within the previous 12 months. Both indicated that if and when they have one, the proper notifications would be made, as required by policy.

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

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

Notes:

The Auditors determined compliance with this standard after a review of policy 1-15 that requires "Employees, Contractors and Volunteers suspected of perpetrating Sexual Abuse shall be removed from all duties requiring Detainee contact pending the outcome of an investigation. Any "no contact" orders shall be documented. Separation orders requiring "no contact" shall be documented by facility management via email or memorandum within 24 hours of the reported allegation. The email or memorandum shall be printed and maintained as part of the related investigation file. Note: A GEO OPR Referral shall be completed for all allegations in which staff is the alleged abuser." The Facility Administrator and PSA Compliance Manager confirmed that staff, contractors, or volunteers being investigated for sexual abuse allegations or any other serious misconduct involving a detainee, are prohibited from having contact with detainees until the completion of the investigation. BTC has not had any allegation made against a staff member, contractor, or volunteer during the audit period. The Facility Administrator indicated he would remove any staff/contractor/volunteer from detainee contact upon any reported allegation until the completion of the outcome of the investigation. Based on the investigation outcome, a final determination would be made of which action would be taken with the contractor or volunteer.

§115.67 - Agency protection against retaliation.

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

Notes:

(a)(b)(c): The Auditors determined compliance with these subparts of the standard after a review of policy 1-15 that requires "Employees, Contractors and Volunteers, and Detainees shall not retaliate against any person, including a Detainee, who reports, complains about, or participates in an investigation into an allegation of Sexual Abuse, or for participating in Sexual Activity as a result of force, coercion, threats, or fear of force. BTC 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. Any issues discussed shall be noted on the "Protection from Retaliation Log (see Attachment H)", to include corrective actions taken to address the issue. For at least 90 days following a report of Sexual Abuse, BTC shall monitor the conduct and treatment of Detainees who reported the Sexual Abuse to see if there are changes that may suggest possible retaliation by Detainees or staff and shall act promptly to remedy such retaliation. Items to be monitored for Detainees include disciplinary reports and housing or program changes. For at least 90 days following a report of Staff Sexual Misconduct (abuse or harassment) by another Employee, the Facility Human Resources Staff or facility investigator as designated by the Facility Administrator shall monitor the conduct and treatment of the Employee who reported the Staff Sexual Misconduct (abuse or harassment) or Employee Witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded." BTC has designated the PSA Compliance Manager to monitor detainee and staff retaliation. During the interview with the PSA Compliance Manager, she confirmed that detainee retaliation monitoring begins the day the allegation is made and continues for a period of 90 days and could continue as long as monitoring for retaliation is needed. She indicated that all retaliation monitoring is documented on the Protection from Retaliation Log (Attachment H) . She also stated that detainee monitoring includes reviewing any resident disciplinary reports and/or housing or program changes. She indicated her staff retaliation monitoring also begins the day of the allegation and continues for at least 90 days and may continue longer if needed. She further stated that staff monitoring includes negative performance reviews, time off refusals, or reassignment requests of staff. According to the PSA Compliance Manager, BTC has had no reported instances of alleged retaliation occurring during the previous 12 months. The one investigative file reviewed, documented retaliation monitoring for the detainee, beginning the day of the allegation until the detainee left the facility.

§115.68 - Post-allegation protective custody.

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

Notes:

(a)(b)(c)(d): The Auditors determined compliance with these subparts of the standard after a review of policy 1-15 that requires "BTC shall make efforts to place Detainee victims of Sexual Abuse in a supportive environment that represents the least restrictive housing option possible (e.g. protective custody (Medical Observation/Appropriate alternative), subject to the requirements of 115.43. Detainee victims shall not be held for longer than five (5) days in any type of administrative observation, except in unusual circumstances or at the request of the Detainee. A Detainee victim who is in protective custody after having been subjected to Sexual Abuse shall not be returned to the general population until completion of a proper re-assessment, taking into consideration any increased vulnerability of the Detainee as a result of the Sexual Abuse. The Facility shall notify the appropriate ICE Enforcement and Removal Operations Field Office Director whenever a Detainee victim has been held under administrative observation for 72 hours." The Facility Administrator and PSA Compliance Manager confirmed, and the Auditors observed, there are no locked cells/rooms or segregation unit at BTC. Detainee victims needing isolation would be placed in the facility medical unit . There have been no instances where a detainee victim of sexual abuse needed to be moved from their living area.

§115.71 - Criminal and administrative investigations.

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

Notes:

(a)(b)(c)(e)(f): The Auditors determined compliance with these subparts of the standard after a review of policy 1-15 that requires "When the facility conducts its own investigations into allegations of Sexual Abuse, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. An administrative or criminal investigation shall be completed for all allegations of Sexual Abuse at BTC, regardless of whether a criminal investigation is completed. An administrative investigation will begin within 24 hours of notifying ICE of a sexual abuse allegation except for allegations where the facility has been advised a criminal investigation is pending by either local law enforcement or ICE office of Professional Responsibility (OPR) or DHS Office of Inspector General (OIG). 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." The facility investigator stated that she immediately notifies the Broward County Sheriff's Office upon every allegation of sexual abuse and begins her administrative investigation after consultation with the appropriate investigative offices within DHS. She also stated that she cooperates with whichever outside agency is conducting the criminal investigation and her protocols and determinations for administrative investigations are based on direct and circumstantial evidence; available physical DNA evidence; available electronic monitoring data; interviews notes from alleged victims, suspected perpetrators, and witnesses; reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator. She also verified for the Auditor that she assesses the credibility of any alleged victim, suspect, or witness, based on evidence without regard to their status as a detainee, employee or contractor and without requiring any detainee who alleged sexual abuse or assault to submit to a polygraph. The departure of the alleged abuser or victim from the employment or control of the facility or agency would not provide a basis for terminating the investigation. As noted earlier, policy 1-15 was approved by the AFOD. There was one detainee-on-detainee allegation, reported during the audit period, that was determined to be unsubstantiated after the investigation. The review of the investigative file confirmed that the investigation was conducted by the facility investigator. The Auditor's review also confirmed that the facility practices and policy and procedures complies with the subparts of this standard.

§115.72 - Evidentiary standard for administrative investigations.

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

Notes:

The Auditors determined compliance with this standard after a review of policy 1-15 that requires "Facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of Sexual Abuse are Substantiated." The facility investigator confirmed the evidence standard she utilizes when investigating a sexual abuse allegation is the preponderance of evidence. The review by the Auditor of the one investigative file confirmed that a preponderance of the evidence was the standard applied in determining the outcome of the investigation.

§115.73 - Reporting to detainees.

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

Notes:

The Auditors determined compliance with this standard after a review of policy 1-15 that requires "At the conclusion of all investigations conducted by facility investigators, the facility investigator, PSA Compliance Manager or staff member designated by the Facility Administrator shall inform the Detainee who made the allegation of Sexual Abuse in writing, whether the allegation has been: Substantiated, Unsubstantiated or Unfounded. The Detainee shall receive the original completed "Notification of Outcome of Allegation" form in a timely manner and a copy of the form shall be retained as part of the investigative file." During the review of the one investigative file, the Auditors observed a completed notification form in the file. The facility investigator confirmed that every detainee sexual abuse allegation result in an investigative determination. The outcome notification is provided to the detainee in writing. The one investigation conducted at BTC in the last 12 months, resulted in the Notification of Outcome of Allegation form being mailed to the detainee, as the detainee was released 12 days after the incident.

§115.76 - Disciplinary sanctions for staff.

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

Notes:

(a)(b): The Auditors determined compliance with these subparts of the standard after a review of policy 1-15 that requires "Staff shall be subject to disciplinary or adverse action up to and including removal from their position and the Federal service for substantiated allegations of Sexual Abuse or for violating agency or facility Sexual Abuse policies. The Agency shall review and approve facility policies and procedures regarding disciplinary or adverse actions for staff and shall ensure that the facility policy and procedures specify disciplinary or adverse actions for staff, up to and including removal from their position and from the Federal service for staff, when there is a substantiated allegation of Sexual Abuse, or when there has been a violation of agency sexual abuse rules, policies, or standards. Removal from their position and from the Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in Sexual Abuse, as defined under the definition of Sexual Abuse of a Detainee by an Employee, Contractor, or Volunteer." The Facility Administrator and PSA Compliance Manager confirmed that ICE approved BTC's policies and procedures regarding disciplinary and adverse actions for violating the policies against sexual abuse. Removal from their position is the presumptive disciplinary sanction for all staff, who have engaged in, or attempted, or threatened to engage in sexual abuse. according to their interviews. There were no reported incidents of sexual abuse at BTC involving staff.

(c)(d): The Auditors determined compliance with these subparts of the standard after a review of policy 1-15 that requires "BTC shall report all removals or resignations in lieu of removal for violations of Agency or facility Sexual Abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal." During their interviews, the Facility Administrator and HR Manager indicated BTC will make reasonable efforts to report removals in lieu of removals for violations of Agency or facility sexual abuse policies to any relevant licensing bodies, to the extent known. The Facility Administrator also indicated he would make these notifications when and if it ever became necessary. He stated that all allegations are immediately reported to the Broward County Sheriff regardless if the staff member resigns or not.

§115.77 - Corrective action for contractors and volunteers.

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

Notes:

(a)(b)(c): The Auditors determined compliance with these subparts of the standard after a review of policy 1-15 that requires "Any contractor or volunteer who has engaged in Sexual Abuse shall be prohibited from contact with Detainees. Each facility shall make reasonable efforts to report to any relevant licensing body, to the extent known, incidents of substantiated Sexual Abuse by a Contractor or Volunteer. Such incidents shall also be reported to law enforcement agencies, unless the activity was clearly not criminal. 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 the standard." The Facility Administrator stated that allegations made against any contractor or volunteer would require their removal from any detainee contact until the conclusion of the investigation. He also confirmed that he would consider whether to prohibit any further contact with detainees if they had not engaged in sexual abuse but had violated other provisions within these standards. Any volunteer or contractor found to have committed sexual abuse would be reported to law enforcement and licensing bodies. There were no reported incidents requiring the removal of a contractor or volunteer within the last 12 months.

§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): The Auditors determined compliance with these subparts of the standard after a review of policy 1-15 that requires "The Facility shall subject a Detainee to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the Detainee engaged in Sexual Abuse. 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 has a Detainee disciplinary system with progressive levels of reviews, appeals, procedures, and documentation procedure." The PSA Compliance Manager and Facility Administrator confirmed BTC has a disciplinary process with progressive levels of reviews, appeals, procedures, and documentation procedure. During the previous 12 months there were no substantiated allegations of sexual abuse by a detainee, requiring detainee discipline.

(d)(e): The Auditors determined compliance with these subparts of the standard after a review of policy 1-15 that requires "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." The PSA Compliance Manager and Facility Administrator confirmed that, prior to conducting a disciplinary hearing, a detainee's mental disability or illness, contributing to his or her behavior, would be considered when determining what type of sanction, if any, should be imposed. The facility has had no substantiated allegations of sexual abuse by a detainee within the last 12 months and no sexual abuse allegations involving a detainee and staff.

(f): The Auditors determined compliance with this subpart of the standard after a review of policy 1-15 that requires "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 Facility Administrator confirmed no detainee at BTC would be disciplined for filing any allegation of sexual abuse if it was done in good faith, based upon a reasonable belief.

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

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

Notes:

(a)(b)(c): The Auditors determined compliance with these subparts of the standard after a review of policy 1-15 that requires "If during the intake assessment, the Nurse tasked with screening, determines 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." The HSA confirmed that, when a follow-up is initiated during the risk screening, the detainee receives a health evaluation, typically the same or next day, but no later than two working days from the date of the assessment. When a referral for mental health is initiated, the detainee receives a mental health evaluation no later than 72 hours after the referral. As noted earlier, detainees with a history of violence are not allowed to be placed at BTC. There was one allegation of sexual abuse made during the previous 12 months. The review of the investigative file indicated that the detainee was seen by medical and offered mental health services the day the allegation was made.

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

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

Notes:

(a)(b): The Auditors determined compliance with the subparts of the standard after a review of policy 1-15 that require "Victims of Sexual Abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." The HSA confirmed that BTC offers all detainees who experience sexual abuse the services as noted above, and access to forensic medical examinations with the victim's consent and without cost to the detainee, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. The review of the one investigative file confirmed that the detainee was seen by medical and mental health staff the day the allegation was made.

§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): The Auditors determined compliance with the subparts of the standard after a review of policy 1-15 that requires "BTC 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 may include follow-up services, treatment plans, and (when necessary) referrals for continued care following their transfer to, or placement in, other Facilities, or their release from custody if determined by DHS. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community." The HSA confirmed that each alleged victim of sexual abuse is offered an evaluation and continued treatment services through the BTC medical and mental health departments, consistent with the community level of care, and at no cost to the detainee. The review of the one investigative file confirmed the detainee was seen by medical staff and mental health staff the day the allegation was made; the detainee was released 12 days after the incident.

(d)(e)(f): The Auditors determined compliance with the subparts of the standard after a review of policy 1-15 that requires "Victims of sexually abusive vaginal penetration by a male abuser while detained shall be offered pregnancy tests. If pregnancy results from an instance of Sexual Abuse, the victim

shall receive timely and comprehensive information about lawful pregnancy related medical services. Victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." The interview with the HSA confirmed that medical and mental health staff provide on-site crisis intervention services, including emergency contraception, pregnancy testing, sexually transmitted infections and other infectious diseases testing, and prophylactic treatment to all victims, if necessary, without financial cost to the detainee.

(g): The Auditors determined compliance with this subpart of the standard after a review of policy 1-15 that requires "BTC shall attempt to conduct a mental health evaluation on all known Detainee-on-Detainee abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners. Note: "known abusers" are those Detainee abusers in which a SAAP investigation determined either administratively substantiated or substantiated by outside law enforcement". As noted earlier, a detainee with a history of violence is not permitted to stay at BTC and would be transferred to another facility.

§115.86 - Sexual abuse incident reviews.

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

Notes:

(a): The Auditors determined compliance with this subpart of the standard after a review of policy 1-15 that require "BTC will 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 Compliance Manager and Corporate PREA Coordinator no later than 30 working days after the review via the GEO PREA Database. BTC shall implement the recommendations for improvement or document its reasons for not doing so." The Auditors reviewed the one investigative file at BTC. The review was completed 19 days after the investigation was completed and was forwarded to the Facility Administrator with no recommendations.

(b): The Auditors determined compliance with this subpart of the standard after the interview with the Facility Administrator and PSA Compliance Manager, and the review of the completed incident review all confirming the team looks at: race; ethnicity; gender identity; lesbian; gay; bisexual; transgender or intersex identification; status; or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The Auditor interviewed a member of the incident review team, who confirmed the team reviews each sexual abuse allegation, except those determined unfounded, and considers the requirements under the subpart (b) of this standard.

(c): The Auditors determined compliance with this subpart of the standard after a review of policy 1-15 that requires "Annually, BTC shall conduct a review of all Sexual Abuse investigations and resulting incident reviews to assess and improve Sexual Abuse intervention, prevention and response efforts. If 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 (See Attachment K). The results and finding shall be provided to the Facility Administrator, Field Office Director or his/her designee and Corporate PREA Coordinator upon completion." The PSA Compliance Manager provided the Auditor with a copy the annual review and written documentation that this report (2019) was emailed to the agency PREA Coordinator.

§115.87 - Data collection.

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

Notes:

(a): The Auditors determined compliance with this subpart of the standard after a review of policy 1-15 that requires "Data collected pursuant to this procedure shall be securely retained for at least 10 years or longer if required by state statute. Before making aggregated Sexual Abuse data publicly available, all personal identifiers shall be removed." The PSA Compliance Manager confirmed that data collected is securely maintained in her office, under double lock and key, with access to only staff requiring a need to know. She indicated the records are retained for at least five years after the date of the initial collection, unless federal, state or local law requires otherwise. The Auditor was taken to areas where these documents are maintained and found the conditions to which they are maintained to be in compliance with the standard.

§115.201 - Scope of audits.

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

Notes:

- (d) The Auditors were allowed access to the entire facility and were able to question staff and detainees about PREA during the site visit.
- (e) The Auditors were able to revisit areas of the facility and to view all relevant documentation as requested.
- (i) Formal interviews with staff, contractors, and detainees were conducted in a private and confidential setting.
- (j) Audit notices were posted and observed throughout the facility in English and Spanish. The Auditor received no staff or detainee correspondence.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button:

Update Outcome Summary

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	1
Number of standards met:	38
Number of standards not met:	0
Number of standards N/A:	2
Number of standard outcomes not selected (out of 41):	41

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

Thomas Eisenschmidt

3/9/2021

Auditor's Signature & Date

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

3/10/2021

PREA Program Manager's Signature & Date

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

3/10/2021

Assistant PREA Program Manager's Signature & Date