

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



**Homeland  
Security**

**AUDITOR INFORMATION**

<b>Name of Auditor:</b>	Joyce E. Brideschge	<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	Joyce.E.Brideschge@associates.ice.dhs.gov	<b>Telephone number:</b>	409-866-9920

**PROGRAM MANAGER INFORMATION**

<b>Name of PM:</b>	James McClelland	<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	James.T.McClelland@associates.ice.dhs.gov	<b>Telephone number:</b>	409-866-9920

**AGENCY INFORMATION**

<b>Name of agency:</b>	U.S. Immigration and Customs Enforcement (ICE)
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**FIELD OFFICE INFORMATION**

<b>Name of Field Office:</b>	San Francisco
<b>Field Office Director:</b>	Moises Becerra
<b>ERO PREA Field Coordinator:</b>	Nancy Gonzalez
<b>Field Office HQ physical address:</b>	630 Sansome Street, San Francisco, Ca. 93250
<b>Mailing address: (if different from above)</b>	

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

**Basic Information About the Facility**

<b>Name of facility:</b>	Mesa Verde ICE Processing Center – Golden State Annex
<b>Physical address:</b>	611 Frontage Rd. McFarland, Ca. 93250
<b>Mailing address: (if different from above)</b>	
<b>Telephone number:</b>	661-792-2731
<b>Facility type:</b>	CDF

**Facility Leadership**

<b>Name of Officer in Charge:</b>	Minga Wofford	<b>Title:</b>	Facility Administrator
<b>Email address:</b>	mwofford@geogroup.com	<b>Telephone number:</b>	661-792-2731 ext. 274102

**Facility PSA Compliance Manager**

<b>Name of PSA Compliance Manager:</b>	Jacqueline Bullock	<b>Title:</b>	Prevention of Sexual Assault (PSA) Compliance Manager
<b>Email address:</b>	jbullock@geogroup.com	<b>Telephone number:</b>	661-792-2731 ext. 274102

## FINAL DETERMINATION

### SUMMARY OF AUDIT FINDINGS:

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

During the audit, the Auditor found Mesa Verde ICE Processing Center – Golden State Annex (GSA) met 37 standards, had 0 standards that exceeded, had 1 standard that was non-applicable, and had 3 non-compliant standards. As a result of the facility being out of compliance with three standards, the facility entered into a 180-day corrective action period which began on January 18, 2023, and ended on July 17, 2023. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance. Due to circumstances beyond the Auditor's control the facility CAP and corresponding final determination report was completed by Assistant Program Manager, Sabina Kaplan.

Number of Standards Initially Not Met: 3

§115.13 Detainee supervision and monitoring  
§115.41 Assessment for risk of victimization and abusiveness  
§115.65 Coordinated response

The facility submitted documentation, through the Agency, for the CAP on February 15, 2023, through July 17, 2023. The Auditor reviewed the CAP and provided responses to the proposed corrective actions. The Auditor reviewed the final documentation submitted on July 19, 2023. In a review of the submitted documentation, to demonstrate compliance with the deficient standards, the Auditor determined compliance with 100% of the standards.

Number of Standards Met: 3  
§115.13 Detainee supervision and monitoring  
§115.41 Assessment for risk of victimization and abusiveness  
§115.65 Coordinated response

## PROVISIONS

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

### §115. 13 - Detainee supervision and monitoring

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

**Notes:**

(d): The Auditor determined the facility is not in compliance with this subpart of the standard based on review of policy 11.1.6 that requires, "GSA management, department heads, and supervisors will conduct and document unannounced security inspections within their respective areas to identify and deter sexual abuse of detainees. The unannounced rounds will be documented on GSA's "Unannounced SAAPI Rounds" form and submitted to the PSACM. The unannounced rounds will take place weekly. Department heads that operate on multiple shifts will ensure an unannounced round is conducted weekly on each shift. Employees are prohibited from alerting others that these security inspections are occurring unless such announcement is related to the legitimate operational functions of the facility." The Auditor interviewed the shift supervisors (Lieutenants) on each of the GSA shifts. All three confirmed they make at least one round on all shift locations where detainees have access, staggering times and locations, a minimum of once per week, which does not meet subsection (d) requiring staff conduct frequent unannounced security inspections for night as well as day shifts. During the onsite visit, the Auditor randomly reviewed logbooks in areas where detainees have access and found supervisor signatures on each of the shifts, at least once per week confirming that frequent unannounced rounds are not being conducted on day and night shifts. In interviews with 12 random security staff it was indicated they were aware of the policy prohibiting them from alerting other staff that supervisors were making rounds.

**Does Not Meet (d):** The facility is not in compliance with subsection (d) of the standard. Policy 11.1.6 states, "The unannounced rounds will take place weekly. Department heads that operate on multiple shifts will ensure an unannounced round is conducted weekly on each shift." This policy verbiage, confirmed through interviews with supervisors as well, implies that there potentially are only three unannounced rounds, one per each shift, over a 7-day period, which is not in compliance with subsection (d) of the standard. To become compliant with subpart (d) of the standard, the facility shall implement a practice that requires supervisors to make daily unannounced rounds on both the day and night shifts as required by subsection (d) of the standard. In addition, the facility must submit documentation that all supervisors who conduct unannounced rounds are trained on the new practice. The facility must also submit to the Auditor a sampling of logbooks depicting unannounced rounds being conducted daily on each shift, day and night, during a different two-week period for every month of the corrective action period (CAP).

**Corrective Action Taken (d):** The facility submitted updated policy 11.1.6 that confirm it directs supervisors to make frequent unannounced security inspections on both the day and night shifts to identify and deter sexual abuse of detainees as required by subsection (d) of the standard. The facility submitted documentation that confirms all supervisors who conduct unannounced security inspections to identify and deter sexual abuse of detainees have been trained on the updated policy 11.1.6. In addition, the facility submitted to the Auditor a sampling of logbooks depicting frequent unannounced security inspections to identify and deter sexual abuse of detainees being conducted on each shift, day, and night, for a period of seven weeks. Due to the number of compliant logbooks submitted the Auditor accepted that the facility implemented the unannounced security inspections required by subsection (d) of the standard; and therefore, no longer required additional documentation. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (d) of the standard.

### §115. 41 - Assessment for risk of victimization and abusiveness

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

**Notes:**

(a)(b)(c)(d)(e): Policy 11.1.6 that requires, "All detainees at GSA shall be assessed during intake and upon transfer to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse by taking steps necessary to mitigate any such danger. Each new arrival shall be kept separate from the general population until he or 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 GSA. GSA shall use the GEO PREA Risk Assessment tool to conduct the initial risk screening assessment. In addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records (e.g., medical files or 213/216 remand, etc.) that can assist with the risk assessment. The intake screening shall consider, at a minimum, the following criteria to assess individuals for risk sexual victimization: Mental, physical or developmental disability, age, physical build and appearance, previous incarceration or

detainment, nature of criminal history, prior convictions for sex offenses against an adult of child, whether detainee self-identified as LGBTI or gender nonconforming, whether detainee self-identified as having previously experienced sexual victimization, and, own concerns about his or her physical safety. The intake screening shall also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to GSA, and assessing the risk of being sexually abusive. Detainees identified at risk for sexual victimization are assessed by a mental health or other qualified professional. Detainees at risk for sexual victimization are identified, monitored, and counseled." A review of policy 11.1.6 further confirms that it allows for "Transgender and Intersex Detainees to 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)." Policy 11.1.6 also states, "GSA shall ensure that between 60 and 90 days from the initial assessment at the facility, staff shall reassess the detainee's risk for victimization or abusiveness. GSA shall use the GEO PREA Vulnerability Reassessment Questionnaire to conduct the reassessment. At any point after the initial intake screening, a detainee shall be reassessed for risk of victimization or abusiveness when warranted based upon the receipt of additional, relevant information or following an incident, abuse, or victimization." There were no intakes during the on-site visit; and therefore, the Auditor interviewed two intake staff and the classification manager (AFA). Each confirmed that the initial classification, to include vulnerability assessment is completed within 2 hours of arrival and would never occur after 12 hours. They stated that in addition to the vulnerability assessment, staff tasked with screening conduct a thorough review of all available records provided by ICE that can assist them with the risk assessment, to include any information about prior acts of sexual abuse or assault, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse or assault, as known to the facility. The classification manager (AFA) interviewed confirmed detainees are kept separate from general population in the intake area until the vulnerability assessment and classification processes are completed. The vulnerability assessment form was reviewed by the Auditor and found to comply with the subparts (c) and (d) requirements. The Auditor reviewed 10 detainee detention files and found completed risk assessments conducted utilizing the GEO PREA RISK Assessment Tool. The Auditor was also able to confirm that initial classification and housing determination was completed within 12 hours. The interview with the 25 random detainees confirmed their classification and risk assessments were completed within the first couple hours after arriving at the GSA. All the random detainees confirmed that they remained in the intake area until they were classified. However, there were no transgender or intersex detainees available to the Auditor to interview nor were there any available detainee files to review that included transgender or intersex detainees. In addition, interviews with intake and classification staff could not confirm that transgender and intersex detainees are not given their initial classification and appropriate housing determination prior to the 72 hours as noted in policy 11.1.6. Of the 10 detention files reviewed, 9 files were of detainees held at GSA beyond 90 days, and the Auditor found reassessments completed between the 60 and 90 days as required by standard and policy. Of the five investigative case files reviewed, the Auditor confirmed a vulnerability reassessment was completed in four of the five files. The 5th file was not completed as the detainee was released from facility within 16 days of the allegation report.

**Does Not Meet (a)(b):** The facility is not in compliance with subsections (a) and (b) of the standard. Policy 11.1.6 allows "Transgender and Intersex Detainees to 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)." Interviews with intake and classification staff could not confirm the facility's practice regarding the housing and classification of transgender and intersex detainees differs from policy 11.1.6 to meet the requirements of subsections (a) and (b), which require that all detainees be kept separate from general population and that initial classification and appropriate housing is determined within 12 hours. To become compliant, the facility must develop a practice that requires all detainees, including those who are transgender or intersex, be kept separate from general population and complete the initial classification process and receive their initial housing assignment within 12 hours as required by the standard. In addition, the facility must train all applicable staff on the new practice and document such training. If applicable, the facility must also provide the Auditor with any detainee files that included a transgender or intersex detainee to confirm that the initial classification was completed within 12 hours as required by the standard.

**Corrective Action Taken (a)(b):** The facility submitted updated policy 11.1.6 which confirms the facility has developed a practice that requires all detainees, including those who are transgender or intersex, be kept separate from general population and complete the initial classification process and receive their initial housing assignment within 12 hours as required by the standard. The facility submitted training sheets that confirm all applicable staff have been trained on updated policy 11.1.6. The facility submitted a file of a transgender detainee that confirms the detainee was initially classified within 12 hours of intake. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a) and (b) of the standard.

**§115. 65 - Coordinated response**

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

**Notes:**

(c)(d): Policy 5.1.2-F requires, "If the victim of sexual abuse is transferred between DHS Immigration detention facilities, the sending Facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services. If the victim of sexual abuse is transferred to a non-DHS facility, the sending Facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services unless the victim request otherwise. GSA shall use the Notification of PREA Incident form." A review of policy 5.1.2-F confirms it does not include the exact verbiage, "If a victim of sexual abuse is transferred between facilities covered by subpart (a) or (b) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services and if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise," as required by the standard. The FA and the FOD submitted a memo to the Auditor that states, "GSA has not had any incidents during this reporting period" which was confirmed through interviews with the FA and PSACM. The FA and the HSA further stated that, if they were to transfer a victim of sexual abuse all proper notifications through email or phone in accordance with policy 11.1.6.

**Does Not Meet (c)(d):** A review of policy 5.1.2-F confirmed the facility is not in compliance with subsections (c) and (d) of the standard. The standard requires a coordinated plan that includes the exact verbiage, "if a victim of sexual abuse is transferred between facilities covered by subpart (a) or (b) of this part, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services and if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise," which is not covered in the plan. In addition, during interviews with custody first responders, investigators, and medical staff it was confirmed they lacked knowledge regarding subsections (c) and (d). To become compliant, the facility must update policy 5.1.2-F to include verbiage that aligns with the standard's requirements in 115.65 subpart (c) and (d). In addition, the facility must document that all applicable staff, including medical, have been trained on the updated policy. If applicable, the facility must provide the Auditor with any sexual abuse investigation files, and corresponding medical and mental health records, of a detainee who was transferred due to an incident of sexual abuse to a facility not covered by paragraph (c) of the standard.

**Corrective Action Taken (c)(d):** The facility submitted updated policy 11.1.6 that confirms it contains the verbiage required by subsections (c) and (d) of the standard. The facility submitted documentation that all applicable staff have been trained on the requirements of subsections (c) and (d) of the standard. The facility submitted a memo that confirms there were no sexual abuse investigation files, and corresponding medical and mental health records, of a detainee who was transferred due to an incident of sexual abuse to a facility not covered by paragraph (c) of the standard during the CAP period. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (c) and (d) of the standard.

**AUDITOR CERTIFICATION:**

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

*Sabina Kaplan*

**Auditor's Signature & Date**

August 1, 2023

*Sabina Kaplan*

**Assistant Program Manager's Signature & Date**

August 1, 2023

*James T. McClelland*

**Program Manager's Signature & Date**

August 3, 2023

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



**Homeland  
Security**

**AUDIT DATES**

<b>From:</b>	11/15/2022	<b>To:</b>	11/17/2022
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**AUDITOR INFORMATION**

<b>Name of auditor:</b>	Joyce E. Brideschge	<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	Joyce.E.Brideschge@associates.ice.dhs.gov	<b>Telephone number:</b>	409-866-9920

**PROGRAM MANAGER INFORMATION**

<b>Name of PM:</b>	James McClelland	<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	James.T.McClelland@associates.ice.dhs.gov	<b>Telephone number:</b>	409-866-9920

**AGENCY INFORMATION**

<b>Name of agency:</b>	U.S. Immigration and Customs Enforcement (ICE)
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**FIELD OFFICE INFORMATION**

<b>Name of Field Office:</b>	San Francisco
<b>Field Office Director:</b>	Moises Becerra
<b>ERO PREA Field Coordinator:</b>	Nancy Gonzalez
<b>Field Office HQ physical address:</b>	630 Sansome Street, San Francisco, Ca. 93250
<b>Mailing address: (if different from above)</b>	Click or tap here to enter text.

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

**Basic Information About the Facility**

<b>Name of facility:</b>	Mesa Verde ICE Processing Center – Golden State Annex
<b>Physical address:</b>	611 Frontage Rd. McFarland, Ca. 93250
<b>Mailing address: (if different from above)</b>	Click or tap here to enter text.
<b>Telephone number:</b>	661-792-2731
<b>Facility type:</b>	CDF
<b>PREA Incorporation Date:</b>	12/19/2019

**Facility Leadership**

<b>Name of Officer in Charge:</b>	Minga Wofford	<b>Title:</b>	Facility Administrator
<b>Email address:</b>	mwofford@geogroup.com	<b>Telephone number:</b>	661-792-2731 ext.274102
<b>Name of PSA Compliance Manager:</b>	Jacqueline Bullock	<b>Title:</b>	Prevention of Sexual Assault (PSA) Compliance Manager
<b>Email address:</b>	jbullock@geogroup.com	<b>Telephone number:</b>	661-792-2731 ext.274102

**ICE HQ USE ONLY**

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

## NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Mesa Verde ICE Processing Center – Golden State Annex (GSA) was conducted on November 15-17, 2022, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor, Joyce Brideschge for Creative Corrections, LLC. The Auditor was provided guidance during the audit report writing and review process by the U.S. Immigration and Customs Enforcement (ICE) PREA Program Manager (PM), James McClelland, and Assistant Program Manager (APM), Sabina Kaplan, both DOJ and DHS certified PREA Auditors. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards for the audit period of December 19, 2019, through November 17, 2022. The GSA is privately owned and operated by The GEO Group, Inc., and operates under contract with the DHS ICE Office of Enforcement and Removal Operations (ERO). The facility processes adult male detainees who are pending immigration review or deportation. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities held at the GSA are from Mexico, El Salvador, and Honduras. The facility does not house females, juveniles, or family detainees. This was the first PREA audit for the GSA. The facility is located in McFarland, California.

On November 15, 2022, an entrance briefing was held in the GSA administrative conference room. The ICE ERAU Team Lead (TL), Cathy Edwards, opened the briefing via telephone and then turned it over to the Auditor. In attendance were:

### **The GEO Group staff:**

Minga Wofford, Facility Administrator (FA)  
Tonya Andrews, Assistant Facility Administrator (AFA)  
Scott Werner, Compliance Administrator (CA)  
Jacqueline Bullock, Prevention of Sexual Assault Compliance Manager (PSACM)

### **ICE Staff:**

C.J. Movafagian, ICE/ERO Headquarters (HQ) Detention Standards Compliance Officer (DSCO)  
Jamie J. Pettis, ICE/OPR/ERAU Section Chief (SC), via telephone  
Cathy Edwards, ICE/OPR/ERAU Inspections and Compliance Specialist (ICS), via telephone  
David Zamora, ICE/ERO Deportation Officer (DO)  
Landin David, ICE/ERO Deportation Officer (DO)  
Courtney Thompson, ICE/OPR/ERAU ICS, via telephone  
Elmeaco Mallory, ICE/OPR/ERAU ICS, via telephone

### **Creative Corrections Staff:**

Joyce Brideschge, Certified PREA Auditor, Creative Corrections, LLC  
Sabina Kaplan, APM, Creative Corrections, LLC, via telephone,

The Auditor introduced herself and then provided an overview of the audit process and the methodology to be used to demonstrate PREA Compliance with those present. Approximately two weeks prior to the audit, ERAU TL, Cathy Edwards, provided the Auditor with the facility's PAQ, Agency policies, and other pertinent documents through the ICE SharePoint. The PAQ and supporting documentation was organized with the PREA Pre-Audit Policy and Document Request DHS Immigration Detention Facilities form and within folders for ease of auditing. The main policy that provides facility direction for PREA is 11.1.6, Sexual Abuse Assault Prevention and Intervention (SAAPI) Program for Immigration Detention facilities. All documentation, policies, and the PAQ were reviewed by the Auditor. A tentative daily schedule was provided by the Auditor for the interviews with staff and detainees. The Auditor also reviewed the facility's website, geogroup.com. The Auditor explained the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. She further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour, provided documentation review, and conducting both staff and detainee interviews.

On the first day of the audit, there were 130 male detainees housed at the GSA. The current rated capacity for the facility is 700 adult detainees. The facility is dedicated to housing DHS ICE detainees only. The detainee in-processing area consists of seven single intake cells. The seven rooms have toilets and a sitting area. The intake area has one single-use shower. Posters are provided in the intake area, consisting of consulate contact information, the Rape Crisis Center contact information, DHS-prescribed ICE Sexual Abuse Awareness information pamphlet, and the DHS ICE Zero Tolerance for Sexual Abuse poster with phone and other contact information. The detainees remain in this area until they are individually classified and receive a risk assessment and then are usually placed in general population housing. The facility has six single occupancy cell housing units; eight dorms, six segregation cells; and two medical beds. During the site visit, the Auditor observed female staff announcing themselves prior to entering living areas during the tour. There were 111 cameras being utilized throughout the GSA, which included cameras in each of the housing units. The Auditor reviewed each camera assigned to areas that monitored ICE detainees and found no privacy concerns.

GSA maintains a staff roster of 200 employees, to include security and non-security personnel for the entire complex. According to the PAQ and the interview with the PSACM, there are 117 security staff, 18 medical staff, 3 mental health staff, 16 administrative staff, and 46 non-security staff. GSA currently has one contractor. The facility does not have any volunteers.

At the conclusion of the tour, the Auditor was provided with staff and detainee rosters, and randomly selected personnel and detainees from each roster to participate in formal interviews. A total of 26 staff and one contracted staff were interviewed. Staff interviewed included 12 random staff (line-staff and first-line supervisors) and 14 specialized staff. The specialized staff interviewed included the Warden, PSACM, Human Resource Manager (HRM), classification supervisor, grievance coordinator, intake staff (2), registered nurse (RN), Mental Health case manager, training supervisor, recreation specialist, commissary clerk, facility investigator, and the ICE AFOD. The one contracted staff interviewed was a maintenance worker employed by Clune Construction. A total of 25 random detainees were interviewed. Out of the 25 detainee interviews, 3 detainees interviewed were limited English proficient (LEP) and required the use of a language interpreter through Language Service Associates, provided by Creative Corrections, LLC, 1 detainee filed a sexual abuse allegation, 1 detainee had a limited hearing disability, and 20 detainees were random. There were no gay, bisexual, transgender, or intersex detainees available for interview at the time of the site visit.

There were 10 allegations of sexual abuse reported at GSA for the audit period. Six cases included staff-on-detainee and four cases involved detainee-on-detainee. Of the six cases involving staff-on-detainee, five cases were unfounded, and one case was unsubstantiated. All staff-on-detainee cases were closed. Three of the detainee-on-detainee cases were closed. Of the three closed cases two were substantiated and one was unsubstantiated.

On November 17, 2022, an exit briefing was held in the GSA administrative conference room. The ICE ERAU TL, Cathy Edwards, opened the briefing (via telephone) and then turned it over to the Auditor. In attendance were:

**GEO Staff:**

Minga Wofford, FA  
Tonya Andrews, AFA  
Scott Werner, CA  
Nikki Salceda, Health Services Administrator (HSA)  
Jacqueline Bullock, PSACM

**ICE Staff:**

Cathy Edwards, ICE/OPR/ERAU ICS, via telephone  
Steve Brannon, Supervisory Operations Support Specialist, OPR via telephone  
C.J. Movafagian, HQ DSCO, via telephone  
Nancy Gonzalez, ICE AFOD, via telephone  
Landin David, ICE/ERAU DO

**Creative Corrections Staff:**

Joyce Bridschge, Certified PREA Auditor, Creative Corrections, LLC  
Sabina Kaplan, APM, Creative Corrections, LLC, via telephone

The Auditor spoke briefly about the staff and detainee knowledge of the GSA PREA zero-tolerance policy. The Auditor informed those present that it was too early in the process to formalize an outcome of the audit and that she would need to discuss her findings and review interviews conducted (staff and detainee) prior to making a final determination on compliance. The Auditor explained the audit report process time frames and thanked all present for their cooperation.

## SUMMARY OF AUDIT FINDINGS

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

**Number of Standards Exceeded: 0**

**Number of Standards Not Applicable: 1**

§115.14 Juvenile and family detainees

**Number of Standards Met: 37**

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

**Number of Standards Not Met: 3**

§115.13 Detainee supervision and monitoring  
§115.41 Assessment for risk of victimization and abusiveness  
§115.65 Coordinated response

## PROVISIONS

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

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

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

**Notes:**

(c) The Auditor determined compliance with this subpart of the standard based on review of policy 11.1.6 mandating, "Zero-tolerance toward all forms of sexual abuse and sexual harassment." This written policy outlines the GSA approach to accomplish this zero-tolerance goal through defined hiring practices and ensuring employees, contractors, volunteers, and detainees receive training and information on the zero-tolerance policy regarding sexual abuse and assault, the means to report it, and consequences for violations. The interview with the GSA FA confirmed that this policy was reviewed and approved by the Agency, and she provided the Auditor with documentation of the policy review by the AFOD. The informal and formal interviews with staff and detainees indicated they were aware of the facility's policy on sexual abuse.

(d) The Auditor determined compliance with this subpart of the standard based on review of policy 11.1.6 that requires, "GSA Administrator shall designate a local SA-API PSACM who shall serve as GSA point of contact for the DHS PSA Coordinator and Corporate PREA Coordinator." The PSACM confirmed she is the point of contact for the facility, and she has sufficient time and authority to oversee efforts for the facility to comply with their zero-tolerance policy. Her position is noted on the facility organizational chart as a direct report to the FA.

### **§115.13 - Detainee supervision and monitoring.**

**Outcome:** Does Not Meet Standard (requires corrective action)

**Notes:**

(a)(b)(c) The Auditor determined compliance with these subparts of the standard based on review of policy 11.1.6 that states, "GSA maintains sufficient supervision of detainees, including appropriate staffing levels and, where applicable, video monitoring to protect detainees against sexual abuse. GSA has developed comprehensive detainee supervision guidelines to determine and meet GSA's detainee supervision needs and shall review those guidelines at least annually. In determining adequate levels of detainee supervision and determining the need for video monitoring, GSA shall take into consideration: Generally accepted detention and correctional practices; Any judicial findings of inadequacy; The physical layout; The composition of the detainee population; The prevalence of substantiated and unsubstantiated incidents of sexual abuse incident review reports; and, Any other relevant factors, including, but not limited to, the length of time detainees spend in agency custody." The interviews with the FA and the PSACM confirmed that GSA utilizes direct supervision by staff in conjunction with the use of the facility's 111 video cameras to provide supervision of the detainees. The Auditor was provided the most recent review of the detainee supervision guidelines, dated October 1, 2021, documenting the subpart (c) requirements were assessed. There were no recommendations for changes to policy 11.1.6 or facility operations from this review. The Auditor was provided and reviewed the GSA supervision guidelines. During the three days the Auditor was onsite, she observed, on each of the eight-hour shifts, adequate supervision of the detainees. The Auditor also reviewed the incident reviews conducted for five sexual abuse allegations during the audit period. Staffing was not an issue in any of the cases.

(d) The Auditor determined the facility is not in compliance with this subpart of the standard based on review of policy 11.1.6 that requires, "GSA management, department heads, and supervisors will conduct and document unannounced security inspections within their respective areas to identify and deter sexual abuse of detainees. The unannounced rounds will be documented on GSA's "Unannounced SA-API Rounds" form and submitted to the PSACM. The unannounced rounds will take place weekly. Department heads that operate on multiple shifts will ensure an unannounced round is conducted weekly on each shift. Employees are prohibited from alerting others that these security inspections are occurring unless such announcement is related to the legitimate operational functions of the facility." The Auditor interviewed the shift supervisors (Lieutenants) on each of the GSA shifts. All three confirmed they make at least one round on all shift locations where detainees have access, staggering times and locations, a minimum of once per week, which does not meet subsection (d) requiring staff conduct frequent unannounced security inspections for night as well as day shifts. During the onsite visit, the Auditor randomly reviewed logbooks in areas where detainees have access and found supervisor signatures on each of the shifts, at least once per week confirming that frequent unannounced rounds are not being conducted on day and night shifts. In interviews with 12 random security staff if was indicated they were aware of the policy prohibiting them from alerting other staff that supervisors were making rounds.

**Does Not Meet (d):** The facility is not in compliance with subsection (d) of the standard. Policy 11.1.6 states, "The unannounced rounds will take place weekly. Department heads that operate on multiple shifts will ensure an unannounced round is conducted weekly on each shift." This policy verbiage, confirmed through interviews with supervisors as well, implies that there potentially are only three unannounced rounds, one per each shift, over a 7-day period, which is not in compliance with subsection (d) of the standard. To become compliant with subpart (d) of the standard, the facility shall implement a practice that requires supervisors to make daily unannounced rounds on both the day and night shifts as required by subsection (d) of the standard. In addition, the facility must submit documentation that all supervisors who conduct unannounced rounds are trained on the new practice. The facility

must also submit to the Auditor a sampling of logbooks depicting unannounced rounds being conducted daily on each shift, day and night, during a different period for every month of the corrective action period (CAP).

**§115.14 - Juvenile and family detainees.**

**Outcome:** Not Applicable (provide explanation in notes)

**Notes:**

This subsection is non-applicable. GSA does not accept juveniles or family detainees. This was confirmed in the PAQ, during interviews conducted with the FA, PSACM, and through personal observations by the Auditor 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 based on review of policy 11.1.6 that requires, "Cross-gender pat-down searches of male detainees shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. GSA shall not permit cross-gender pat-down searches of female detainees, absent exigent circumstances. GSA shall document all strip searches, visible body cavity searches, and cross-gender pat-down searches." GSA does not house female detainees. The Auditor interviewed 12 security staff (male and female), who acknowledged cross-gender pat-down searches are not permitted at GSA; however, they were also aware that if exigent circumstances occurred requiring a cross-gender pat-down search, the search would have to be documented. The PAQ and staff interviews indicated that cross-gender pat-down searches were not conducted at GSA during the audit period.

(e)(f) The Auditor determined compliance with these subparts of the standard based on review of policy 11.1.6 that requires, "GSA does not perform strip searches. However, a strip search can be done if it is recommended by medical and approved by both the FA and the client. A strip search must be documented and logged. 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." Policy 11.1.6 further states that, "GSA shall document all strip searches, visible body cavity searches, and cross-gender pat-down searches." The FA, PSACM, and the PAQ confirmed the facility had no instances of cross-gender searches or visual body cavity searches conducted during the audit period, but they would be documented if there had been.

(g) The Auditor determined compliance with this subpart of the standard based on review of policy 11.1.6 that requires, "GSA shall implement policies and procedures which allow detainees to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances or instances when viewing is incidental to routine cell checks or otherwise appropriate in connection with a medical examination or monitored bowel movement. GSA policies and procedures shall require employees of the opposite gender to announce their presence when entering housing units or any areas where detainees are likely to be showering, performing bodily functions, or changing clothes." As noted earlier, GSA houses only male detainees. The Auditor observed female staff announcing themselves prior to entering the cross-gender housing areas during the tour. The random interviews with staff, including both male and female, confirmed their requirement of opposite gender staff announcing their presence prior to entering detainee living areas. The random detainee interviews confirmed that cross-gender staff announcements are made prior to staff of the opposite gender entering their unit. The review of the camera system and observations of the bathroom areas during the site visit revealed no privacy concerns generally or specifically within the shower or toilet areas.

(h) This subsection is non-applicable. GSA is not a family residential facility. This was confirmed in the PAQ, during interviews conducted with the FA and PSACM, and through personal observations by the Auditor while on-site.

(i)(j) The Auditor determined compliance with these subparts of the standard based on review of policy 11.1.6 that requires, "GSA shall not search or physically examine a transgender or intersex detainee solely to determine their genital status. If the genital status is unknown, it may be determined during private conversations with detainee, by reviewing medical records, or by learning that information as part of a standard medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private by a medical practitioner. Searches of transgender and intersex detainees shall be performed by asking the detainee to identify the gender of staff with whom they would feel most comfortable conducting the search, such as no preference between male or female staff, only a male or only female staff member. The preferred option will be documented on the Statement of Search Preference form. Using two officers, one male searching the bottom half and one female searching the top half is strictly prohibited. If staff has not determined that a detainee presents as transgender or intersex, and security staff discover during the conduct of the search that the detainee is transgender or intersex, security staff will cease the search. The detainee will be interviewed regarding the search options available to them and based on the detainee's request, the following protocol will be followed: Asking the detainee to identify the gender of staff with whom they would feel most comfortable conducting the search, such as no preference between male or female staff, only a male or only a female staff member. The preferred option will be documented on the Statement of Search Preference form." The GSA provided the Auditor with the GSA search training curriculum that met the policy and standard requirements for all types of searches. The random male and female security staff interviews confirmed their knowledge of the prohibition of searching all detainees to determine their genital status and the requirement to perform all pat-down searches in a professional and respectful manner, and in the least intrusive manner as possible. These security staff also detailed the search training they received to include techniques for conducting cross-gender, transgender, and intersex searches in a professional manner. The interview with the training supervisor also indicated that all staff training on searches is developed based on the ICE Performance-Based National Detention Standards 2011, 2.10 "Search of Detainees." The Auditor reviewed 11 security staff training

files and found completed search training documentation in each of the files. At the time of the audit, there were no transgender or intersex detainees present at the facility to interview. Interviews with the 25 detainees confirmed that searches are conducted in a professional and respectful manner.

**Recommendation (i):** Policy 11.1.6 requires, "GSA shall not search or physically examine a transgender or intersex detainee solely to determine their genital status." Standard 115.15 subsection (i) states, "The Facility shall not search or physically examine a detainee for the sole purpose of determining the detainee's genital characteristics." It is recommended that the facility update policy 11.1.6 to contain the verbiage "The Facility shall not search or physically examine a detainee for the sole purpose of determining the detainee's genital characteristics" to align with the standards' regulatory language in subsection (i).

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

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

**Notes:**

(a)(b)(c) The Auditor determined compliance with these subparts of the standard based on review of policy 11.1.6 that requires, "GSA will ensure detainees with disabilities (i.e., those who are deaf, hard of hearing, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the company's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. GSA shall provide written materials to every detainee in formats or through methods that ensure effective communication with detainees with disabilities, including those with intellectual disabilities, have limited reading skills, or are blind or have low vision. Methods to ensure effective communication shall include, when necessary, access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation. In matters relating to sexual abuse/assault, GSA 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 GSA determines such interpretation is appropriate. Any use of these interpreters under these type circumstances shall be justified and fully documented in the written investigation report. Alleged abusers and detainees who witnessed the alleged abuse and detainees who have a significant relationship with the alleged abuser shall not be utilized as interpreters in matters relating to allegations of sexual abuse." Upon arrival at GSA, detainees receive the GSA facility handbook, available in Spanish and English, the DHS-prescribed ICE Sexual Abuse and Assault Awareness (SAA) information pamphlet, and the ICE National Detainee Handbook. The DHS-prescribed ICE SAA information pamphlet is available in 15 languages (English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, Punjabi, Bengali, Romanian, Russian, Turkish, Ukrainian, and Vietnamese). The ICE National Detainee Handbook is available in 14 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese). The Auditor interviewed two intake staff, including a supervisor, and both confirmed that they had personally encountered a detainee who was hearing impaired. In that specific instance, and anytime the facility may encounter a detainee with any hearing limitations, the information was and would be provided to them in writing or through use of the text telephone (TTY). The Auditor was also informed by the two intake staff that if they encountered a detainee with low intellect, mental health concerns, or limited reading skills, the detainee would be assessed on an individual basis to determine his specific needs. They may be provided information orally or in written format in a manner that ensures their understanding of the material, and if necessary, would require a referral to the PSACM, medical, or mental health staff based on the detainee's limitation. The two intake staff interviewed also indicated that if they were to encounter a detainee who was LEP, they would utilize their contracted interpretive language service to assist them with interviews if a staff interpreter was unavailable. GSA ensures bilingual (Spanish/English) staff are available on each shift. These staff also indicated when providing information on the efforts to prevent, detect, and respond to sexual abuse, in a language not covered by ICE National Detainee Handbook that provides this information, they utilize the facility's Language Line Services, Inc. contract for accessing interpreting services to provide the detainee with meaningful access to all aspects of the agency's SAAP program. They informed the Auditor that specific pages of the GSA facility handbook are read to the detainee through use of the interpreter and the orientation is documented with the interpreter's name, signed by the detainee, and placed in the detainee's detention file. These pages include information topics for the detainee regarding The Americans with Disability Act, ICE Detainee Communication, DHS/OIG Hotline, Rape Crisis Center, PREA information, ICE SAAP, facility schedules, and Detainee Phone PIN Instructions. The Auditor reviewed 11 detainee files and found these completed acknowledgement forms present in all files. There were no detainees present at GSA that spoke a language not covered by the 14 ICE National Detainee Handbook languages for the Auditor to interview. An Arabic detainee was interviewed who indicated he had received the ICE National Detainee Handbook in Arabic upon arrival. The other 24 random detainees interviewed acknowledged receiving information upon arrival in a language they could understand. The random security staff interviewed were aware of the restrictions on interpreters as outlined in policy 11.1.6. The Auditor's review of the five allegations of sexual abuse files reported at GSA for the audit period found that in one of the five cases, the detainee's preferred language was other than English and was provided a staff interpreter during the investigative process.

#### **§115.17 - Hiring and promotion decisions.**

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

**Notes:**

(a)(b)(c)(e)(f) The Auditor determined compliance with these subparts of the standard based on review of policy 11.1.6, Executive Order 10450 (Security Requirements for Government Employment), Office of Personal Management Section Part 731, and ICE Directives 6-7.0, ICE Personnel Security and Suitability Program Directive, and 6-8.0, ICE Suitability Screening Requirements for Contractor Personnel Directive. The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0, and ICE Suitability Screening Requirements for Contractor Personnel Directive 6-8.0 collectively require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The

background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks. ICE Directive 6-7.0 outlines, "misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application." The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. Policy 11.1.6 requires, "GEO Group will decline to hire or promote anyone who may have contact with detainees, who: has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted 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 has been civilly or administratively adjudicated to have engaged in the activity as outlined above." Policy 11.1.6 further requires, "GSA is prohibited from contracting with anyone (who will have direct contact with detainees) who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution who has been convicted of engaging in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; GSA shall conduct a background investigation to determine whether the candidate for hire is suitable for employment with GSA or agency, including a criminal background record check and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees. Background investigations, including criminal background records checks shall be repeated for all employees at least every five years; Upon request, GSA will submit written documentation showing the detailed elements of GSA's background check for each employee and GSA's conclusions; GSA shall also impose upon employees a continuing affirmative duty to disclose any such conduct as part of its hiring and promotional processes, and during annual performance reviews for current employees; Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of employment, as appropriate; and, Unless prohibited by law, GSA shall provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer from whom such employee has applied to work." The GSA HRM stated, during her interview, that the facility would provide information on substantiated allegations of sexual abuse involving former employees upon any request from an institutional employer for which the employee has sought new employment when provided a release of information signed by the prior employee. She also stated that the facility, along with ICE during the background check process, would request information from prior institutions where the prospective candidate was previously employed, this was also confirmed by the AFOD during interview. She stated that if the potential candidate notes this former employer during the initial facility paperwork, that the facility would contact the former employer. The AFOD and the HRM stated that during the thorough ICE background check, his/her entire employment record would be scrutinized. She further stated that policy 11.1.6 prohibits the facility to hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information and that as a condition of employment, each employee has a continuing affirmative duty to disclose to either her or their supervisor, any behavior outlined in subpart (a). The Auditor interviewed 12 random staff, and each was aware of this duty to report. The Auditor also reviewed 11 security staff files and found ICE approvals to hire the staff member prior to their actual start date, as well as a signed self-declaration that the employee has not engaged in behavior outlined in subpart (a) as required by policy and to comply with their duty to report that was completed prior to being hired. The self-declaration of sexual abuse form, which is completed annually and located in the employees personnel file, serves as verification of an employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy. One of the 11 files reviewed was a current promotion. The Auditor noted a current disclosure form was present in this individual's file. The Auditor submitted a Background Investigation for Employees and Contractors form to the OPR PSO Unit to include two ICE employees assigned to the facility to verify the completion of the background process. OPR PSO confirmed the investigation status of all facility and Agency employees submitted were completed. The Auditor determined the provided background check information was compliant with this standard.

(d) The Auditor determined compliance with this subpart of the standard based on review of policy 11.1.6 that requires, "GSA is prohibited from contracting with anyone (who will have direct contact with detainees) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or in the community. GSA shall conduct a background investigation, including a criminal background check and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to enlisting the services of any contractor. Background investigations, including criminal background checks, shall be repeated for all contractors at least every five years. Upon request, GSA shall submit written documentation showing the detailed elements of GSA's background check for each contractor and GSA's conclusions." The HRM stated that ICE completes all background checks for all staff and contractors prior to hiring, and then again, every five years. The Auditor reviewed one contractor file and confirmed that a background check was performed prior to reporting to work. The documentation also confirmed the due dates for the five-year background recheck. The Auditor determined the provided background check information was compliant with this standard.

**§115.18 - Upgrades to facilities and technologies.**

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

**Notes:**

(a) This standard subpart is not applicable as the FA, during interview, and the PAQ confirmed that GSA has not expanded or modified the existing facility within the audit period.

(b) The Auditor determined compliance with this subpart of the standard based on a memo from the FOD and FA, dated August 22, 2022, that states, "GSA had an upgrade on all their cameras in June 2020. This will assist in enhancing the ability to protect detainees from sexual abuse and/or sexual assault. This will also be a tool for investigating PREA allegations." In interviews with the FA and PSACM, both indicated that cameras were upgraded during the audit period to enhance the facility's ability to protect detainees from sexual abuse. The Auditor reviewed completed "Point and Focus Check" forms that are used by the facility to check camera positions, locations, and focus. The Auditor also reviewed e-mail correspondence between the facility and GEO Management Information Systems (MIS) Specialist stating that 111 analog/BNC cameras were replaced with internet protocol (IP) cameras. The Auditor determined the provided documentation was compliant with this subpart.

**§115.21 - Evidence protocols and forensic medical examinations.**

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

**Notes:**

(a) The Auditor determined compliance with this subpart of the standard based on review of ICE policy 11062.2 and GEO Policy 5.1.2-F (PREA Investigations Procedure). ICE policy 11062.2 states, "When the case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sexual assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE, ERO, FOD, and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS, OIG, OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted. Per policy 5.1.2-F, "Facilities that are responsible for investigating allegations of sexual abuse are required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for juveniles where applicable and developed in coordination with DHS." During interview with the AFOD, it was confirmed that the AFOD reviewed policy 5.1.2-F. There were 10 allegations of sexual abuse reported at GSA for the audit period. Six cases included staff-on-detainee and four cases involved detainee-on-detainee. Of the six cases involving staff-on-detainee, five cases were unfounded, and one case was unsubstantiated. All staff-on-detainee cases were closed. Three of the detainee-on-detainee cases were closed. Of the three closed cases, two were substantiated and one was unsubstantiated. The Auditor reviewed five of these investigation files, of which, two were detainee-on-detainee allegations (one was substantiated and the other was unsubstantiated), and three were staff-on-detainee allegations (all were unfounded), and determined that uniform evidence procedures, to include ensuring detainees do not destroy usable evidence, were followed during the administrative investigations. The facility does not house juveniles.

(b)(d) The Auditor determined compliance with these subparts of the standard based on review of policy 5.1.2-F that requires, "The outside or internal victim advocate shall provide emotional support, crisis intervention, information, and referrals. As requested by the victim, the presence of his or her outside or internal victim advocate, including any available victim advocacy services offered by a hospital conducting the forensic exam, shall be allowed for support during a forensic exam and investigatory interviews. The victim advocate may not obstruct or interfere with the course of the investigation in any manner and will not serve as a translator. GEO facilities may not utilize facility employees as victim advocates unless the following documentation exists: Documentation is on file that no other alternatives are available in the community; and documentation exists that validate designated employees have been screened for appropriateness to serve in this role and have received education concerning sexual assault and forensic examination issues in general." GSA has a written MOU with the rape crisis center, Alliance Against Family Violence. The MOU was entered into on June 11, 2021, with no sunset date, "to provide victims with 24-hour crisis hotline, 24-hour hospital accompaniment, and responding to detainee correspondence." The investigation files reviewed by the Auditor for each allegation found notations that indicated detainees were informed of the victim advocate services on the day of the allegation.

(c) The Auditor determined compliance with this subpart of the standard based on review of policy 5.1.2-F that requires, "Facilities shall offer all detainees who experience sexual abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim's consent and without cost to the detainee and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or a Sexual Assault Forensic Examiner (SAFE). An offsite qualified medical practitioner may perform the examination if a SAFE or SANE is not available." Facility Memo authored by the FOD and FA, dated August 15, 2022, states, "GSA medical staff does not handle forensic medical examinations as GSA has a MOU with Dignity Health Hospital. Their SANE will handle all forensic examinations and make the needed referrals." The Auditor reviewed the MOU between GSA and Dignity Health Hospital. The MOU was entered into in 2021, with no sunset date, and requires the collection of sexual assault forensic evidence by a qualified SANE. In addition, GSA will facilitate advocacy services as needed if requested by the victim. The HSA confirmed GSA utilizes Dignity Health Hospital for all detainees requiring a forensic examination. She also stated that the facility has had no need for forensic examinations during this audit period, which was also confirmed during review of the five investigation files.

(e) The Auditor determined compliance with this subpart of the standard based on review of the MOU with McFarland Police Department (MPD) and interview with the PSACM. This MOU requires that in any incident involving PREA, the facility will contact MPD and provide all allegations of sexual abuse involving potentially criminal behavior. The MPD will provide any assistance, if needed. The MOU was established December 2, 2021, with no sunset date. The MOU specifically addresses the requirement of subpart (e), requiring MPD to comply with subparts (a) through (d) of this standard. None of the five investigation files reviewed during this audit period required that MPD be notified.

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

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

**Notes:**

(a)(b)(d)(e)(f) The Agency provided Policy 11062.2, which states in part that; "when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG)." Policy 5.1.2-F requires, "If the incident is 'potentially criminal' and involves coercion, force, threats, or intimidation, GSA will promptly contact MPD. If MPD declines to investigate, a full investigation shall be conducted by a facility staff member who has received the PREA Specialized Investigations Training." Policy 5.1.2-F further states, "GEO shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years." The policy further requires, "The facility should wait at least 10 business days for the outside agency to respond to [a notification of intent to open an administrative investigation] to ensure an internal administrative investigation would not impede the agency's investigation." As part of the facility's Coordinated Response, policy 5.1.2-F requires, "GSA FA shall implement GSA plan to coordinate the necessary actions required in response to incidents of sexual abuse." In addition, policy 5.1.2-F states, "In cases where there is a serious allegation that a detainee was sexually abused, responding supervisory staff will ensure GSA FA ICE field office, Corporate PREA Coordinator, and other designated individuals are notified within two hours of the occurrence." Policy 5.1.2-F also, "require all allegations to be reported to MPD to be evaluated for criminality" and "all allegations of sexual abuse or assault shall be immediately reported to ICE/ERO, and any other required entities based on the nature of the allegation." The FA submitted a memo written to the MPD outlining the PREA protocol as it relates to MPD. The memo states, "The facility will contact MPD for determination and decision on whether the allegation meets the criteria for a criminal act. If it is not considered criminal, the MPD will give the facility a case number." The Auditor interviewed the AFOD who stated that the facility supervisory staff notifies her of the allegation within two hours, and she will make notification to the Joint Intake Center (JIC), OPR, and the DHS Office of Inspector General (OIG). The Auditor reviewed the five sexual abuse investigative files reported at GSA during the audit period, two were detainee-on-detainee allegations and three were staff-on-detainee. The FA and PSACM confirmed that the facility notified the AFOD by e-mail, and a telephone call depending on the nature of the incident, of every sexual abuse allegation. The interview with the ERO AFOD confirmed that she is notified of every allegation of sexual abuse made at the GSA and that she promptly reports the allegations to the JIC, OPR or the DHS Office of Inspector General as required by the standard. The PSACM stated that notifications are also made to the local government entity or contractor that owns or operates the facility. The Auditor interviewed the AFOD who stated that the facility supervisory staff notifies her of the allegation within two hours, and she will make notification to the Joint Intake Center (JIC), OPR, and the DHS Office of Inspector General (OIG). The Auditor reviewed five sexual abuse investigative files reported at GSA during the audit period, two were detainee-on-detainee allegations and three were staff-on-detainee allegations. MPD was notified of all allegations and declined to conduct criminal investigations on all five. The review of all five investigative files confirmed ICE notifications of the incidents were made as required and documented in the investigative files. An administrative investigation was conducted on all five by the trained facility investigator. At the conclusion of the two detainee-on-detainee investigations, one was found to be substantiated and the other one was unsubstantiated. The three staff-on-detainee investigations were all unfounded.

(c) The Auditor determined compliance with this subpart based on the protocols for GEO investigations being found on the facility website [www.geogroup.com/PREA](http://www.geogroup.com/PREA). The Auditor also reviewed the ICE website, (<https://www.ice.gov/prea>), which provided the required Agency protocol.

**Recommendation (c):** The Auditor recommends that the facility website be updated to correctly identify the facility Protocol is properly labeled as 5.1.2-F and not 5.1.2-E.

**§115.31 - Staff training.**

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

**Notes:**

(a)(b)(c) The Auditor determined compliance with these subparts of the standard based on review of Facility policy 11.1.6 that requires, "All employees, contractors, and volunteers shall receive initial training on GEO's SAAPI and annual refresher thereafter. Refresher training will include any updates to sexual abuse assault behavior prevention and intervention program. GSA shall train all employees, contractors, and volunteers who may have contact with detainees on: It's zero tolerance policy for sexual abuse and assault; How to fulfill their responsibilities under agency sexual abuse and assault prevention, detection, reporting and response policies and procedures, to include procedures for reporting knowledge or suspicions of sexual abuse; Recognition of situations where

sexual abuse may occur; The right of detainees and employees to be free from sexual abuse, and from retaliation for reporting sexual abuse and assault; Reporting sexual abuse and assault; Definitions and examples of prohibited and illegal sexual behavior; Recognition of the physical, behavioral and emotional signs of sexual abuse and ways to prevent and respond to such occurrences; Prevent and respond to such occurrences; How to protect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with detainees; How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex (LGBTI) or gender nonconforming detainees; and the requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victims welfare and for law enforcement or investigative purposes.” The Auditor reviewed the SAAPI training curriculum provided by the GSA which is used to train staff and noted it addressed the subpart (a) requirements. The Training Administrator interview confirmed all GSA employees complete an acknowledgement form, serving as verification of the employee’s review and understanding of this training and the Agency and facility’s zero-tolerance policy. The random 12 GSA staff interviewed by the Auditor confirmed they had received a PREA pre-service training and receive annual refresher training. During their interviews, they detailed the training content that addressed the requirements outlined in subpart (a) of the standard. The Auditor reviewed 10 staff training files and found completed training documents in each file. The Auditor was provided and reviewed training certificates and training rosters for all GSA staff and two ICE employees assigned to the facility.

### **§115.32 - Other training.**

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

**Notes:**

(a)(b)(c) The Auditor determined compliance with these subparts of the standard based on review of policy 11.1.6 that requires, “All employees, contractors, and volunteers shall receive training on GEO’s SAAPI program. GSA shall ensure all volunteers who have contact with detainees are trained on their responsibilities under GEO’s sexual abuse and assault prevention, detection, and response policies and procedures. The level and type of training provided to volunteers shall be based on the services they provide and the level of contact they have with detainees, but all volunteers who have contact with detainees shall be notified of GEO’s and GSA’s zero-tolerance policies regarding sexual abuse and informed how to report such incidents.” Policy 11.1.6 further requires, “Volunteers who have contact with detainees shall receive annual SAAPI refresher training. Volunteers shall document through signature on the PREA Basic Training Acknowledgment form and the ICE SAAPI Certification form that they understand the training they have received.” The Auditor interviewed the training administrator who indicated that employee and contractor PREA training is identical and covers all standard subpart (a) requirements. The only contractors at GSA are the commissary staff who provides services on a reoccurring basis and are therefore covered in 115.31. The GSA currently has no volunteers or contractors as defined under subpart (d) of the standard.

### **§115.33 - Detainee education.**

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

**Notes:**

(a)(b)(c)(e)(f) The Auditor determined compliance with these subparts of the standard based on review of policy 11.1.6 that requires, “During the intake process, GSA shall ensure the detainee orientation program notifies and informs detainees about the company’s zero tolerance policy regarding all forms of sexual abuse/assault and includes instruction on: Prevention and Intervention strategies; definitions and examples of detainee-on-detainee sexual abuse, employee-on-detainee sexual abuse and coercive sexual activity; Explanation of methods for reporting sexual abuse/assault, including to any employee, including an employee other than immediate point-of-contact line officer (i.e. the PSACM or mental health staff), the Detention and Reporting Information Line (DRIL), the DHS OIG, JIC, consular official and if desired, anonymously report these incidents; information about self-protection and indicators of sexual abuse; prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainees immigration proceedings; and, the right of a detainee who has been subjected to sexual abuse receive treatment and counseling.” All detainees arriving at GSA receive the GSA Facility Handbook, only available in English and Spanish, the DHS-prescribed ICE SAA Information pamphlet, and the ICE National Detainee Handbook. The DHS-prescribed ICE SAA Information pamphlet is available in 15 languages (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese). The ICE National Detainee Handbook is available in 14 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese). The Auditor interviewed two intake staff, including a supervisor. Both confirmed that they had personally encountered a detainee who was hearing impaired. In that specific instance and anytime the facility may encounter a detainee with any hearing limitations, the information was and would be provided to them in writing or through use of the text telephone (TTY) or through use of the contracted language interpreter services. The Auditor interviewed one detainee with a hearing limitation with the assistance of a paid sign language interpreter. The detainee stated that he has a sign language interpreter assigned to him and he also has a tablet assigned to him that he can use to communication with staff. The Auditor was also informed by the two intake staff that if they encountered a detainee with low intellect, mental health concerns, or limited reading skills the detainee would be assessed on an individual basis to determine his or her specific needs. They may be provided information orally or in written format in a manner that ensures their understanding of the material, and if necessary, would require referral to a supervisor, medical, or mental health staff based on the detainee’s limitation. The two intake staff interviewed also indicated that if they were to encounter a detainee who was LEP, they would utilize their contracted interpretive language service to assist them with interviews if a staff interpreter was unavailable. The facility employs bilingual (English/Spanish) staff that are available on all three shifts. The two intake staff further indicated when providing information on the efforts to prevent, detect, and respond to sexual abuse, in a language not covered by ICE National Detainee Handbook that provides this information, they utilize the facility’s Language Line Services, Inc. contract for accessing interpreting services to provide the detainee with meaningful access to all aspects of the agency’s SAAPI program. They informed the Auditor that specific pages in the GSA Facility Handbook are read to the detainee through use of the

interpreter and the orientation is documented with the interpreter's name, signed by the detainee, and placed in the detainee's detention file. The two intake staff stated that for detainees who are blind or have limited sight, information is read verbally to the detainees and a PREA video with audio is provided. The Auditor reviewed 10 detainee files and found these completed acknowledgment forms present in all files. These pages include information topics for the detainee regarding the Americans with Disability Act, ICE Detainee Communication, DHS/OIG hotline, PREA, rape crisis center, ICE SAAPI, facility schedules, and detainee phone pin instructions. There were no detainees present at GSA that spoke a language not covered by the 14 ICE National Handbook languages for the Auditor to interview. An Arabic male detainee was interviewed and indicated he received the ICE National Detainee Handbook as required in policy upon arrival in a language he could understand.

(d) The Auditor determined compliance with this subpart of the standard based on review of policy 11.6.1 that requires, "GSA shall post on all housing unit bulletin boards the following notices: The DHS-prescribed sexual assault awareness notice; the name of the PSACM; and, the name of local organizations that can assist detainees who have been victims of sexual abuse." During the tour of GSA, the Auditor observed the DHS-prescribed sexual assault awareness notice posted with the name of the PSACM included, and the rape crisis center contact information hosted in all detainee housing units. The 25 random detainee interviews also confirmed their knowledge of these posters and the services available to them.

#### **§115.34 - Specialized training: Investigations.**

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

**Notes:**

(a)(b) The Auditor determined compliance with these subparts of the standard based on review of Agency policy 11062.2 and GEO policy 11.6.1. 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 Auditor reviewed the ICE OPR Investigation Incidents of Sexual Abuse and Assault training curriculum and found the curriculum to cover in-depth investigative techniques, evidence collection, and all aspects to conduct an investigation of sexual abuse in a confinement setting. The agency also offers Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if a sexual abuse incident has taken place and whether to complete an administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled detainees; and an overall view of the investigative process. GEO policy 11.6.1 requires, "Investigators shall be trained in conducting investigations on sexual abuse and effective cross-agency coordination. All investigations into alleged sexual abuse must be conducted by qualified investigators. Investigators shall receive this specialized training in addition to the general training mandated for employees. Specialized training will include but not limited to: Interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, criteria and evidence required for administrative action or prosecutorial referral. GSA shall maintain documentation of this specialized training." The PAQ indicated the facility has two investigators. The Auditor was provided copies of the two investigator's specialized training certificates for general training, specialized training on sexual abuse, and effective cross-agency coordination, as well as the training curriculum provided by the GEO Group. The curriculum addressed the policy and training subpart (a) requirements. The agency provided rosters of trained investigators and the specialized training curriculum on OPR's SharePoint site for auditor's review; this documentation is in accordance with the standards requirements. The Auditors' review of the five investigative case files found they were conducted by the GSA specialty trained lead investigator.

#### **§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 GSA as the facility medical department is operated by The GEO Group and not DHS or agency employees.

(c) The Auditor determined compliance with the subpart of the standard based on policy 11.1.6 that requires, "GSA shall train all full time and part time medical and mental health care practitioners who work regularly at GSA on certain topic areas, including detecting signs and assessing of sexual abuse and assault, preserving physical evidence of sexual abuse, responding professionally and effectively to victims of sexual abuse, and how and whom to report the allegations of suspicions of sexual abuse and assault. Medical and mental health care practitioners shall receive the specialized training in addition to the general training mandated for all employees. This training shall be completed as part of the newly hired pre-service orientation. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Forensic examination shall be performed by a SANE or SAFE. Facilities shall maintain documentation of the specialized training." The HSA indicated during interview that facility medical staff do not provide any forensic services and only stabilizes the alleged victim for transport to the outside hospital. She also noted that her entire staff has received the specialized training and the general training provided to all employees and provided the Auditor with training certificates to confirm training received. Policy 11.1.6 was approved by the ICE AFOD.

#### **§115.41 - Assessment for risk of victimization and abusiveness.**

**Outcome:** Does not Meet Standard (requires corrective action)

**Notes:**

(a)(b)(c)(d)(e) Policy 11.1.6 that requires, "All detainees at GSA shall be assessed during intake and upon transfer to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse by taking steps necessary to mitigate any such danger. Each new arrival shall be kept separate from the general population until he or 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

GSA. GSA shall use the GEO PREA Risk Assessment tool to conduct the initial risk screening assessment. In addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records (e.g., medical files or 213/216 remand, etc.) that can assist with the risk assessment. The intake screening shall consider, at a minimum, the following criteria to assess individuals for risk sexual victimization: Mental, physical or developmental disability, age, physical build and appearance, previous incarceration or detainment, nature of criminal history, prior convictions for sex offenses against an adult or child, whether detainee self-identified as LGBTI or gender nonconforming, whether detainee self-identified as having previously experienced sexual victimization, and, own concerns about his or her physical safety. The intake screening shall also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to GSA, and assessing the risk of being sexually abusive. Detainees identified at risk for sexual victimization are assessed by a mental health or other qualified professional. Detainees at risk for sexual victimization are identified, monitored, and counseled." A review of policy 11.1.6 further confirms that it allows for "Transgender and Intersex Detainees to 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)." Policy 11.1.6 also states, "GSA shall ensure that between 60 and 90 days from the initial assessment at the facility, staff shall reassess the detainee's risk for victimization or abusiveness. GSA shall use the GEO PREA Vulnerability Reassessment Questionnaire to conduct the reassessment. At any point after the initial intake screening, a detainee shall be reassessed for risk of victimization or abusiveness when warranted based upon the receipt of additional, relevant information or following an incident, abuse, or victimization." There were no intakes during the on-site visit; and therefore, the Auditor interviewed two intake staff and the classification manager (AFA). Each confirmed that the initial classification, to include vulnerability assessment is completed within two hours of arrival and would never occur after 12 hours. They stated that in addition to the vulnerability assessment, staff tasked with screening conduct a thorough review of all available records provided by ICE that can assist them with the risk assessment, to include any information about prior acts of sexual abuse or assault, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse or assault, as known to the facility. The classification manager (AFA) interviewed confirmed detainees are kept separate from general population in the intake area until the vulnerability assessment and classification processes are completed. The vulnerability assessment form was reviewed by the Auditor and found to comply with the subparts (c) and (d) requirements. The Auditor reviewed 10 detainee detention files and found completed risk assessments conducted utilizing the GEO Risk Assessment tool. The Auditor was also able to confirm that initial classification and housing determination was completed within 12 hours. The interview with the 25 random detainees confirmed their classification and risk assessments were completed within the first couple hours after arriving at the GSA. All the random detainees confirmed that they remained in the intake area until they were classified. However, there were no transgender or intersex detainees available to the Auditor to interview nor were there any available detainee files to review that included transgender or intersex detainees. In addition, interviews with intake and classification staff could not confirm that transgender and intersex detainees are not given their initial classification and appropriate housing determination prior to the 72 hours as noted in policy 11.1.6. Of the 10 detention files reviewed, 9 files were of detainees held at GSA beyond 90 days, and the Auditor found reassessments completed between the 60 and 90 days as required by standard and policy. Of the five investigative case files reviewed, the Auditor confirmed a vulnerability reassessment was completed in four of the five files. The fifth file was not completed as the detainee was released from facility within 16 days of the allegation report.

**Does Not Meet (a)(b):** The facility is not in compliance with subsections (a) and (b) of the standard. Policy 11.1.6 allows "Transgender and Intersex Detainees to 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)." Interviews with intake and classification staff could not confirm the facility's practice regarding the housing and classification of transgender and intersex detainees differs from policy 11.1.6 to meet the requirements of subsections (a) and (b), which require that all detainees be kept separate from general population and that initial classification and appropriate housing is determined within 12 hours. To become compliant, the facility must develop a practice that requires all detainees, including those who are transgender or intersex, be kept separate from general population and complete the initial classification process and receive their initial housing assignment within 12 hours as required by the standard. In addition, the facility must train all applicable staff on the new practice and document such training. If applicable, the facility must also provide the Auditor with any detainee files that included a transgender or intersex detainee to confirm that the initial classification was completed within 12 hours as required by the standard.

(f) The Auditor determined compliance with the subpart of the standard based on review of policy 11.1.6 that requires, "Disciplining detainees for refusing to answer or not providing complete information in response to certain screening questions is prohibited." The classification manager (AFA) and the two intake officers confirmed detainees are not disciplined for refusing to answer any of the questions asked from the GEO PREA risk assessment tool.

(g) The Auditor determined compliance with this subpart of the standard based on review of policy 11.1.6 that requires, "GSA shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure sensitive information is not exploited by employee or other detainees. When staff received PREA/SAAPI orientation training, the emphasis shall be on the need-to-know. Confidentiality is important. Sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security, and management decisions. The need-to-know persons are the FA, AFA, HSA, facility Doctor, Chief of Security, Lieutenant on duty, Case Manager and PSACM." The PSACM and the classification manager (AFA) informed the Auditor that completed vulnerability assessments are maintained in the detainee's central file located in the medical/mental health office under double lock and restricted key; this was verified by the Auditor during the site review observations.

**§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 the subpart of the standard after a review of policy 11.1.6 that requires, "Screening information from GEO PREA risk assessment tool shall be used to inform assignment of detainees to housing, recreation and other activities, and voluntary work. GSA shall make individualized determinations about how to ensure the safety of each detainee. The PSACM 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. The detainees who are identified as the at risk by their initial assessment, will be placed in a housing unit where they can be seen at all times. The shift Lieutenant/intake personnel are aware of all areas in the dorm, where that detainee can be placed in a safe, least restrictive environment. PSACM will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location." The Auditor was informed by the classification manager (AFA) that detainee assignments are made for work and housing based on each individual detainee's risk assessment and classification. The instructions for completion of the vulnerability assessment informs the staff member conducting it, that it is important that any prior classification, whether it indicates the potential for being at risk of victimization or the potential of being sexual abusive, be noted to provide the correct initial housing for placement and recreation. GSA has limited voluntary work opportunities for detainees, but the facility utilizes information from the risk assessment and classification process for making work assignments. The Auditor reviewed 10 detainee detention files in which the initial assessment and reassessment files are maintained. All 10 files reviewed were individualized, with one reflecting a need for the detainee, while in the housing unit, be placed in a bunk near the security officer's post station for better observation and communication. The detainee's work assignment provided close supervision by staff while allowing the detainee to perform his work assignment without altering his duties.

(b)(c) The Auditor determined compliance with these subparts of the standard after a review of policy 11.1.6 that requires, "When making assessments and housing decisions of transgender and intersex detainees, GSA shall consider the detainees gender self-identification and an assessment of the effects of placement on the detainee's health and safety. A medical or mental health practitioner shall be consulted as soon as practical on these assessments and placement decisions which shall not be based solely on the identity documents or physical anatomy of the detainee. Unless client written mandates differ, the following guidelines will be adhered to: Transgender and intersex detainees may be housed in medical for up to 72 hours, excluding weekends, holidays and emergencies, or 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, case manager, medical or mental health staff and PSACM; The Corporate PREA Coordinator may also be consulted; Placement into administrative segregation due to a detainee identification as transgender or intersex should be used only as a last resort, and when no other viable housing options exist. The TCC shall at a minimum consider the detainees documented criminal history, and past or present behavior; the detainee self-assessment of his or her safety needs (does he/she feel threatened or at risk of harm); The detainee self-assessment of his or her safety needs (does he/she feel threatened or at risk of harm). Housing and programming assignments for each transgender and intersex detainee shall be reassessed at least twice each year to determine any threats to safety experienced by the detainee. Serious consideration shall be given to the individual's own views with respect to his or her own safety. GSA shall use the GEO PREA Vulnerability Reassessment Questionnaire to conduct the reassessment. When operationally feasible, transgender and intersex detainees shall be given an opportunity to shower separately from other detainees." There were no transgender or intersex detainees present at the GSA during the site visit. The HSA and mental health practitioner stated that the facility has not detained any transgender or intersex persons during the audit period. They confirmed that should a transgender or intersex detainee arrive at GSA, they would be assessed by the medical and mental health department prior to any housing decisions being made. They indicated the safety and security considerations as well as the concerns of the detainee would be considered. The FA, PSACM, and AFA stated that any transgender or intersex detainee would be reassessed every six months and would be allowed to shower separately from other detainees. During the on-site tour, the Auditor verified that the facility has private showers in secure locations that could be utilized.

**§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) The Auditor determined compliance with these subparts of the standard after a review of policy 11.1.6 that requires, "GSA has written procedures governing the management of its security housing unit (SMU). These procedures should be developed in consultation with ICE ERO FOD having jurisdiction for the facility, must document detailed reasons for placement of a detainee in administrative segregation on the basis of a vulnerability to sexual abuse or assault." Policy 11.1.6 further states, "Use of SMU to protect detainees vulnerable to sexual abuse or assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing, and they shall be made for the least amount of time, practical and when, as a last resort, no other viable housing option exist. GSA shall assign detainees vulnerable to sexual abuse or assault to administrative segregation for their protection until alternative means of segregation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If segregated housing is used to protect vulnerable detainees, the detainee shall have access to programs, visitation, Council, and other services available to the general population to the maximum extent practical." The FA informed the Auditor that the use of segregation for any vulnerable detainee would not be the typical protocol at GSA. She indicated her options to deal with protecting a vulnerable detainee would include moving the vulnerable detainee to another housing unit, to one of the facility medical beds, or discuss the situation with the AFOD to expedite the transfer of the detainee to another facility more suitable for the detainee safety. She further indicated that should a detainee be placed in administrative segregation access to programs and other services available to the general population will be allowed to the maximum extent possible. The FA also

confirmed that GSA has not utilized segregation for any vulnerable detainee at risk of sexual abuse during the audit period. During the facility observation, the Auditor did not locate any detainees in SMU on the basis of a vulnerability to sexual abuse or assault.

(d)(e) The Auditor determined compliance with the subparts of the standard after a review of policy 11.1.6 that requires, "GSA shall implement written procedures for the regular reviews of all detainees held in administrative segregation for their protection as follows: A supervisory staff member shall conduct a review within 72 hours of the detainees placement in administrative segregation to determine whether segregation is still warranted, and; A supervisory staff member shall conduct, at a minimum, an identical review after the detainee has spent seven days in administrative segregation. A supervisory staff member shall conduct additional reviews every week for the first 30 days, and every 10 days thereafter as necessary." The policy further states, "GSA shall notify the appropriate ICE FOD no later than 72 hours after the initial placement in administrative segregation on the basis of a vulnerability to sexual abuse or assault for the review and approval of the placement." The FA confirmed that the placement of a vulnerable detainee in segregation would require the review process as required by policy and the subpart (d) requirements, and that placement notification would be made to the FOD within 72 hours.

**Recommendation (d):** The Auditor confirmed substantial compliance with subsection (d) of the standard through staff interviews; however, the Auditor recommends that the facility remove the verbiage "as necessary" from policy 11.1.6 as the standard requires written procedures that dictate that the facility conduct a review after the detainee has spent 7 days in administrative segregation, every week thereafter for the first 30 days, and every 10 days thereafter whether the facility determines the review is necessary or not.

### **§115.51 - Detainee reporting.**

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

#### **Notes:**

(a)(b) The Auditor determined compliance with these subparts of the standard based on review of policy 11.1.6 that requires, "GSA provides multiple ways for individuals to privately report sexual abuse and assault, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. The facility provides contact information to detainees for relevant consular officials, the DHS OIG, or as appropriate, other designated office, to confidentially, and, if desired, anonymously, report these incidents. GSA provides detainees contact information on how to report sexual abuse or sexual assault to a public or private entity or office that is not part of GEO (i.e., contracting agency ICE) and that is able to receive and immediately forward detainee reports of sexual abuse to facility or GEO officials, allowing the detainee to remain anonymous upon request. The facility provides detainees the contact information on how to report sexual abuse or assault to GSA PSACM." Reporting information is available to detainees upon arrival through the GSA Facility Handbook, ICE National Detainee Handbook, the DHS-prescribed SAA Information Pamphlet, and signage posted throughout the facility, as covered in standards 115.16 and 115.33 of this report. The Auditor interviewed 25 random detainees. Each confirmed their knowledge of how to report allegations of sexual abuse. The 10 detainee files reviewed by the Auditor demonstrated signed copies of receipt of these materials. The Auditor was able to test the detainee phone system for reporting sexual abuse allegations. The Auditor placed calls to the Alliance Against Family Violence, the facility's internal first party reporting hotline, and the DHS OIG hotline for third-party reporting. The facility allows detainees to place phone calls to these reporting entities anonymously without the use of the detainee PIN number should the detainee so choose. When speaking to an Alliance Against Family Violence representative, she confirmed that reports can be made anonymously. The Auditor was able to call each entity listed above to ensure that the phones were in working order in each housing unit and that the telephone numbers posted were current.

(c) The Auditor determined compliance of this subpart of the standard based on review of policy 11.1.6 that requires, "Employees shall accept reports made verbally, in writing, anonymously, and from third parties, and shall promptly document any verbal reports." Ten allegations of sexual abuse were reported at GSA for the audit period. The Auditor reviewed five of the allegations and found the allegations were made in the following manner: Three were reported to the Lieutenant and two through the PREA Alert function on the housing unit Talton tablets. The allegations made through the tablet are received by the PSACM. The file reviews indicated in the instances where the allegation was made verbally, the staff member placed the allegation into written format. The Auditor interviewed 12 random staff who confirmed their knowledge of the facility policy requirement that they are to accept and immediately report allegations of sexual abuse, regardless of how the report was made, and that all verbal reports from detainees or third parties must be documented in writing to their supervisors for investigation referral. The 12 random staff interviewed also stated that they can report allegations of sexual abuse outside of chain of command if needed.

**Recommendation (b):** Policy 11.1.6 states, "GSA provides detainees contact information on how to report sexual abuse or sexual assault to a public or private entity or office that is not part of GEO (i.e., contracting agency ICE) and that is able to receive and immediately forward detainee reports of sexual abuse to facility or GEO officials, allowing the detainee to remain anonymous upon request." It is recommended that policy 11.1.6 be updated to reflect ICE as the "agency" as identified within this subsection.

### **§115.52 - Grievances.**

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

#### **Notes:**

(a)(b)(c)(d)(e)(f) The Auditor determined compliance with these subparts of the standard after a review of policy 11.1.6 that requires, "GSA grievance includes the following procedures regarding sexual abuse grievances: GSA permits a detainee to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint; GSA does not

impose a time limit on when a detainee may submit a grievance regarding allegation of sexual abuse; GSA implemented written procedures for identifying and handling time-sensitive grievances that involve any immediate threat to detainee health, safety, or welfare related to sexual abuse/assault; GSA staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment; To prepare a grievance, a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives; Staff shall take reasonable steps to expedite requests for assistance from these other parties; GSA shall issue a decision on the grievance within five days of receipt and shall respond to an appeal of the grievance decision within 30 days. The Grievance Coordinator shall send all grievances related to sexual abuse and GSA's decision with respect to such grievances to the appropriate ICE FOD at the end of the grievance process; and, for monitoring purposes, the PSACM shall receive copies of all grievances related to sexual abuse or sexual activity." The GSA Facility Handbook, which serves as the facility supplemental to the ICE National Detainee Handbook, provided to each detainee contains informal, formal, and emergency grievance procedures for identifying and handling time-sensitive grievances that involve any immediate threat to detainee health, safety, or welfare related to sexual abuse/assault. The Auditor interviewed the Grievance Coordinator, who currently is the PSACM, during the site visit. The PSACM informed the Auditor that she would accept all grievances alleging sexual assault and would follow the grievance process, which includes assigning the allegation a grievance number and processing it as an emergency grievance. She further informed the Auditor that emergency grievances are those time-sensitive grievances that pose an immediate threat to the detainee's health, safety, or welfare, and security of the facility, which would be handled immediately. She also indicated she imposes no time limit on when the submission of a sexual abuse allegation is made, regardless of when it occurs, and would ensure medical emergencies are referred to the medical department immediately. She further stated that she would notify the ICE AFOD, who in turn makes all ICE notifications. She confirmed sexual abuse grievances are responded to within 2 days of receipt and responses to an appeal of the grievance decision are responded to within 30 days. The facility has had no sexual abuse allegations reported through the grievance process during the audit period.

#### **§115.53 - Detainee access to outside confidential support services.**

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

#### **Notes:**

(a)(b)(c)(d) The Auditor determined compliance with these subparts of the standard after a review of policy 11.1.6 that requires, "GSA shall utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to most appropriately address victim's needs. GSA shall make information available to detainees about local organizations that can assist detainees who have been victims of sexual abuse, including mailing addresses and telephone numbers, including toll free hotline numbers were available, including Alliance Against Family Violence, which a 24-hour hotline service 661-327-1091. If local providers are not available, GSA shall make available the same information about national organizations. GSA 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. GSA is required to maintain or attempt to enter into agreements with community service providers to provide detainees with confidential emotional support services related to the sexual abuse while in custody, if local providers are not available, with National organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime. GSA shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements." The Auditor was provided a written MOU with Alliance Against Family Violence. Contact information for this advocate was observed by the Auditor in each of the housing units. The Auditor verified that Alliance Against Family Violence accepts allegations of sexual assault through a phone call placed by the Auditor to the center. A staff member from Alliance Against Family Violence stated that bilingual (English/Spanish) staff are available 24/7 and a language interpreter service is utilized should a detainee speak a language other than English or Spanish. The GSA Facility Handbook also informs detainees that they may report allegations of sexual abuse to Alliance Against Family Violence, additionally, detainees are advised that Alliance Against Family Violence is a mandatory reporter for any allegation of sexual abuse and the extent that the calls to Alliance Against Family Violence may be monitored. The Auditors review of the five investigative files noted the alleged victims were provided contact information for Alliance Against Family Violence. None of the allegations were learned from monitoring communications with outside service support services.

#### **§115.54 - Third-party reporting.**

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

#### **Notes:**

The Auditor determined compliance with this standard after a review of policy 11.1.6 that requires, "GSA shall post publicly GEO's third-party reporting procedures. In addition, GEO shall post on its public website its methods of receiving third-party reports of sexual abuse/assault on behalf of detainees. Third-party reporting posters shall be posted within the facility's public areas in English and Spanish, to include lobby, visitation, and staff break rooms." The Auditor observed reporting sexual abuse information on behalf of any detainee, in Spanish and English, in the entrance lobby and visitation area at GSA. The Auditor verified that third-party reporting information is available in the GSA Facility Handbook. The Handbook is available in English and Spanish and can be printed in the detainee's primary language. A review of both the ICE website ([www.ice.gov](http://www.ice.gov)) and the GEO Group website ([www.geogroup.com/PREA](http://www.geogroup.com/PREA)) confirmed each has a means for the public to report incidents of sexual abuse/harassment on behalf of any detainees. The Auditor tested the third-party reporting numbers on-site and confirmed they provided a means to report sexual abuse on behalf of a detainee as required by the standard. Most of the 25 random detainees interviewed were aware that family members and friends could report sexual abuse on their behalf. The Auditor was able to test the detainee phone system for reporting sexual abuse allegations. The Auditor placed calls to the Alliance Against Family Violence and the DHS OIG hotline for third-party reporting. The facility allows detainees to place phone calls to these reporting entities anonymously without the use of a detainee PIN number should they so choose. The Auditor was able to call each entity listed above to ensure that the phones were in working order

in each housing unit and that the telephone numbers posted were current. The facility had no third-party reports of sexual abuse during the audit period.

#### **§115.61 - Staff reporting duties.**

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

**Notes:**

(a)(b)(c) The Auditor determined compliance with the subparts of the standard after a review of policy 11.1.6 that requires, "Employees are required to immediately report in accordance with agency policy any of the following: Knowledge, suspicion, or information regarding an incident of sexual abuse/assault that occurred in a facility whether or not it is a GEO facility; Retaliation against individuals 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 supervisor or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff and GSA, or to make medical treatment, investigation, law enforcement, or other security and management decisions. Employees reporting sexual abuse shall be afforded the opportunity to report such information to the Chief of Security or facility management privately, if requested, and may also utilize the employee hotline or contact the Corporate PREA Coordinator directly to privately report these types of incidents. All allegations of sexual abuse or assault shall be immediately reported to ICE ERO, and any other required entities based on the nature of the allegation." A review of the geogroup.com website, the following statement is posted, "GEO Employees may report Sexual Abuse or Sexual Harassment information to the Chief of Security or facility management privately if requested. They may also report Sexual Abuse or Sexual Harassment directly to the Employee Hotline, which is an independent, professional service, available 24 hours per day, 7 days a week on the Internet at [www.reportlineweb.com/geogroup](http://www.reportlineweb.com/geogroup) or at the toll-free phone number (866) 568-5425. Employees may also contact the Corporate PREA Coordinator directly at (561) 999-5827." The Auditor interviewed 12 random security staff and each of these staff members confirmed their knowledge of the reporting requirements of the standard and the facility policy. Each was also aware of their ability to report allegations of sexual abuse outside of their chain of command through the GEO employee hotline if necessary. Each detailed their responsibility for confidentiality and reporting only to a designated supervisor or official, and to not reveal any information related to a sexual abuse allegation to anyone. The Auditor's review of the five investigative files found that three of these allegations were reported directly to security staff, and two were reported through use of the tablet reporting option which went to the PSACM. The five investigative files demonstrated that each staff member immediately responded to the incident in accordance with facility policy and their response training. A review of Facility policy 11.1.6 confirmed it was approved by the AFOD.

(d) The Auditor determined compliance with this subpart of the standard after review of policy 11.1.6 that requires, "Allegations of sexual abuse in which the alleged victim is under the age of 18 or considered a vulnerable adult to designated State or local Vulnerable Persons statute, GSA shall report to designated State or local service agencies under applicable mandatory report laws." There are no juveniles housed at GSA. The FA confirmed, if the facility encountered an incident of sexual abuse involving a vulnerable adult, the GEO Group' Legal Counsel's Office would be contacted by her to determine reporting obligations under the reporting laws of the State of California. She also stated that the AFOD, GEO Group, and the MPD would be informed as well.

#### **§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 of this standard after a review of policy 11.1.6 that requires, "When a facility staff member has reasonable belief that a detainee is subject to substantial risk of imminent sexual abuse, he/she shall take immediate action to protect that detainee. Employees shall report and respond to all allegations of sexual abusive behavior. Employees should assume all reports of sexual victimization, regardless of the source of the report (i.e., third-party) are credible and respond accordingly. Only designated employees specified by policy should be informed of the incident, and it is important to respect the victim's security, identity and privacy. All allegations of sexual abuse shall be handled in a confidential manner throughout the investigation. All conversations and contact with the victim should be sensitive, supportive and nonjudgmental." The specific question about any detainee at substantial risk was asked of the 12 random security staff, PSACM, and the FA. All indicated if they became aware of the detainee at substantial risk of sexual abuse, they would take immediate action to mitigate the threat. In most cases this would include finding and securing the detainee and removing him from the threat. The FA indicated removing the detainee from the facility would be a consideration after the situation was evaluated. According to the FA and the PSACM, and review of the five investigative files reviewed during the audit period, GSA took immediate action to protect the detainees who alleged sexual abuse by separating the alleged abuser from them during the audit period. Three alleged abusers were staff and were reassigned to a post with no detainee contact during the administrative investigation, and two were detainees that were moved into a different unit.

#### **§115.63 - Reporting to other confinement facilities.**

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

**Notes:**

(a)(b)(c)(d) The Auditor based compliance on the subparts of the standard after a review of policy 11.1.6 that requires, "In the event a detainee alleges sexual abuse occurred while confined at another facility, GSA shall document those allegations and GSA FA (or AFA in the absence of FA) shall contact FA or designee where the abuse is alleged to have occurred and notify ICE Field Office as soon as possible, but no later than 72 hours after receiving the notification. GSA shall maintain documentation that it is provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PSACM and Corporate PREA Coordinator. Any facility that receives notification of the alleged abuse, it is required to ensure the allegation is investigated in

accordance with PREA standards and reported to the appropriate ICE FOD.” The FA, PSACM, and the PAQ indicated GSA received one report of sexual abuse from a detainee on arrival at GSA that occurred at another facility within the audit period. The facility provided email notification made by the FA to the other facility advising them of the allegation. Additional documentation submitted is a reply email verifying the information was received. The FA and PSACM also informed the Auditor that GSA was not contacted by another facility during the audit period informing them a detainee made an allegation of sexual abuse while housed at GSA. If an allegation were reported from another facility occurring at GSA, the FA and the PSACM confirmed an investigation would be conducted and the AFOD notified. The interview with the AFOD confirmed that she makes all required notifications to ICE personnel as required by the standard.

#### **§115.64 - Responder duties.**

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

#### **Notes:**

(a) The Auditor determined compliance with the subpart of the standard after a review of policy 11.1.6 that requires that staff first-responders, “separate the alleged victim and abuser; 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 the alleged victim and abuser do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; the alleged victim and abuser should be placed separately in a dry cell or area where they cannot perform the following: Washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating, until the forensic examination can be performed.” The Auditor interviewed 12 random security staff, and each were questioned about responding to allegations of sexual abuse. All 12 staff members detailed the policy and subpart (a) requirements in their response. Additionally, staff are provided a wallet-sized card to carry with their official identification badge while on duty that details their responsibility as a first responder. The Auditor review of the five sexual abuse allegations confirmed that the first responder followed the requirements of policy 11.1.6, to the extent necessary.

(b) The Auditor determined compliance with the subpart of the standard after a review of policy 11.1.6 that requires, “If the first responder is not a security staff member, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence, remain with the alleged victim, and notify security staff.” During the site visit, the Auditor interviewed two non-security staff (Registered Nurse and Commissary Clerk) specifically about responding to allegations of sexual abuse. Both staff members stated that they would ask the victim not to destroy any potential evidence and immediately notify a security staff member.

#### **§115.65 - Coordinated response.**

**Outcome:** Does Not Meet (Corrective action required)

#### **Notes:**

(a)(b) The Auditor determined compliance on these subparts of the standard after review of policy 11.1.6 that requires, “GSA has developed written plans to coordinate the actions taken by staff, first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse. GSA shall use a coordinated, multidisciplinary team approach to responding to sexual abuse. The PSACM shall be a required participant and the Corporate PREA Coordinator may be consulted as part of the coordinated response.” The Auditor was also provided policy 5.1.2-F that describes the facility’s coordinated response plan in detail, to include, policies to ensure referrals of allegations for investigations; the ability to protect detainees from contact with abusers; criminal and investigative investigation processes; investigative reports; receipt of allegations of sexual abuse and assault; evidence protocol and forensic medical examinations, preservation of evidence for victim and abuser, mental health assessments, sources of evidence; physical evidence; interviewing alleged victims, suspected abusers and witnesses; reporting to detainees; disciplinary actions corrective actions; and recordkeeping requirements. A sexual abuse incident team member was interviewed during the site visit, who confirmed that policy 5.1.2-F is the GSA written coordinated response to incidents of sexual assault and the coordinated response is accomplished through the sexual abuse review team members. She detailed for the Auditor her responsibilities during a sexual assault and how she interacts with the other members of the team during a response to a sexual assault. The review of the five investigative files demonstrated a coordinated response of medical, mental health practitioners, security staff, PSACM, and the investigator.

(c)(d) Policy 5.1.2-F requires, “If the victim of sexual abuse is transferred between DHS Immigration detention facilities, the sending Facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services. If the victim of sexual abuse is transferred to a non-DHS facility, the sending Facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services unless the victim request otherwise. GSA shall use the Notification of PREA Incident form.” A review of policy 5.1.2-F confirms it does not include the exact verbiage, “If a victim of sexual abuse is transferred between facilities covered by subpart (a) or (b) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services and if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise,” as required by the standard. The FA and the FOD submitted a memo to the Auditor that states, “GSA has not had any incidents during this reporting period” which was confirmed through interviews with the FA and PSACM. The FA and the HSA further stated that, if they were to transfer a victim of sexual abuse all proper notifications through email or phone in accordance with policy 11.1.6.

**Does Not Meet (c)(d):** A review of policy 5.1.2-F confirmed the facility is not in compliance with subsections (c) and (d) of the standard. The standard requires a coordinated plan that includes the exact verbiage, "if a victim of sexual abuse is transferred between facilities covered by subpart (a) or (b) of this part, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services and if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise," which is not covered in the plan. In addition, during interviews with custody first responders, investigators, and medical staff it was confirmed they lacked knowledge regarding subsections (c) and (d). To become compliant, the facility must update policy 5.1.2-F to include verbiage that aligns with the standard's requirements in 115.65 subpart (c) and (d). In addition, the facility must document that all applicable staff, including medical, have been trained on the updated policy. If applicable, the facility must provide the Auditor with any sexual abuse investigation files, and corresponding medical and mental health records, of a detainee who was transferred due to an incident of sexual abuse to a facility not covered by paragraph (c) of the standard.

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

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

**Notes:**

The Auditor determined compliance with the standard after review of policy 11.1.6 that requires, "Employees, contractors, and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. Separation orders requiring no contact shall be in writing from facility management via memo or e-mail within 24 hours of the reported allegation. The e-mail or memorandum shall be printed and maintained as part of the related investigation file. GEO shall not enter into or renew any collective bargaining agreement or other agreements that limits GSA's ability to remove alleged employee sexual abusers from contact with any detainee pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted." The policy further states, "If an employee, contractor, or volunteer is the alleged abuser, the individual could be removed from all duties requiring detainee contact pending the outcome of the investigation." The FA was specifically asked what the consequences would be for any staff member, volunteer, or contractor suspected of perpetrating sexual abuse and she confirmed with the Auditor that they would be removed from all detainee contact pending the results of the investigation. Five allegations of sexual abuse investigative files were reviewed during the audit period, to include three staff-on-detainee allegations and two detainee-on-detainee allegations. The three staff-on-detainee files confirmed that the staff member was removed from duties requiring detainee contact the day the incident was reported and remained throughout the investigative process. All three staff-on-detainee allegations were unfounded, and employees did not receive disciplinary action. Upon closure of the investigations, all employees were returned to detainee contact, and this was confirmed during interview by the AFOD and the FA. None of the investigative files reviewed involved a 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 Auditor determined compliance with these subparts of the standard after review of policy 11.1.6 that requires, "Employees, contractors and volunteers, and detainees shall not retaliate against any person, including a detainee, who reports, complaints 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. GSA 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 investigators. GSA shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims who fear retaliation for reporting sexual abuse or for cooperating with investigators. For at least 90 days following a report of sexual abuse, GSA shall monitor the conduct and treatment of detainees reporting 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 should 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's human resources staff, or facility investigator, as designated by the GSA FA shall monitor the conduct and treatment of the employee who reported the staff sexual misconduct (abuse or harassment), or employee witnesses who cooperate with these investigations, to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded. Items to be monitored for employees include negative performance reviews and employee reassignments." The policy further states that, "Monitoring shall terminate if the allegation is determined unfounded." The PSACM conducts retaliation monitoring at GSA. During her interview, she confirmed her monitoring requires a face-to-face interview with the individual and she is monitoring for a minimum period of 90 days, or longer if necessary. During the monitoring, her review for detainees would include any disciplinary reports issued and or housing or program changes or request. When monitoring staff retaliation, a review would include performance reviews, time of refusals, or reassignment requests. The Auditor reviewed five investigative files and found retaliation monitoring was conducted on all five of the detainees alleging sexual abuse. Two detainees were monitored until they left custody of GSA and three were monitored for a minimum of 90 days. Three of the investigation files were unfounded; Of these specifically, two files contained documentation of monitoring for 90 days, while the other file contained monitoring documentation up to the date the detainee left the facility.

**Recommendation (c):** Investigative files reviewed that included an unfounded determination confirmed that the detainee, despite the unfounded determination, was being monitored as required by the standard; however, the policy statement conflicts with practice.

Therefore, the Auditor recommends that the facility update policy 11.1.6 to require staff to monitor all detainees who report an allegation of sexual abuse including when the determination is unfounded.

**§115.68 - Post-allegation protective custody.**

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

**Notes:**

(a)(b)(c)(d) The Auditor determined compliance with the subparts of the standard after review of Policy 11.1.6 that requires, "GSA shall take care to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible (e.g., protective custody), subject to the requirements of 115.43. Detainee victims shall not be held for longer than five days in any type of administrative segregation, except in unusual circumstances or at the request of the detainee. A detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of the proper reassessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse, is completed. GSA shall notify the appropriate ICE ERO FOD whenever a detainee victim has been held in administrative segregation for 72 hours." The FA confirmed that the placement of any detainee victim of sexual assault and segregation would be a last resort at GSA. She indicated that she would evaluate movement to another housing unit or placement in the medical unit bed. The FA and PSACM confirmed during the audit, that segregation was not used to house detainee victims of sexual abuse post allegation. The FA also stated that if there was ever an occasion where segregation was to be used, it would require a notification be made to the FOD within 72 hours. She also stated, prior to the detainee returning to general population, a Vulnerability Reassessment would be completed. The Auditor interviewed a detainee who alleged sexual abuse at GSA during the site visit. The detainee confirmed no placement in segregation occurred as a result of making the allegation.

**§115.71 - Criminal and administrative investigations.**

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

**Notes:**

(a)(b) The Auditor determined compliance with these subparts of the standard after review of Policy 5.1.2-F (PREA Investigation Procedure) that requires, "An administrative or criminal investigation shall be completed for all allegations of sexual abuse, and sexual harassment at GEO facilities. When the facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports." The policy further states, "GEO shall use investigators who have received specialized training in sexual abuse investigations." In addition, GSA has an MOU with MPD, and during interview, the PSACM and the FA confirmed the facility notifies the MPD upon every allegation of sexual abuse and ways to conduct the administrative investigation after consultation with the appropriate investigative offices within DHS/ICE/OPR. As discussed in standard 115.34, the Auditor was provided copies of the two investigator's specialized training certificates for general training, specialized training on sexual abuse, and effective cross-agency coordination, as well as the training curriculum provided by the GEO Group. The FA at GSA was interviewed and confirmed the facility is required to report all allegations of sexual abuse to the MPD for potential criminal action and coordinate an administrative investigation as well. She detailed her responsibilities as an investigator to include that investigations must be thorough, prompt and objective. As noted throughout the report, GSA had 10 allegations of sexual abuse during the audit period. The Auditor reviewed five investigative files and found the investigations were completed promptly by a trained investigator and appeared to be thorough and objective.

(c)(e)(f) The Auditor based compliance on these subparts of the standard after review of policy 5.1.2-F requiring, "Administrative investigation procedures include preservation of direct and circumstantial evidence including any available physical DNA evidence and any available electronic monitoring data; Interviewing alleged victims, suspected perpetrators, and witnesses; Reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrators; Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual status as detainee, staff, or employee and without requiring any detainee who alleges sexual abuse or sexual assault to submit a polygraph; An effort to determine whether actions or failures to act at the facility contributed to the abuse; Documentation of each investigation by written report, which include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years, and; Coordination and sequencing of administrative and criminal investigations to ensure that a criminal investigation is not compromised by an internal administrative investigation." The facility investigator confirmed he remains in contact with these agencies, providing assistance where needed. He also confirmed that based on his training and experience, his determinations for administrative outcomes are based on direct and circumstantial evidence; Available physical DNA evidence; available electronic monitoring data; Interview notes from alleged victims, suspected perpetrators, and witnesses; and reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator. He also confirmed that by policy, the departure of the alleged abuser or victim from the facility or agency's employment or control would not provide a basis for terminating his investigation. There were 10 allegations of sexual abuse reported at GSA for the audit period. The Auditor reviewed five investigative files and found the file contents demonstrated compliance with Subpart (c) and policy 5.1.2-F protocol requirements.

**§115.72 - Evidentiary standard for administrative investigations.**

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

**Notes:**

ICE Policy 11062.2 states, "Administrative investigations imposes no standard higher than the preponderance of the evidence to substantiate an allegation of sexual abuse or assault." Additionally the ICE OPR Investigations Incidents of Sexual Abuse and Assault training required for investigators includes the evidentiary standard for administrative investigations. Policy 5.1.2-F states, "Facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or

harassment are substantiated.” The interview with the facility investigator confirmed the evidence standard he utilizes when determining the outcome of a sexual abuse case is preponderance of evidence. There was a total of 10 allegations of sexual abuse reported at GSA for the audit period. The Auditor reviewed five investigative files and it appeared that all the outcomes of the investigations were based on the standard of evidence outlined in this standard.

**§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 Auditor determined compliance with the standard after review of policy 5.1.2-F that requires, “At the conclusion of an investigation, the facility investigator or staff member designated by the FA shall inform the victim of the allegation in writing, whether the allegation has been substantiated, unsubstantiated, unfounded or deemed not PREA. The individual 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. The individual will be provided an updated notification at the conclusion of a criminal proceeding if the individual is still in custody at the facility. If the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the individual.” The Auditor interviewed the facility investigator who confirmed the policy requirement of this detainee notification utilizing the Notification of Outcome of Allegation form. The Auditor provided the Team Lead with the Notification of PREA Investigation Result to Detainee – ICE Facilities form with all 10 cases that were reported at GSA during the audit period. Notifications were made to the detainees on 9 of 10 allegations. Notification was attempted on the tenth allegation; however, one was removed from the country and the notification form was unable to be delivered. A copy of the notification was in the investigative file with notations of delivery attempts.

**§115.76 – Disciplinary sanctions for staff.**

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

**Notes:**

(a)(b) The Auditor determined compliance with these subparts of the standard after reviewing policy 5.1.2-F 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.” Interviews conducted with both the FA and HRM confirmed removal from employment and federal service would be the presumptive discipline for any staff member who has engaged in or attempted or threatened to engage in sexual abuse or fail to follow the zero-tolerance policy. As noted in standard 115.11, the policy 11.1.6 regarding dismissal from service for violations with the zero-tolerance policy was approved by the ICE ERO AFOD. Three of the five investigative files reviewed by the Auditor involved a staff member. All three were found to be unfounded at the conclusion of the investigation. No employee was disciplined as an outcome of the investigation.

(c)(d) The Auditor determined compliance with these subparts of the standard after review of policy 5.1.2-F that requires, “Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal.” The interviews with the FA and PSACM confirmed that all allegations of sexual abuse are immediately reported to the MPD, regardless of the employment status of the individual. They also indicated they would report violations of the GSA sexual abuse policy by licensed staff to any licensing bodies as known. Three of the five investigative files reviewed by the Auditor involved a staff member. All three were found to be unfounded at the conclusion of the investigation. No employee was disciplined as an outcome of the investigation.

**§115.77 - Corrective action for contractors and volunteers.**

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

**Notes:**

(a)(b)(c) The Auditor determined compliance with these subparts of the standard after review of Policy 5.1.2-F that requires, “Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with individuals in a GEO facility and shall be reported to law enforcement and relevant licensing bodies, unless the activity was clearly not criminal. In the case of any other violation of GEO sexual abuse or sexual harassment policies by the contractor or volunteer, the facility shall notify the applicable GEO contracting authority who will take remedial measures and shall consider whether to prohibit further contact with individuals in a GEO facility.” The FA interview confirmed that any contractors and volunteers who engaged in sexual abuse would face removal from the facility and be reported to the MPD, and licensing bodies as applicable. She also stated she would report such conduct and removal to the ICE ERO FOD through the ICE ERO AFOD. GSA had no such incidents requiring the removal of a contractor or volunteer within the audit period which was confirmed by the Auditor through review of five investigative files and review of the GSA PREA Allegations Spreadsheet available on SharePoint.

**§115.78 - Disciplinary sanctions for detainees.**

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

**Notes:**

(a)(b)(c)(d)(e)(f) The Auditor determined compliance with these subparts of the standard after review of Policy 5.1.2-F that requires, "Individuals in a GEO facility who are found guilty of engaging in sexual abuse involving other individuals in a GEO facility (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the individual's disciplinary history, and the sanctions imposed for comparable offenses by other individuals with similar histories. The disciplinary process shall consider whether an individual's mental disability or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. If the facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending individual to participate. Disciplining an individual in a GEO facility for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact. A report of sexual abuse made in good faith by an individual in a GEO facility, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying. Facilities may not deem the sexual activity between individuals in a GEO facility is sexual abuse unless it is determined that the activity was coerced. The PSACM shall receive copies of all disciplinary reports regarding sexual activity, sexual harassment and sexual abuse for monitoring purposes. The incident shall be reported to law enforcement unless the activity was clearly not criminal." The Auditor interviewed and discussed the detainee disciplinary process at GSA with the PSACM. She detailed the process to include a system that allows for progressive levels of reviews, appeals, procedures, and documentation procedures. There were 10 allegations of sexual abuse reported at GSA from the audit period. Of the five investigative files reviewed by the Auditor, there were no substantiated allegations resulting in detainees being disciplined. In the one allegation found to be substantiated, the detainee was removed from the country prior to the outcome determination of the investigation.

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

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

**Notes:**

(a)(b)(c) The Auditor determined compliance with these subparts of the standard after a review of policy 11.1.6 that requires, "If during an intake assessment, persons tasked with screening determine a detainee is at risk for either sexual victimization or abusiveness, or if the detainee has experienced prior victimization or perpetrated sexual abuse, the detainee shall be referred to a qualified medical and or mental health practitioner for immediate follow up as appropriate. When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two 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; if the practitioner is not a mental health provider, and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day. Information related to sexual victimization or abusiveness at GSA is limited only to medical and mental health practitioners and other employees as necessary to inform treatment plans, security and management decisions, or otherwise required by Federal, State, local law." Intake staff interviewed confirmed that any detainee disclosure of prior victimization or perpetrated sexual abuse, during intake, would require notification be forwarded to medical, mental health and the PSACM requesting a detainee referral and the reason. The vulnerability assessment required under 115.41 is entered electronically into a secure electronic database to indicate a victim or abuser, a referral is immediately forwarded to medical and mental health for follow up. The HSA interview confirmed when this medical follow up/referral is initiated for either victimization or abusiveness, the detainee receives a health evaluation, typically the same or next day and 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. The facility submitted a documentation sample of a vulnerable detainee during this audit period and the Auditor was able to verify through medical records review (medical or clinical notes and progress reports) that the detainee was referred and seen by medical and mental health within the required timeframes of the standard.

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

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

**Notes:**

(a)(b) The Auditor determined compliance with these subparts of the standard after review of policy 11.1.6 that requires, "Victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by medical and mental health practitioners. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections, prophylaxis, in accordance with professionally accepted standards of care. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. No attempt will be made by GSA medical staff to clean or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim's medical condition; however, visible injuries shall be documented both photographically and in writing and placed in the victim's medical record. Medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Victims/abusers shall either be transported to Dignity Health for examination by a SAFE or SANE, or one shall be brought into GSA to conduct the examination. All refusals of medical services shall be documented." In interview with the HSA, she stated that GSA does not conduct forensic examinations. Any detainee requiring such an examination would be sent to Dignity Health Hospital. She also confirmed all services for any alleged victim to include emergency medical treatment and crisis intervention services, including sexually transmitted infections prophylaxis, are provided without cost and with professionally accepted standards of care. The HSA and the PAQ confirmed GSA had no detainees sent out for a forensic examination for a sexual abuse during the audit period. The Auditor placed a call to the Dignity Health Hospital and was able to verify through conversation with a hospital representative that they would provide detainee victims with emergency medical

treatment and crisis intervention services, to include forensic medical evaluations, at no cost to the detainee. The Auditor's review of the five allegations reported during the audit and the associated medical file confirmed detainees were immediately seen by facility medical staff at the time the facility became aware of the allegation and that no forensic medical exams were needed.

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

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

**Notes:**

(a)(b)(c)(d)(e)(f) The Auditor determined compliance with these subparts of the standard after review of policy 11.1.6 that requires, "GSA offers medical and mental health evaluations (and treatment where appropriate), to victims of sexual abuse while in immigration detention. The evaluation and treatment should include follow up services, treatment plans and (when necessary) referrals for continued care following a transfer to, or placement in other facilities, or release from custody. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the Community. Victims of sexually abusive vaginal penetration by a male abuser while incarcerated should 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." It is important to note that GSA is an all-male detainee facility. The interview with the HSA confirmed that any detainees, who experienced sexual abuse while in detention, receive a medical and mental health evaluation. She also confirmed that all services provided to detainee victims of sexual abuse are consistent with the community level of care. She further stated that the evaluation and treatment are without cost to the detainee, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. She stated her medical and mental health departments can provide on-site crisis intervention services, sexually transmitted infections and other infectious diseases testing along with prophylactic treatment to victims, pregnancy testing and referrals for any other treatment services if necessary. There were 10 allegations of sexual abuse reported at GSA for the audit period. The Auditor reviewed five of these investigative files, along with the victim's medical record, and found the detainees in each case were immediately seen by medical and mental health practitioners upon reporting the allegation.

(g) The Auditor determined compliance with this subpart of the standard after a review of policy 11.1.6 that requires, "GSA 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 SA-API investigation determined either administratively substantiated or unsubstantiated by outside law enforcement. All refusals for mental health services shall be documented." The interview with the mental health practitioner confirmed that all known abusers as well as those detainees found to have perpetrated sexual abuse at the conclusion of an investigation would be offered an evaluation and follow-up treatment. Of the five investigative files reviewed by the Auditor, one was a substantiated allegation of detainee-on-detainee sexual abuse at GSA during the audit period. In review of this investigative file, the known abuser departed the country before the conclusion of the investigation; therefore, there was no way to conduct the known abuser's mental health evaluation.

**§115.86 - Sexual abuse incident reviews.**

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

**Notes:**

(a)(b) The Auditor determined compliance with these subparts of the standard after review of policy 11.1.6 that requires, "GSA shall conduct a sexual abuse investigation 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 PSACM, 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 PSACM and Corporate PREA Coordinator no later than 10 working days after the review. GSA shall implement the recommendations for improvement or document its reasons for not doing so." The PSACM was interviewed regarding her role as chairperson of the Incident Review Team during the site visit. She informed the Auditor that an incident review is conducted on every allegation of sexual abuse. She indicated that their review includes the policy requirements and the Subpart (b) requirements and once completed, she provides copies to all parties required by policy and standard, including the Agency PSA Coordinator and the FOD. The Auditor reviewed five investigative files for the audit period. In each of these files, the Auditor observed a completed incident review conducted within 30 days of the conclusion of the investigation, and documentation of the appropriate notifications. There were no recommendations made by the committee as a result of the review.

(c) The Auditor determined compliance with this subpart of the standard after review of Facility policy 11.1.6 that requires, "Annually, GSA 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 GSA has not had any reports of sexual abuse during the annual reporting period, then GSA shall prepare a negative report. GSA shall document the review utilizing the DHS Annual Review of Sexual Abuse Incident form. The results and finding shall be provided to GSA FA, FOD, or her designee, and Agency PSA Coordinator upon completion. GSA PSACM will review the results of every investigation of sexual abuse or assault to assess and improve prevention and response efforts." The Auditor was provided the facility annual review of sexual abuse and allegations and subsequent incident reviews dated September 12, 2022. The PSACM confirmed a copy of this review is provided to the FOD, Agency PREA Coordinator, and the FA.

**§115.87 - Data collection.**

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

**Notes:**

(a) The Auditor determined compliance on this subpart of the standard after a review of policy 11.1.6 that requires, "GSA shall maintain in a secure area all case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling in accordance with the SAAPI/PREA standards and applicable agency policies and established schedules. Data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute." The Auditor observed the location where the GSA staff secures these documents and found them under a double lock and restricted key.

**§115.201 - Scope of audits.**

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

**Notes:**

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

**AUDITOR CERTIFICATION**

Update Audit Findings Outcome Counts by Clicking Button:

**Update Outcome Summary**

<b>SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)</b>	
<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	37
<b>Number of standards not met:</b>	3
<b>Number of standards N/A:</b>	1
<b>Number of standard outcomes not selected (out of 41):</b>	0

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

*Joyce E. Bridschge*  
**Auditor's Signature & Date**

1/13/2023

*James T. McClelland*  
**Program Manager's Signature & Date**

1/18/2023

*Sabina Kaplan*  
**Assistant Program Manager's Signature & Date**

1/18/2023