PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report

Homeland Security

AUDIT DATES			
From:	3/10/2020	**To:**	3/12/2020
AUDITOR INFORMATION			
Name of auditor:	Thomas Eisenschmidt	**Organization:**	Creative Corrections LLC.
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PROGRAM MANAGER INFORMATION			
Name of PM:	(b) (6), (b) (7)(C)	**Organization:**	Creative Corrections LLC.
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	202-381-(b) (6), (b)
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	Los Angeles Field Office		
Field Office Director:	David A. Marin		
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	300 N. Los Angeles St., Los Angeles, CA 90012		
Mailing address: (if different from above)	Click or tap here to enter text.		
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Adelanto ICE Processing Center (AIPC)		
Physical address:	10250 Rancho Rd., Adelanto, CA 92301		
Mailing address: (if different from above)	Click or tap here to enter text.		
Telephone number:	760-561-6100		
Facility type:	D-IGSA		
PREA Incorporation Date:	6/25/2015		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	760-561-(b) (6), (b)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	760-561-(b) (6), (b) (7)(C)
ICE HQ USE ONLY			
Form Key:	29		
Revision Date:	02/24/2020		
Notes:	Click or tap here to enter text.		

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The Prison Rape Elimination Act (PREA) audit of Adelanto Immigration and Customs Enforcement (ICE) Processing Center (AIPC) was conducted on March 10-12, 2020, by U.S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA Auditors, Thomas Eisenschmidt and (b) (6), (b) (7)(C) for Creative Corrections, LLC. The Auditors were provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager, (b) (6), (b) (7)(C) a DOJ and DHS certified PREA Auditor. 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. The AIPC is privately owned by the GEO Group and operates under contract with the DHS, Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO). The facility processes male and female adult detainees who are pending immigration review or deportation. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities held at AIPC are Spanish, Chinese, and French. This was the second PREA audit for AIPC and included a review of the 12-month audit period from March 2019 through March 2020. AIPC is located in Adelanto, California.

The ERAU Team Lead opened the entry briefing at 8:00 A.M. on the first day of the on-site visit. In attendance were:

(b) (6), (b) (7)(C) – ICE Officer in Charge (OIC), ICE/ERO
(b) (6), (b) (7)(C) – ICE Assistant Officer in Charge (AOIC), ICE/ERO
(b) (6), (b) (7)(C) – ICE Assistant Field Office Director (AFOD), ICE/ERO
(b) (6), (b) (7)(C)– ICE Deportation Officer (DO), ICE/ERO
(b) (6), (b) (7)(C)– Assistant Facility Administrator (AFA), GEO Group
(b) (6), (b) (7)(C)– ICE DO, ICE/ERO
(b) (6), (b) (7)(C)– GEO Administrator, GEO Group
(b) (6), (b) (7)(C) – Facility Administrator, GEO Group
(b) (6), (b) (7)(C)– Prevention of Sexual Abuse (PSA) Compliance Manager, GEO Group
(b) (6), (b) (7)(C) – PREA Investigator, GEO Group
(b) (6), (b) (7)(C)– Inspections and Compliance Specialist, ICE/OPR/ERAU
(b) (6), (b) (7)(C)– Inspections and Compliance Specialist, ICE/OPR/ERAU

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

The audit began with a tour of the AIPC intake area. The assigned intake staff walked both Auditors through the detainee intake process upon their arrival. (b) (7)(E) [redacted] There are four showers in the intake area allowing detainees to shower, while being monitored by the same gender staff. All detainees remain in this intake area until assessed by medical and classification staff. There are two medical exam rooms in this area, as well as, eight workstations (four utilized by ICE staff and four utilized by GEO staff). While in the intake area, new arrival detainees are exposed to three videos: facility orientation, PREA, and Know Your Rights, all in Spanish, English and closed captioned. These videos are running on a loop, so depending on when and how long the detainee is in the intake, the detainees that understand Spanish or English may be exposed to all or just a portion of the videos. Also, in this area detainees are provided the GEO Supplement to the National Detainee Handbook for the ICE Processing Center Handbook; ICE Sexual Abuse and Assault Awareness pamphlet, and the ICE National Detainee Handbook. Aside from the ICE National Detainee Handbook available in 12 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Bengali, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, and Vietnamese) and the GEO Supplement to the National Detainee Handbook for the ICE Processing Center available in (Punjabi, Mandarin, Creole, Spanish, and English) the other documents are provided in Spanish and English only. The Auditors continued the tour visiting all areas detainees have access to including their living areas, with 288 multi-occupancy cells and 7 open bay dormitories, the 32bed segregation unit, medical services department (with 12 infirmary rooms and 2 mental health rooms), recreation, chapel, laundry, food service, court rooms, visitation, and facility support areas.

During the tour of these housing areas, the Auditors observed cross-gender announcements being made prior to opposite gender staff entering areas, allowing the detainees to shower, dress, and use the toilet facilities without exposing themselves to staff of the opposite gender. Signage was observed by the Auditors in each housing area and inside the hold rooms in the intake area, providing detainees with PREA educational information, the facility zero-tolerance policy, methods for reporting sexual misconduct, and contact information for the victim advocate (San Bernardino Sexual Assault Services). The information was predominantly in Spanish and English, with reporting information on ICE posters in Spanish, Arabic, Simplified Chinese, French, Haitian Creole, Portuguese, and Vietnamese informing detainees to report sexual abuse immediately. The detainee reporting hotline to the Office of the Inspector General (OIG) was tested and checked from two different locations and was found to be operational. The Auditors also observed PREA audit notices in multiple locations throughout the tour, to include the detainee housing areas, medical unit, visitation, and at the entrance to the facility. The average stay for a detainee at AIPC is 104 days. (b) (7)(E) [redacted]

During the site visit, the Auditors conducted informal interviews with staff and detainees, questioning them on their knowledge of PREA. At the conclusion of the tour, the Auditors were provided staff and detainee rosters and randomly selected staff and detainees for formal interviews. Twelve

random staff (including line-staff and first-line supervisors) and specialized staff were also interviewed. The specialized staff included: the Facility Administrator, PSA Compliance Manager, Human Resources, Training Supervisor, intake staff (2), Administrative Investigator, Grievance Coordinator, Classification Supervisor, medical staff, and mental health staff, contractors (3), ICE OIC (1) and SDDO (1). A total of 30 detainees were interviewed. Of the 30 detainees interviewed, 8 were limited English proficient (LEP) and required the use of a language line through Language Services Associates (LSA), services provided through Creative Corrections. The detainee interviews included adult females and males, four who alleged sexual abuse and three alleging prior victimization. There were no transgender or intersex detainees at AIPC for interviewing at the time of the site visit.

There were 27 allegations of sexual abuse reported during the audit period. There were 11 allegations made against AIPC staff and 16 made against another detainee. There were 9 closed and 18 open investigations. Of the nine closed investigations, four were staff-on-detainee investigations, all of which were unfounded and five detainee-on-detainee investigations, all of which were unsubstantiated. All 27 allegations were referred to the San Bernardino County Sheriff for investigation. The Sheriff did not find any criminal acts in any of the reported cases. The 27 allegations were received through: verbal to GEO uniform staff (17); through grievances (8); note to PSA Compliance Manager (1) and reported by phone to the Sheriff's Office (1).

On March 12, 2020 an exit briefing was held in the staff conference room. The Team Lead opened the briefing and then turned it over to the Auditors.

In attendance were:

(b) (6), (b) (7)(C) – OIC, ICE/ERO
(b) (6), (b) (7)(C) – AOIC, ICE/ERO
(b) (6), (b) (7)(C) – DO, ICE/ERO
(b) (6), (b) (7)(C) –AFA, GEO Group
(b) (6), (b) (7)(C) – ICE DO, ICE/ERO
(b) (6), (b) (7)(C) – GEO Administrator, GEO Group
(b) (6), (b) (7)(C) – Facility Administrator, GEO Group
(b) (6), (b) (7)(C) – PSA Compliance Manager, GEO Group
(b) (6), (b) (7)(C) – PREA Investigator, GEO Group
(b) (6), (b) (7)(C) – Inspections and Compliance Specialist, ICE/ERO/ERAU
(b) (6), (b) (7)(C) – Inspections and Compliance Specialist, ICE/ERO/ERAU

The Auditors spoke briefly about their observations. The Lead Auditor informed those present of some of the preliminary findings. He explained the audit report process and timeframes and thanked all present for their cooperation during the three-day site visit.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 2

§115.31 Staff training
§115.35 Specialized training: Medical and Mental Health care

Number of Standards Met: 35

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

Number of Standards Not Met: 3

§115.15 Limits to cross-gender viewing and searches
§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient (LEP)
§115.33 Detainee education

Number of Standards Not Applicable: 1

§115.14 Juvenile and family detainees

PROVISIONS

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

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

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

Notes:

(c)(d) The Auditors determined compliance based on a review of policy 11.1.6.A Prevention of Sexual Assault and Abuse requiring Adelanto ICE Processing Center to have zero-tolerance toward all forms of sexual abuse and sexual harassment and to establish effective procedures that ensure the safety and well-being of all staff and detainees. All employees will be trained in ways to identify and subsequently prevent sexually assaultive behavior among detainees housed at this facility. The zero-tolerance policy was approved by the Assistant Field Office Director (AFOD). The PSA Compliance Manager verified she is the point of contact for the agency PREA Coordinator and has enough time and authority to oversee efforts for the facility to comply with the zero-tolerance policy.

§115.13 - Detainee supervision and monitoring.

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

Notes:

(a)(b)(c) The Auditors determined compliance based on a review of policy 5.1.2 Sexually Abusive and Assault Prevention and Intervention (SAAPI) that requires AIPC to ensure that it maintains sufficient supervision of detainees, including through appropriate staffing levels and video monitoring, to protect detainees against sexual abuse, and to review those guidelines at least annually utilizing attachment B (Annual PREA Facility Assessment). The policy further requires the review to be submitted to the local PSA Compliance Manager and Corporate PREA Coordinator annually as determined by GEO's U.S. Corrections and Detention Division. AIPC is privately owned by the GEO Group and operates under contract with the DHS, ICE, and ERO. The Facility Administrator informed the Auditor that staffing levels for the supervision of the detainees at AIPC are established prior to the contract agreement. The staffing levels are based on direct supervision of the detainees with consideration given to video monitoring equipment present; generally accepted detention/correctional practices; any judicial findings of inadequacy; the physical plant; detainee population; findings of incidents of sexual abuse; any recommendations of sexual abuse incident reviews; and any other relevant factors. The PSA Compliance Manager indicated she is part of the committee that reviews the annually staffing levels based on the factors outlined in subpart (c) of the standard. She also indicated the last review was conducted in September 2019 with no recommended changes. The Auditors also randomly checked post orders, detailing supervision and rounds responsibilities, for assigned staff and interviewed the Facility Administrator and shift Watch Commanders, who confirmed supervision posts are never closed. During the tour and the three-day site visit, the Auditors found staff supervision of detainees was adequate.

(d) The Auditors determined compliance based on a review of policy 5.1.2 that requires department heads, facility management staff, and supervisors at AIPC to conduct and document frequent unannounced security inspections, within their respective area, no less than once per week for all shifts, to identify and deter sexual abuse of detainees. The policy also prohibits employees from alerting others that these security inspections are occurring, unless such announcement is related to the legitimate operational functions of the facility. These inspections are documented in the logbooks and must state that the inspection is unannounced. The Auditors interviewed the shift Watch Commanders who confirmed they visit each area of the facility, on all shifts, where detainees may be to deter sexual abuse. The Watch Commanders along with the security line staff confirmed their knowledge of the policy to not notify other staff about these rounds and stated although the policy indicates frequent rounds, they make these rounds daily. The Auditors checked random logbooks and found supervisor signatures indicating PREA rounds were conducted on each shift.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

AIPC does not accept juveniles or family detainees. This was confirmed in the Pre-Audit Questionnaire (PAQ) and through interviews conducted with the Facility Administrator and PSA Compliance Manager.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(b)(c)(d) The Auditors determined compliance based on a review of policy 5.1.2 that specifies searches may be necessary to ensure the safety of officers, civilians, and detainees, to detect and secure evidence of criminal activity, and to promote security, safety, and related interest at immigration detention facilities. This policy further directs searches be performed in the following manner: all cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances or when performed by medical practitioners; all cross-gender pat-searches of male detainees shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances; all cross-gender pat-down searches of female detainees, absent exigent circumstances are prohibited; the facility shall not restrict female detainees access to regularly available programming or other outside opportunities in order to comply with this provision; and all cross-gender pat-down searches are to be documented on attachment N (Cross-Gender Pat-Search Log). The Auditors interviewed random security staff from each shift, 12 in total, with each indicating that training on detainee searches is provided in pre-service and annually in-service. The security staff also detailed for the Auditors the policy and standard requirements under which searches can be performed at AIPC. The Auditors reviewed the PAQ and interviewed both the Facility Administrator and PSA Compliance Manager who confirmed AIPC had not conducted cross-gender searches during the previous 12 months.

(e)(f) The Auditors determined compliance based on a review of policy 11.1.6.A that prohibits all cross-gender strip searches and cross-gender and visual body cavity searches except in exigent circumstances, including consideration of the officer safety or when performed by a medical practitioner. The policy further requires AIPC to document and justify whenever either type search is conducted. As noted earlier, juveniles are not placed at AIPC. AIPC authorized and documented four strip searches during the previous 12 months for contraband concerns.

(g)The Auditors found policy 11.1.6.A requires the facility to implement policies and procedures which allow detainees to shower, change clothes and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine cell checks or otherwise appropriate in connection with a medical examination or monitored bowel movement. Employees of the opposite gender at AIPC are required to announce their presence when entering housing units or any areas where detainees are likely to be showering, performing bodily functions, or changing clothes. Detainees who are placed on constant observation status by mental health providers, shall be provided visual supervision by a security staff member of the same gender. During the interviews with random security and non-security staff, they each confirmed the requirement to announce their presence every time they enter any area where detainees of the opposite gender may be showering, changing clothes and performing bodily functions. The Auditors observed staff making these announcements during the tour and three-day site visit. The Auditors interviewed random detainees who confirmed staff of the opposite gender announce themselves prior to entering their living areas or areas where they may be showering. The observation cells on the East and West side of the medical unit, used for suicide watch, allow for cross-gender viewing when a detainee is showering, performing bodily functions, or changing clothing. The cells are located on a hallway accessible to any staff member walking in the area hallway.

DOES NOT MEET: The Facility does not have procedures in place that enable detainees to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. Observation rooms used for suicide watch do not provide privacy for the detainee while using the toilet, showering, and changing their clothes. The hallways the rooms are located on have access by any employee, contractor or volunteer. The facility must correct the potential cross-gender viewing into the suicide watch observation rooms. The facility must demonstrate compliance through policy directives and photos showing how the cross-gender viewing was corrected for compliance review.

(h) AIPC is not a Family Residential Center; therefore, this provision is not applicable.

(i)(j) The Auditors determined compliance based on a review of policy 11.1.6.A that requires security staff be trained to conduct cross-gender pat-down searches and searches of transgender and intersex detainees in a professional and respectful manner and in the least intrusive manner. The policy further states AIPC staff shall not search or physically examine a transgender or intersex detainee to determine their genital status. If the detainee's genital status is unknown, it may be determined during conversations with the individual, by reviewing medical records, or by learning that information as part of a broader medical examination conducted in private by a medical practitioner. During interviews conducted by the Auditors, security staff confirmed their knowledge of the prohibition of searching transgender or intersex detainees to determine their genital status and their responsibility to perform all pat-down searches in a professional and respectful manner. The Auditors viewed training records and confirmed security staff received training on conducting pat-down searches. There were no transgender or intersex detainees present for Auditors to interview at the time of the site visit.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b) The Auditors found policy 11.1.6.A requires AIPC to ensure detainees with disabilities (i.e. those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in and benefit from the facility efforts to prevent, detect, and respond to sexual abuse and assault. The policy further states AIPC provide written materials to every detainee in formats or through methods that ensure effective communication. Such steps shall include, when necessary to ensure effective communication with detainees who are deaf or hard of hearing, providing access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary. The PREAMBLE of the Federal Register (p. 13120, section 116.16) states "…this standard includes other methods of communication aside from written materials to ensure that every detainee is educated on all aspects of the agency's efforts to…and respond to sexual abuse." AIPC provides all arriving detainees with the GEO Supplement to the National Detainee Handbook, ICE Sexual Abuse and Assault Awareness pamphlet, and ICE National Detainee Handbook. Aside from the ICE National Detainee Handbook, that is available in 12 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Bengali, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, and Vietnamese), the other documents are provided in Spanish and English only. The Auditors interviewed intake staff who stated, as part of the detainee orientation program, detainees view three videos (facility orientation, PREA, and Know your Rights), while in the intake area, and that detainees receive a written notice in Spanish and English, from the Facility Administrator, directing them to specific segments in the videos dealing with sexual abuse. The videos, available in Spanish and English, are played on a loop and depending on the length of time the detainee is held in the intake area, he/she may not have been there long enough to view those segments of the videos. The Auditors interviewed 30 detainees and 6 claimed they never received information to benefit or participate in the facility's detainee orientation program. The Auditors reviewed the detention file for each of the six detainees and found in three files the detainee was not provided an interpreter during the orientation program but was later provided an interpreter while being assessed for risk of victimization by the Classification staff. The Auditors also interviewed a detainee who could neither read nor write, who indicated he was not provided all the PREA information in a format he could understand. The Auditors reviewed the detainee's detention file and found the detainee was provided written PREA information in Spanish, but his file did not indicate whether the information was also provided to him verbally.

DOES NOT MEET: The Facility does not ensure that detainees with disabilities and who are LEP have an equal opportunity to participate in or benefit from the facility efforts to prevent, detect, and respond to sexual abuse and assault by providing meaningful access. The facility must develop a process to ensure all detainees receive PREA information in a method they understand. This can be accomplished by demonstrating and documenting detainees received the information by providing information on how it was provided. For example, through an interpreter and their ID number etc. The facility must demonstrate compliance through a sampling of 10 LEP detainee files of different languages (not English or Spanish) and 5 detainees with disabilities documenting the detainees received the PREA information in a language or method they understand over a thirty-day period for compliance review.

(c) The Auditors determined compliance based on a review of policy 11.1.6.A that requires, in matters relating to sexual abuse, AIPC provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for a detainee interpreter, and the facility determines that such interpretation is appropriate. Any use of these interpreters under this type of circumstance shall be justified and fully documented in the written investigative report. The policy prohibits the use of interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse and detainees who have a significant relationship with the alleged abuser in matters relating to allegations of sexual abuse. During interviews with random security staff, they each confirmed they were aware of the policy restrictions on interpreters. The AIPC Investigator is Spanish speaking and for the nine investigations completed, during the previous 12 months, the allegations were made by either a Spanish or English-speaking detainee and did not require use of the facility's interpretive services.

§115.17 - Hiring and promotion decisions.

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

Notes:

(a)(b)(e)(f) The Auditors determined compliance based on policy 11.1.6.A that prohibits AIPC from hiring, promoting or contracting with anyone who will have direct contact with detainees who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility or other institution who has been convicted of engaging in sexual activity facilitated by force, overt or implied threats of force, or coercion, if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity in confinement settings or in the community. The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program 6-7.0, and ICE Suitability Screening Requirements for Contractor Personnel Directive 6-8.0, requires anyone entering or remaining in government service, employee or contractor undergo a thorough background examination for suitability and retention. The Division Chief of the OPR Personnel Security Unit (PSU) informed Auditors who attended training in Arlington, Virginia in September 2018, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. Applicants are questioned directly about any such previous misconduct both during their background check and during the job interview process and a positive response to any of those specific questions are grounds for unsuitability including material omissions or making false or misleading statements in the application. The interview with the Human Resources (HR) Manager at AIPC stated that the facility would provide information on substantiated allegations of sexual abuse involving former employees upon request from an institutional employer for which the employee has sought new employment. The HR Manager also stated the facility would request information from institutions where the prospective candidate was previously employed. The Auditors reviewed 10 personnel files (contractor/staff) and found all background checks were completed, along with ICE's approval to hire, prior to the employment start date.

(c)(d) The Auditors determined compliance based on a review of Federal Statute 731.105 that requires background reinvestigations be conducted on all staff and contractors having contact with detainees every 5 years. The Division Chief of the OPR PSU confirmed ICE conducts these background checks on contractors and staff. The Auditors reviewed the background investigations for eight random employees (four GEO and four ICE at AIPC and found each background investigation was current and up to date.

§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 subpart of the standard is not applicable. Based on the interview with the Facility Administrator, AIPC has not expanded or modified the existing facility.

(b) The Auditors determined compliance based on the enhancement of video equipment at AIPC within the last 12 months. The facility installed two new servers to monitor West Medical and West Segregation. According to the PSA Compliance Manager, the additional equipment was added to enhance the facility's ability to protect detainees.

§115.21 - Evidence protocols and forensic medical examinations.

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

Notes:

(a) The Auditors determined compliance based on a review of policy 11.1.6.A that requires AIPC to follow uniform evidence protocols that maximize the potential for obtaining useable physical evidence for administrative proceedings and criminal prosecutions. The Facility Administrator confirmed the policy was reviewed and approved by the AFOD. As noted earlier, there are no juveniles placed at AIPC. The Facility Investigator confirmed he follows the evidence protocols provided during training and in policy to ensure he obtains the physical evidence needed for his administrative investigations. PREA allegations may also be investigated through OPR or DHSOIG. The agency's policy 11062.2 Sexual Abuse and Assault Prevention and Intervention outlines the agency's evidence and investigation protocols. Per policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the FOD and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS OIG, OPR, or the local law enforcement agency, the AFOD would assign an administrative investigation to be conducted. The Auditors believe, after the thorough review of five investigative files, uniform evidence protocols were followed during the administrative investigations.

(b)(d) The Auditors determined compliance based on a review of AIPC's Memorandum of Understanding (MOU) with the San Bernardino Sexual Assault Services Center, to provide detainee victims of sexual abuse access to outside victim advocates for emotional support services. The MOU stipulates the Center will provide the alleged victim a Sexual Abuse Counselor through the forensic examination and investigative interviews. The Center provides AIPC with a 24-hour hotline and mailing address and the Auditors observed this information posted in each of the detainee living areas. The PSA Compliance Manager confirmed phone contact and mail with this Center is not monitored. The Auditors used a detainee telephone to test the 24-hour hotline for this center and found the telephone does not require the use of a pin and alerts the dialer that the call is not recorded or monitored. This information is also noted in the Supplement to the National Detainee Handbook. The Auditor's review of the five investigative files found that advocacy services were offered, in all cases, to the alleged victims.

(c) The Auditors determined compliance based on a review of policy 11.1.6.A that specifies, if the alleged sexual abuse is reported or discovered within 96 hours of the incident, and if determined appropriate by the medical provider and/or investigator, the alleged victim shall be transported to the designated offsite facility for the collection of forensic evidence by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) and medical treatment. The policy further requires all services 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 allegation. AIPC's medical department is managed and operated by Wellpath, a private contractor. Facility medical staff are prohibited by policy from participating in sexual assault forensic medical examinations or evidence gathering. The acting Health Services Administrator (HSA) confirmed forensic examinations are conducted at the local Kaiser Fontana Hospital by a SAFE/SANE through an MOU with no sunset date. The facility had two forensic examinations conducted during the audit period. As noted in subpart (b) above, the victims were offered advocacy services through the San Bernardino Sexual Assault Services Center.

(e) The Auditors determined compliance based on a review of the MOU request between AIPC and the San Bernardino Sheriff's Department. This sheriff's department is contacted in every case of sexual abuse alleged at AIPC and would conduct the criminal investigation if it was determined a crime was committed. The Auditors interviewed the Deputy Sheriff who confirmed their office is contacted for every allegation of sexual abuse and would conduct the criminal investigation if it was determined the incident was criminal in nature. The Deputy Sheriff also confirmed, although not specifically stated in the MOU, his office would comply with subparts (a) through (d) of this standard. During the review of investigative files, the Auditors found the Sheriff was notified in each of the 27 allegations of sexual abuse made during the previous 12 months; none of the cases were investigated criminally.

Recommendation: The Auditors recommends the facility attempt to update the MOU with the San Bernardino Sheriff's Department to reflect the Sheriff's Office agreement to comply with subparts (a) through (d) of the standard, as indicated in the aforementioned interview.

§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)(c)(d)(e)(f) The Auditors determined compliance based on a review of policy 11.1.6.A that specifies all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement entity for criminal investigation and each allegation be investigated administratively by AIPC. This policy further requires every allegation of sexual abuse be reported to the Facility Administrator; the Joint Intake Center (JIC); OPR or the DHS OIG; the appropriate ICE FOD/designee, and the Corporate PREA Coordinator within two (2) hours of the occurrence. All investigations are to be reported to the JIC who assesses allegations to determine which allegations fall within the PREA purview. The PREA allegations are referred to the DHS OIG or OPR. The DHS OIG has the first right of refusal on all employees, volunteers, or contractors on resident sexual abuse allegations. Once the investigation allegation is reviewed and accepted by DHS OIG, the OPR would not investigate so there is no possible intervention. If refused, the allegation is referred to DHS OPR. All detainee-on-detainee allegations are referred to the OPR for assessing criminality. Once the investigation allegation is reviewed and accepted by the OPR investigator, the investigation is conducted by DHS OPR, who will decide on the investigative process. If DHS OPR investigates the allegation, the investigation is conducted in accordance with DHS OPR policies and procedures and in coordination with law enforcement and facility staff. If allegations are not criminal in nature, the allegations are investigated by the OPR field office or referred to the ERO Administrative Inquiry Unit (AIU) for investigation. The ERO AIU would assign an administrative investigation to be completed by an ERO Fact Finder or to the AFOD who then would assign is to a manager for management inquiry (case summary) completion. All investigations are closed with a report of investigation. The agency's policy 10062.2 outlines the evidence and investigative protocols. The Facility Administrator and PSA Compliance Manager confirmed the reporting requirements and indicated those GEO individuals are notified by AIPC. They also indicated the facility notifies the ERO PREA Field Coordinator, who makes all the required notifications to the required ICE staff. The ICE Officer in Charge (OIC) confirmed during his interview that the ERO PREA Field Coordinator is notified, by AIPC staff, of every allegation of sexual abuse and that individual makes the notifications to the required ICE staff. He also stated he was notified of all 27 allegations made during the previous 12 months. During the reviews of the investigative files, the Auditors found the notifications to ICE documented in the files. The AIPC Investigator confirmed all administrative investigations are conducted by trained investigators and all documentation of these investigations are maintained for as long as the alleged abuser is detained or employed by GEO, plus an additional five years. The Auditors conducted a cursory inspection of all investigative files and an in-depth review of administrative investigations completed and closed within the last 12 months and found each investigation was conducted by a trained investigator. The protocols for ICE investigations and GEO investigations are found on their respective web pages (www.ICE.gov/prea) and (www.geogroup.com/PREA).

§115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c) The Auditors determined compliance based on a review of policy 11.1.6.A that requires all employees, contractors and volunteers to receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program. This initial and annual refresher training includes the facility's zero-tolerance policy for sexual abuse and assault; how to fulfill their responsibilities under the agency's sexual abuse and assault prevention, detection, reporting and response policies and procedures; recognition of situations where sexual abuse may occur; the right of detainees and employees to be free from sexual abuse and retaliation for reporting sexual abuse and assault; definitions and examples of prohibited and illegal sexual behavior; recognition of physical, behavioral, and emotional signs of sexual abuse; methods of preventing and responding to such occurrences; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with detainees; how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, and intersex (LGBTI) or gender non-conforming detainees; and the requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes. This policy further requires the employee document receiving and understanding this training through signature on attachment F (PREA Basic Training Acknowledgement Form) of the policy. This form is also used to document pre-service and annual in-service training. The Auditors reviewed five random training files (three staff and two contractors) and found each file contained a signed PREA Basic Training Acknowledgement Form. The Auditors interviewed random AIPC staff (12) and ICE staff (2) who confirmed they had received PREA pre-service and annual refresher training. The interviews confirmed the instruction they received included the requirements outlined in subpart (a) of this standard. The Auditors reviewed the training curriculum and found it addressed the requirements under subpart (a) as well. The acting Training Administrator confirmed to the Auditors that all staff currently assigned to AIPC are current with the agency's PREA training requirement. The Auditors indicated the facility exceeds this standard as the requirement for refresher training is every two years and AIPC requires annual refresher training.

§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 Auditors determined compliance based on a review of policy 11.1.6.A that requires all contractors and volunteers to receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program. 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 the facility's zero-tolerance policies regarding sexual abuse and informed how to report such incidents. The acting Training Administrator confirmed all contractors receive and document by signature their understanding of the same training AIPC employees receive. The Auditors interviewed three

contractors who confirmed they had received the agency's sexual abuse training that included their responsibilities on prevention, detection, and response policies and procedures.

AIPC has 37 volunteers and they receive pre-service and annual refresher training on their responsibilities under the agency's and facility's sexual abuse policy to include definitions of prohibited acts, communication with LGBTI groups, means of reporting, and ensuring the nearest security staff person is notified if a detainee alleges sexual abuse to them. The Auditors reviewed the volunteer's signed written confirmations indicating they received and understood this training. There were no volunteers available at AIPC for the Auditors to interview during the site visit.

§115.33 - Detainee education.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c) The Auditors found policy 11.1.6.A requires AIPC, during the intake process, ensure the detainee orientation program notifies and informs detainees about the GEO's zero-tolerance policy regarding all forms of sexual abuse and assault and includes instruction on prevention and intervention strategies; definitions and examples of detainee-on-detainee sexual abuse, employee-on-detainee sexual abuse and coercive sexual activity; explanation of methods for reporting sexual abuse, including to any employee, including an employee other than immediate point-of-contact line officer (i.e. the PSA Compliance Manager or Mental Health staff), the DHS OIG, and the JIC; information about self-protection and indicators of sexual abuse; prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings; and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. The policy further requires the facility to provide this information in formats accessible to all detainees, including those who are LEP, deaf, visually impaired or otherwise disabled, as well as, to detainees who have limited reading skills. As noted earlier, the AIPC detainee orientation program consisted mostly of a written notice from the Facility Administrator indicating specific segments in the videos, played on a loop to detainees in English and Spanish, dealing with sexual abuse. The Auditors had the PSA set up the videos to the specific segments outlined in the written notice and found the referenced points in the videos did not cover the requirements outlined in subpart (a) 2, 3 and 5 of this standard. As noted in standard 115.16, the Auditors interviewed 30 detainees and six claimed they never received information to benefit or participate in the facility's detainee orientation program. The Auditors reviewed the detention file for each of the six detainees and found in three files the detainee was not provided an interpreter during the orientation program. The Auditors also interviewed a detainee who could neither read nor write. The detainee indicated he was not provided with PREA information in a format he could understand. The Auditors reviewed the detainee's detention file and found the detainee was provided written with PREA information in Spanish, but his file did not indicate whether the information was also provided to him verbally. The Auditors reviewed the four detainee files of disabled detainees and found signed statements in English indicating they received documents, but the detainees were blind and deaf but were provided written copies in English with no documentation it was provided in a method they could understand. During the interviews with these detainees, the Auditors found none of the detainees had a good understanding of the facility's sexual abuse prevention procedures and the detainees stated the material was not provided (orally or in writing) in their language. The six detainees as noted in 115.16, stated the information that they knew about was not obtained from watching the video, found in handbook or literature, or seen on posters.

DOES NOT MEET: The AIPC does not ensure, during the intake process, that the detainee orientation program notifies and informs detainees about GEO's zero-tolerance policy regarding all forms of sexual abuse and assault as required in formats accessible to all detainees. Additionally, the education did not cover the requirements in subpart (a) 2, 3 and 5 of this standard. The facility must provide education on all standard requirements as outlined in this standard and ensure the education is accessible to all detainees including those who are LEP, deaf, visually impaired or otherwise disabled, as well as to detainees who have limited reading skills. The facility must demonstrate compliance through a sampling of 10 LEP detainee files of different languages (not English or Spanish) and 5 detainees with disabilities documenting the detainees received the PREA information in a language or method they understand over a thirty-day period for compliance review.

(d) The Auditors determined compliance based a review of policy 11.1.6.A that requires AIPC to post on all housing unit bulletin boards the DHS-prescribed sexual assault awareness notice; the name of the PSA Compliance Manager; and the name of local organizations that can assist detainees who have been victims of sexual abuse. During the site visit the Auditors observed the DHS-prescribed sexual assault awareness posters, in Spanish and English, with the name of the PSA Compliance Manger and contact information for the San Bernardino Sexual Assault Services Center in every area that detainees had access to at AIPC, including each of the housing units.

(e)(f) The Auditors determined compliance based a review of the intake process at AIPC and interviews with the intake staff who confirmed detainees, upon arrival, receive both the DHS-prescribed Sexual Assault Awareness Information pamphlet and a copy of the ICE National Detainee Handbook. During the detainee interviews, all 30 detainees confirmed they had received copies of these documents and signed receipt of them. However, four detainees indicated that they were not provided the documents in a format they understood. The Auditors reviewed the four detainee files and found signed statements in English indicating they received documents but the detainees were blind but were provided written copies in English with no documentation it was provided in a method they could understand.

§115.34 - Specialized training: Investigations.

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

Notes:

(a)(b) The Auditors determined compliance based on a review of policy 11.1.6.A that requires investigators, who conduct investigations into allegations of sexual abuse at immigration detention facilities, to be trained in conducting investigations on sexual abuse and effective cross-agency coordination. The policy further requires these investigators receive and document this specialized training in addition to the training mandated for all employees under 115.31. AIPC has one primary and ten backup investigators. The primary investigator confirmed she received specialized training through GEO. The Auditors reviewed the primary investigator's training record and confirmed she received the required training under 115.31 and the specialized investigator training through GEO. During the reviews of investigative files; the Auditors confirmed each administrative investigation was conducted by the primary investigator.

Agency policy 11062.2 states OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate. The Auditors reviewed the ICE OPR Investigations Incidents of Sexual Abuse and Assault training curriculum and found the curriculum covers in-depth investigative techniques, evidence collection, and all aspects to conducting an investigation of sexual abuse in a confinement setting. The agency also offers a Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if a sexual abuse incident has taken place and whether to complete an

administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled detainees; and an overall view of the investigative process. The agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirement. The Auditors reviewed the rosters of trained investigators and determined the documentation was in accordance with the requirement of this standard.

Recommendation: The facility should provide specialized training to all backup investigators, who may be responsible for conducting investigations, related to sexual abuse and effective cross-agency coordination. This will assure there is a trained backup, if the primary investigator is unavailable to complete the investigation.

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

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b) These subparts of the standard are not applicable as AIPC contracts medical services through Wellpath. (c) As noted earlier medical at AIPC is contracted through Wellpath. Initial preservice training is maintained at the facility for medical/mental health staff and AIPC has access to electronic training records to confirm the completed specialized training. The acting Training Administrator provided access to this information confirming all current medical/mental health staff are current with this training. The facility exceeds the standard requirement of this once a lifetime training, by requiring by policy, all medical and mental health staff participate in the training annually. The agency's policy 11.1.6.A prohibits facility medical staff from participating in sexual assault forensic medical examinations or evidence gathering. Forensic examinations shall be performed by a trained SANE or SAFE at a local hospital. As noted earlier, AIPC has a MOU with Kaiser Fontana Hospital in Fontana, California to perform forensic examinations for detainees. As noted earlier, this policy was reviewed and approved by the AFOD.

§115.41 - Assessment for risk of victimization and abusiveness.

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

Notes:

(a)(b)(c)(d) The Auditors determined compliance based on a review of policy 11.1.6.A that requires all detainees be assessed during intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger using the GEO PREA Risk Assessment Tool (Attachment C) to conduct this initial risk screening assessment. Attachment C utilizes the following criteria to assess detainees for risk and sexual victimization: whether the detainee has a mental, physical, or developmental disability; the age of the detainee; the physical build and appearance of the detainee; whether the detainee has previously been detained; the nature of the detainee's criminal history; whether the detainee has any convictions for sex offenses against an adult or child; whether the detainee has self-identified as LGBTI, or gender nonconforming; whether the detainee has self-identified as having previously experienced sexual victimization; and the detainees' own concerns about his or her physical safety. The intake screening shall also consider prior acts of Sexual Abuse, prior convictions for violent offenses, and history of prior institutional violence or Sexual Abuse, as known to the facility, in assessing the risk of being sexually abusive. In addition to this screening instrument, persons tasked with screening conduct a thorough review of any available records (e.g., medical files or, 213/216 records, etc.) that can assist them with the risk assessment. The policy further requires the risk assessment be completed on intake and the initial classification and housing assignment be completed within 12 hours of the detainee's arrival and detainees are kept separate from general population until completed. The Auditors reviewed ten detainee detention files and found all risk assessments were conducted utilizing Attachment C. Additionally, all of the risk assessments were conducted on the day of the detainees' arrival and within 12 hours of arrival. During the detainee interviews, all 30 detainees stated their risk assessments were completed within the first few hours of their arrival and before being placed into general population.

(e) The Auditors determined compliance based on a review of policy 11.1.6.A requiring classification staff to reassess each detainee's risk of victimization or abusiveness between 60 and 90 days from the date of initial risk screening assessment and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization utilizing the GEO PREA Vulnerability Reassessment Questionnaire (Attachment D) to conduct the reassessment. During the review of ten detainee detention files the Auditors found six detainees whose length of stay required a reassessment and confirmed the reassessments were completed within the required timeframe. Additionally, the review of the detention files included detainees who alleged sexual abuse. The Auditors found reassessments were completed on each detainee, as a result of their allegation.

(f) The Auditors determined compliance based on a review of policy 11.1.6.A that prohibits detainees from being disciplined for refusing to answer, or for not disclosing complete information in response to questions asked in subpart (c); whether the detainee has a mental, physical or developmental disability, identifies as LGBTI or gender non-conforming, experienced prior sexual victimization or has any concerns about his or her physical safety. The Classification Officer and Facility Administrator confirmed detainees are not disciplined for refusing to answer any of the questions on attachment C or D.

(g) The Auditors determined compliance based on a review of policy 11.1.6.A that requires AIPC to implement appropriate controls on the dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by employees or other detainees. The Classification Officer confirmed appropriate controls are placed on all detainee records, including risk assessments and stated these documents are maintained in the detainee detention files and secured in the records room under double lock and key.

§115.42 - Use of assessment information.

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

Notes:

(a) The Auditors determined compliance based on a review of policy 11.1.6.A that requires AIPC to use the information from the risk assessment to determine housing, bed, work, education and programming assignments in order to keep potential victims away from potential abusers. The Classification Officer indicated these assignments are made after she reviews the GEO PREA Risk Assessment Tool, medical assessment and Record of Deportable/Inadmissible Alien (Form I-213) when available.

(b)(c) The Auditors determined compliance based on a review of policy 11.1.6.A that requires AIPC, in making assessments and housing decisions for transgender and/or intersex detainees, to consider the detainee's gender self-identification and an assessment of the effects of placement on the

detainee's health and safety. The policy further requires a medical or mental health practitioner to be consulted as soon as practicable on these assessment and placement decisions, which shall not be based solely on the identity documents or physical anatomy of the detainee, with serious consideration given to the individual's own views with respect to his/her own safety. Transgender and intersex detainees may be housed in medical for up to 72 hours (excluding weekends, holidays and emergencies) until the appropriate housing determination is made by the facility's Transgender Care Committee (TCC). This committee is comprised of the Facility Administrator or Assistant Facility Administrator, Security Chief, Classification or Case Management Supervisor, medical and/or mental health staff, and PSA Compliance Manager. The PSA Compliance Manager and another member of this committee confirmed AIPC has had one occasion, within the previous 12 months, of a transgender detainee being placed at the facility. The detainee was placed in the infirmary, due to having mumps, and then released from the facility four weeks after arriving at AIPC. The detainee was housed in a single occupancy room with its own shower. The PSA Compliance Manager further stated transgender detainees are typically not placed at AIPC, but the facility has a policy and practice in place to accommodate them. She also confirmed transgender detainees would be assessed every six months by policy and allowed the opportunity to shower separately from other detainees if requested.

§115.43 - Protective custody.

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

Notes:

(a)(b)(c)(e)(f) The Auditors determined compliance based on a review of policy 11.1.6.A that requires AIPC develop and follow written procedures governing the management of its administrative segregation unit. These procedures should be developed in consultation with the ICE ERO FOD having jurisdiction for the facility and must document detailed reasons for placement of a detainee in administrative segregation on the basis of his/her vulnerability to sexual abuse or assault. The policy further requires use of administrative segregation to protect detainees vulnerable to sexual abuse or assault be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing option exists, as a last resort and such an assignment shall not ordinarily exceed a period of 30 days. Detainee victim placement in administrative segregation must be documented and reported to the FOD within 72 hours of the placement to determine if ICE can provide additional assistance. The Facility Administrator informed the Auditors that the use of administrative segregation for detainee victims, on the basis of his/her vulnerability to sexual abuse or assault, has not occurred at AIPC within the previous 12 months. He further stated that administrative segregation would only be used as a last resort, as he would use the infirmary room instead for any victim needing protection. However, if it were to be used for a vulnerable detainee, to the extent practical, the detainee would have access to programs, visitation, counsel and other services available to the general population.

(d) The Auditors determined compliance based on a review of policy 11.1.6.A that requires supervisory review of any detainee victim or vulnerable detainee placed in administrative segregation, within 72 hours of their placement in segregation, to determine if the placement is still warranted. A supervisory staff member shall conduct, at a minimum, an identical review after the detainee has spent seven days in administrative segregation and every week thereafter for the first 30 days, and every 10 days thereafter. The reviews are documented on Attachment G (DHS Sexual Assault/Abuse Available Alternatives Assessment). The Segregation Sergeant confirmed that any victim or vulnerable detainee's placement in segregation would be reviewed within the first three days of his/her placement in administrative segregation with additional reviews completed after the detainee has spent seven days in administrative segregation, and for every week for the first 30 days, and every 10 days thereafter. According to the Facility Administrator and PSA Compliance Manager, no detainee has been placed in administrative segregation, on the basis of a vulnerability for sexual abuse or assault, within the last 12 months.

§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 Auditors found policy 11.1.6.A requires AIPC to provide multiple ways for detainees to privately report sexual abuse and assault, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. The policy further requires AIPC to provide contact information to detainees for consular officials, the DHS OIG or, as appropriate, another designated office, to confidentially and, if desired, anonymously report these incidents. These contact numbers are to be posted next to every detainee telephone. The Auditors observed contact information for each consulate next to the telephone in each housing unit. Additionally, the Auditors observed the ICE zero-tolerance posters, in Spanish and English, throughout the facility and in each housing unit. The posters included the name and contact information for the facility's PSA Compliance Manager and advised detainees that reports can be made confidentially and anonymously. As noted earlier, detainees are required to receive an orientation that includes, at a minimum, instruction on the six requirements outlined in subpart (a) of standard 115.33. The PSA Compliance Manager confirmed detainees may report allegations to a public or private agency not associated with the agency, which includes the JIC and DHS OIG. The Auditors checked the detainee reporting telephone line and found it operational without the use of the detainee PIN or providing identifiable information prior to use.

(c) The Auditors determined compliance based on a review of policy 11.1.6.A requiring all employees at AIPC to accept reports of sexual assault made to them verbally, in writing, anonymously and from third parties, and promptly document any verbal reports. The Auditors did a cursory review of all nine completed investigative files and an in-depth review of five of the files. The Auditors confirmed 17 allegations reported in the previous 12 months were reported, by detainees, verbally to a staff member. Additionally, the Auditors confirmed the staff member reported the allegation immediately to their supervisor and documented the allegation in writing. The Auditors interviewed random staff who confirmed the policy requirement that they are to accept and 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.

§115.52 - Grievances.

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

Notes:

(a)(b)(c)(d)(e) The Auditors determined compliance based on a review of Policy 11.1.6.A that requires AIPC to accept formal grievances related to sexual abuse at any time during, after, or in lieu of lodging a complaint and does not impose a time limit for filing. The policy further requires the facility to implement written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. The GEO Supplement to the National Detainee Handbook provides information on filing grievances to detainees in Punjabi, Mandarin, Creole, Spanish, and English only. The Auditors interviewed the Grievance Coordinator who confirmed all allegations of sexual abuse, made through the grievance office, are immediately reported to the PSA Compliance Manager and Facility Administrator and medical emergencies are brought immediately to the proper medical personnel for assessment. She further stated that her office issues a decision on the grievance within 5 days of receipt and responds to an appeal of the grievance decision within 30 days. AIPC then notifies, as required by policy, the

ERO PREA Field Coordinator and the allegation is investigated per policy. The facility had eight sexual abuse allegations made through the grievance office with each responded to within the policy and standard five-day requirement as indicated by the Grievance Coordinator and grievance log. During the interview with the ICE OIC, he confirmed he was notified of each allegation within 30 days as required by policy and the standard. During the interviews with random security staff, they each confirmed their knowledge of detainee access to the grievance process to report allegations of sexual abuse. However, during the detainee interviews, non-English/Spanish speaking detainees were not aware of the grievance process as an avenue to report sexual abuse.

Recommendation: The facility should include the grievance process information in the detainee orientation for all detainees in a method they understand, including LEP detainees and detainees with disabilities.

(f) The Auditors determined compliance based on a review of policy 11.1.6.A that states detainees may obtain assistance from another detainee, housing unit officer or other facility staff, family members, or legal representatives, to prepare a grievance. During interviews with random security staff, they each confirmed their responsibility to take reasonable steps to expedite requests for assistance from these other parties when necessary. The Grievance Coordinator confirmed that assistance was not requested by any of the eight detainees who reported sexual abuse through the grievance process.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c)(d) The Auditors determined compliance based on a review of Policy 11.1.6.A that requires AIPC to utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation and the prosecution of sexual abuse perpetrators to most appropriately address victim's needs. It further requires the facility make available information about the local organization that can assist detainees who have been victims of sexual abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available) posted in all living areas. As noted in standard 115.21, AIPC has an MOU with San Bernardino Sexual Assault Services Center to provide detainee victims of sexual abuse access to outside victim advocates for emotional support services. The MOU stipulates the center will provide the alleged victim a Sexual Abuse Counselor during the forensic examination and investigation interviews. The center provides AIPC with a 24-hour hotline and mailing address and was observed to be posted on each of the living areas by both Auditors. This information is also attached to the GEO Supplement to National Detainee Handbook provided to detainees in Punjabi, Mandarin, Creole, Spanish and English only. The PSA Compliance Manager confirmed phone contact and mail with the center is not monitored, as noted in this supplement. The Facility Investigator and PSA Compliance Manager confirmed that they provide each detainee alleging sexual abuse contact information for the center, within the first hour of being made aware of the allegation. During the review of investigative files, the Auditors confirmed the detainees were provided this advocate information.

§115.54 - Third-party reporting.

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

Notes:

The Auditors determined compliance based on a review of policy 11.1.6.A that requires AIPC to post GEO's third-party reporting procedures (in Spanish and English) in all public areas, to include the lobby, visitation area, and staff break areas, within the facility. The Auditors observed the third-party reporting posters, in Spanish and English, throughout the facility, to include the lobby and visitation area. The GEO (www.geogroup.com/PREA) and ICE (https://www.ice.gov) websites include third-party reporting information as well. During the detainee interview, all 30 detainees were aware that family members and friends could report sexual abuse on their behalf. The PSA Compliance Manager confirmed AIPC had one allegation reported by a third party within the previous 12 months. Specifically, a report of sexual abuse was made to the San Bernardino Sheriff's Office who immediately contacted the facility.

§115.61 - Staff reporting duties.

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

Notes:

(a)(b)(c) The Auditors determined compliance based on a review of policy 11.1.6.A that requires employees and contractors to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in any facility, whether or not it is a GEO facility; retaliation against detainees or employees who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. The policy also requires apart from reporting to a designated supervisor or official, employees shall not reveal any information related to a sexual abuse report to anyone other than, to the extent necessary, to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions. As previously noted, this policy was reviewed and approved by the AFOD. The Facility Administrator and PSA Compliance Manager confirmed the staff reporting requirements as outlined in this policy and included in the pre-service and annual in-service training all staff receive. The PSA Compliance Manager also confirmed staff, by policy, may report sexual abuse outside their chain of command to the Chief of Security, upper-level executive, employee hotline, or Corporate PREA Coordinator. During interviews with the 12 random security staff, they each confirmed they were aware of their reporting obligations as required by policy and reinforced annually in their refresher training. They also confirmed they were aware they could go outside their chain of command to report allegations of sexual abuse if they needed to, and all information that they become aware of, related to a sexual abuse, is not to be revealed to anyone other than, to the extent necessary, to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions.

(d) The Auditors determined compliance based on a review of policy 11.1.6.A that requires the AIPC to report allegations of sexual abuse, in which the alleged victim is under the age of 18 or considered a vulnerable adult under State or local vulnerable person's statute, to designated State or local services. During interviews with the Facility Administrator and PSA Compliance Manager they confirmed, if AIPC ever encountered an incident of sexual abuse of a vulnerable adult, the facility would notify the local Sheriff's Department. There are no juveniles placed at AIPC and according the PAQ and the Facility Administrator, there were no reported sexual abuse incidents involving a vulnerable adult during the previous 12 months.

§115.62 - Protection duties.

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

Notes:

The Auditors determined compliance based on review of policy 11.1.6.A that requires a staff member who has reasonable belief that a detainee is subject to substantial risk of imminent sexual abuse, to take immediate action to protect the detainee. During interviews with the Facility Administrator, PSA Compliance Manager, and random security staff, they each confirmed, in any situation involving substantial risk of imminent sexual abuse of a detainee, they would take immediate action (by securing the alleged abuser and escorting the alleged victim to another area) to protect the detainee. The PAQ and Facility Administrator confirmed AIPC had no detainees at substantial risk of imminent sexual abuse within the previous 12-months.

§115.63 - Report to other confinement facilities.

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

Notes:

(a)(b)(c)(d) The Auditor determined compliance based on a review of policy 11.1.6.A that states, in the event that a detainee alleges that sexual abuse occurred while confined at another facility, AIPC shall document those allegations and the Facility Administrator or Assistant Facility Administrator shall contact the Facility Administrator or designee where the abuse is alleged to have occurred and notify the ICE Field Office as soon as possible, but no later than 72 hours after receiving the notification. The facility shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PSA Compliance Manager and Corporate PREA Coordinator. Any facility that receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA standards and reported to the appropriate ICE FOD per policy. The Facility Administrator, PSA Compliance Manager, and the PAQ each indicated AIPC has not received reports of sexual abuse that occurred at another facility in the previous 12 months.

§115.64 - Responder duties.

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

Notes:

(a) The Auditors determined compliance based on a review of policy 11.1.6.A that states, upon receipt of a report that a detainee in a GEO facility or program was sexually abused, or if the employee sees abuse, the first security staff member to respond to the report shall: separate the alleged victim and abuser; immediately notify the on-duty security supervisor and remain on the scene until relieved by responding personnel; preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence; if the sexual abuse occurred within 96 hours the alleged victim and abuser shall be separated to ensure that the alleged victim and abuser do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating until the forensic examination can be performed. A security staff member of the same sex shall be placed outside the area where the detainee is secured for direct observation to ensure these actions are not performed. During the review of investigative files, the Auditors confirmed the responding staff member followed the required protocols as required and outlined in the policy. During the interviews of random security staff, they each confirmed their knowledge of their responsibilities as outlined in policy and required by the standard.

(b) The Auditors determined compliance based on a review of policy 11.1.6.A that states, if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, remain with the alleged victim, and notify security staff. During interviews with non-security staff, they each confirmed they would secure the alleged victim and immediately call for a security staff member. During the review of the 27 allegations made, the Auditor confirmed none were made to non-security GEO staff.

§115.65 - Coordinated response.

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

Notes:

(a)(b) The Auditors determined compliance based on a review of policy 11.1.6A that requires AIPC to develop a written facility plan 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. During the review of this policy, the Auditors found detailed responsibilities for first responders, medical and mental health practitioners, investigators, and facility leadership. The Facility Administrator and PSA Compliance Manager confirmed AIPC utilized the entire policy as their coordinated response to allegations of sexual abuse. As noted earlier, the Auditors did a cursory inspection of all nine closed administrative files and an in-depth review of 5 of the files. The Auditors found the administrative investigation files all documented the multidisciplinary and coordinated responses taken by staff members.

(c)(d) The Auditors determined compliance based on a review of policy 11.1.6.A that states, if a victim of sexual abuse is transferred between DHS immigration detention facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services. The policy further requires, if the detainee victim of sexual abuse is transferred to a non-DHS facility, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical and/or social services, unless the victim requests otherwise. The Facility Administrator, PSA Compliance Manager, and the PAQ confirmed that AIPC had one detainee who made an allegation of sexual abuse prior to being transferred to another facility. The transfer occurred two months after the allegation, but prior to the conclusion of the investigation. The PSA Compliance Manager and Facility Administrator indicated the transfer was not a result of the allegation. The PSA Compliance Manager confirmed that when a detainee is transferred from the facility, a Notification of Transfer form is completed and forwarded to the AFOD. The Auditors found this notification form was present in the investigative file for the one transferred detainee.

§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:

(a) The Auditors determined compliance based on a review of policy 11.1.6.A that states, in every case where the alleged abuser is an employee, contractor or volunteer, there will be no contact between the alleged abuser and the alleged victim, pending the outcome of an investigation. Separation orders requiring "no contact" shall be documented by facility management via email or memorandum within 24-hours of the reported allegation. The email or memorandum shall be printed and maintained as part of the related investigation file. The PSA and Facility Administrator both confirmed any employee, contractor or volunteer who was an alleged perpetrator of sexual abuse of a detainee would be removed from any further contact with detainees, pending the investigation outcome. AIPC had 11 allegations of sexual abuse made against staff during the previous 12 months.

The Auditors found separation orders in each of the investigative files, prohibiting and removing the staff member from any contact with detainees until the completion of the investigation.

§115.67 - Agency protection against retaliation.

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

Notes:

(a)(b)(c) The Auditors determined compliance based on a review of policy 11.1.6.A that prohibits employees, contractors, volunteers, and detainees from retaliating against any person, including a detainee, who reports, complains about or participates in an investigation into an allegation of sexual abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force. According to the PSA Compliance Manager, she is the designated staff person responsible for monitoring detainee retaliation and confirmed her monitoring begins the day an allegation is made and continues for a period of 90 days or longer if required. She also indicated she documents her monitoring on the Protection from Retaliation Log (Attachment B of the policy) and stated her monitoring includes a review of detainee disciplinary reports and/or housing or program changes. The HR staff member is responsible for monitoring employee retaliation and stated her monitoring begins on the day of the allegation and continues for at least 90 days or longer if needed. She also stated her monitoring includes negative performance reviews, time off refusals, or reassignment requests. During interviews with the PSA Compliance Manager and HR confirmed, the Auditors confirmed AIPC has employed protection measures, such as housing changes, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or for cooperating with investigations. The Auditors also confirmed the facility had no reported instances of alleged retaliation occurring during the previous 12 months. During the review of investigative files, the Auditors confirmed documented retaliation monitoring began the day of the allegation and continued for 90 days or until the victim left the facility.

§115.68 - Post-allegation protective custody.

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

Notes:

(a)(b)(c)(d) The Auditors determined compliance based on a review of policy 11.1.6A that requires the facility to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible subject to the requirements of standard 115.43. During the interview with the Facility Administrator, he confirmed the use of administrative segregation for detainee victims, based on his/her vulnerability to sexual abuse or assault, has not occurred at AIPC during the previous 12 months. He further stated the use of segregation for a victim of sexual abuse would be highly unlikely and only used as a last resort, as he would use the infirmary room instead for any victim needing protection. He confirmed if segregation was ever used to protect a victim of sexual abuse, he would notify the FOD within 72 hours and the detainee would not be held longer than five days in any type of administrative segregation environment, except in unusual circumstances or at the request of the detainee. The Facility Administrator also confirmed that any detainee victim placed in administrative segregation would not be returned to the general population until the completion of a vulnerability re-assessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse.

§115.71 - Criminal and administrative investigations.

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

Notes:

(a)(b)(c)(e)(f) The Auditors determined compliance based on a review of policy 11.1.6.A that states when AIPC conducts its own administrative investigations into allegations of sexual abuse, it shall do so promptly, thoroughly, and objectively for all allegations of sexual abuse and by trained investigators. The facility Investigator confirmed she conducts an administrative investigation on every allegation of sexual abuse within 24 hours of the allegation being made and after consultation with the appropriate investigative offices within DHS and the San Bernardino County Sheriff's Department. She stated that her investigative protocols and determinations for administrative investigations are based on direct and circumstantial evidence; available physical DNA evidence; available electronic monitoring data; interview notes from the alleged victims, suspected perpetrators, and witnesses; and reviewing prior complaints and reports of sexual abuse or assault, involving the suspected perpetrator. She confirmed she cooperates with the outside agency conducting the criminal investigation and when conducting her own investigations, she assesses the credibility of the alleged victim, suspect, or witness, based on evidence without regard to their status as a detainee, employee, or contractor. She also stated she does not require any detainee, who alleged sexual abuse or assault, to submit to a polygraph as a condition of the investigation continuing and the departure of the alleged abuser or victim from the employment or control of the facility does not affect the investigation. As noted earlier, this policy was reviewed and approved by the AFOD and outlines the investigative protocols for AIPC. During the review of the investigation files for the previous 12 months, the Auditors confirmed the subpart (c) requirements of standard were followed and supported by this policy. There were 27 allegations of sexual abuse reported during the audit period. There were 9 closed and 18 open investigations. Of the nine closed investigations, four staff-on-detainee investigations were unfounded, and five detainee-on-detainee investigations were unsubstantiated.

§115.72 - Evidentiary standard for administrative investigations.

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

Notes:

The Auditors determined compliance based on a review of policy 11.1.6.A that requires the facility, when an administrative investigation is undertaken, to impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse and assault are substantiated. The Facility Investigator confirmed the evidence standard she uses when determining a sexual abuse investigation is the preponderance of evidence. During the review of the nine completed investigative files, it appeared to the Auditors that a preponderance of the evidence was the standard used in determining the outcome of the investigations.

§115.73 - Reporting to detainees.

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

Notes:

The Auditors based compliance on the standard after review of policy 11.1.6.A requiring AIPC at the conclusion of every investigation that detainees be informed of the investigation outcome (substantiated, unsubstantiated or unfounded) through the Notification of Outcome of Allegation form. The Auditor found these forms in each of the nine completed investigative files. Three completed investigation files had unsigned verification of receiving the form by the detainee as the detainee had left the facility prior to the investigation being completed

§115.76 - Disciplinary sanctions for staff.

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

Notes:

(a)(b) The Auditors determined compliance based on a review of policy 11.1.6.A that requires staff to be subject to disciplinary or adverse action, up to and including removal from their position and the Federal service, for substantiated allegations of sexual abuse or for violating agency and/or facility sexual abuse policies. The Facility Administrator and PSA Compliance Manager confirmed the AFOD reviewed and approved this policy. They also confirmed removal from their position and from the Federal service is the presumptive disciplinary sanction for all staff who have engaged in or attempted or threatened to engage in sexual abuse, as defined under the definition of sexual abuse of a detainee by a staff member, contractor, or volunteer. During the interview with the HR staff member, she confirmed this presumptive disciplinary sanction and stated AIPC has had no employees terminated for failure to follow the zero-tolerance policy.

(c)(d) The Auditors determined compliance based on a review of policy 11.1.6.A that requires any removals or resignations in lieu of removal, for violating the agency and/or facility sexual abuse policies, be reported to appropriate law enforcement agencies, unless the activity was clearly not criminal, and licensing bodies to the extent known. During the interview with the Facility Administrator, he confirmed he is required to make these notifications when and if it becomes necessary. He also confirmed all allegations of sexual abuse are immediately reported to the San Bernardino County Sheriff's Department, regardless if the staff member resigned. The Auditors found notifications made to the Sheriff's Department in each of the investigative files and confirmed there were no reported terminations of an AIPC employee for violation of the facility zero-tolerance policy.

§115.77 - Corrective action for contractors and volunteers.

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

Notes:

(a)(b)(c) The Auditors determined compliance based on a review of policy 11.1.6.A that states any contractor or volunteer who has engaged in sexual abuse shall be prohibited from contact with detainees. The facility shall make reasonable efforts to reports to any relevant licensing body, to the extent known, incidents of substantiated sexual abuse by a contractor or volunteer. Such incidents shall also be reported to law enforcement agencies, unless the activity was clearly not criminal. The policy further states contractors and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact, pending the outcome of an investigation, and the facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse, but have violated other provisions within these standards. The Facility Administrator confirmed contractors and volunteers would face removal from the facility for any violation of this policy. The Auditors confirmed there were no reported incidents requiring the removal of a contractor or volunteer within the previous 12 months.

§115.78 - Disciplinary sanctions for detainees.

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

Notes:

(a)(b)(c)(d)(e)(f) The Auditors determined compliance based a review of policy 11.1.6.A that requires AIPC to subject a detainee to disciplinary sanctions, pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse, under the following conditions: the disciplinary process and any sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations in the future; the facility shall have a detainee disciplinary system with progressive levels of reviews, appeals, procedures, and documentation procedure; the disciplinary process shall consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed; the facility shall not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact and for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. During interviews with the Facility Administrator, PSA Compliance Manager, and the Chief of Security, they confirmed the disciplinary process at AIPC allows for progressive levels of reviews, appeals, procedures, and documentation procedures. They also confirmed that staff assistance is provided upon detainee request and is provided automatically if the detainee is determined to be cognitively impaired, LEP, or otherwise needs special assistance. The PSA Manager and the Facility Administrator interviews confirmed no detainee was disciplined for violating the AIPC sexual abuse policy.

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

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

Notes:

(a)(b)(c) The Auditors based compliance on these subparts of the standard after review of policy 11.1.6.A requiring if during the risk assessment staff learns the detainee was a victim of sexual abuse or is an abuser (pursuant to § 115.41), as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for follow-up as appropriate. The Classification Supervisor confirmed a referral for medical follow-up is initiated through an email, the detainee shall receive a health evaluation no later than two working days from the date of assessment from a qualified medical/mental health when a detainee is referred. The mental health staff evaluation for a detainee from the mental health Case Worker is conducted within 72 hours of the referral being initiated. The acting HSA confirmed this time frame for mental health referrals and confirmed when a medical follow-up is initiated, the detainee receives a health evaluation typically the same or next day no later than two working days from the date of the assessment. When a referral for mental health is initiated, the detainee receives a mental health evaluation no later than 72 hours after the referral. As noted earlier there were 27 allegations of sexual abuse made during the previous 12 months. The Auditors interviewed three detainees who reported prior victimization, and each indicated they were offered medical/mental health services and their medical files, which includes medical and mental health data, were reviewed and each detainee was seen the next day after reporting prior victimization during their intake assessment

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

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

Notes:

(a)(b) The Auditors determined compliance based on a review of policy 11.1.6.A that requires all victims of sexual abuse in custody to receive timely, unimpeded access to emergency medical treatment, and crisis intervention services as directed by medical and mental health practitioners. This access includes offering timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate and within professionally accepted standards of care. All services shall be provided without financial cost to the victim and regardless of

whether that victim names the abuser or cooperates with any investigation arising out of the incident. During interviews with the acting has, she confirmed AIPC offers all detainees, who experience sexual abuse, the services noted above and access to a forensic medical examinations, with the victim's consent, at no cost to the detainee and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. The Auditors interviewed four detainees who alleged sexual abuse while at AIPC. Each detainee confirmed they were immediately taken to the medical unit and examined, provided information on crisis intervention and advocacy services. The Auditors reviewed the detainees' medical records and confirmed each detainee was seen by medical staff the same day the allegation was made. The PAQ, the Facility Administrator, the acting HSA and the PSA Compliance Manager confirmed that AIPC sent the detainees to the Kaiser Fontana Hospital for forensic examinations. The two detainees that received forensic examinations at Kaiser Fontana Hospital during the audit period was not present at the facility during the site visit.

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

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

Notes:

(a)(b)(c)(f) The Auditors determined compliance based on a review of policy 11.1.6.A that requires AIPC to offer medical and mental health evaluations (and treatment where appropriate) to victims of sexual abuse while in detention. The evaluation and treatment shall include follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The acting HSA confirmed AIPC offers all detainees, who experience sexual abuse while in detention, medical and mental health services consistent with the community-level of care, and evaluation and treatment without cost to the detainee, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. During the interviews with the four detainees who alleged sexual abuse, each detainee confirmed they were offered medical services at no cost. During the review of two of the detainees' medical records, the Auditors found both detainees received follow-up services with one of the Psychologists.

(d)(e) The Auditors determined compliance based on a review of policy 11.1.6.A that states victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services. During the interview with the acting HSA, she confirmed her medical and mental health departments provide on-site crisis intervention services to include emergency contraception, pregnancy testing, sexually transmitted infections and other infectious diseases testing, and prophylactic treatment to victims, if necessary. During the review of the 27 allegations made during the previous 12 months at AIPC only one was made by a female detainee. Her allegation did not involve penetration requiring a forensic examination, testing for pregnancy, or sexually transmitted diseases.

(g) The Auditors determined compliance based on a review of policy 11.1.6.A that requires AIPC to attempt to conduct a mental health evaluation, on all known detainee-on-detainee abusers, within 60 days of learning of such abuse history and offer treatment deemed appropriate by mental health practitioners. During the review of the nine closed investigative files, the Auditors found none of the investigations were substantiated, requiring a mental health referral. The acting HSA and Mental Health Practitioner confirmed the facility offers mental health services to known detainee abusers, upon arrival at AIPC, and to detainees who have violated the zero-tolerance policy.

§115.86 - Sexual abuse incident reviews.

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

Notes:

(a) The Auditors determined compliance based on a review of policy 11.1.6.A that requires a sexual abuse incident review be conducted within 30 days of the conclusion of every sexual abuse investigation by the facility incident review team, utilizing Attachment J (DHS Sexual Abuse or Assault Incident Review form). The PSA Compliance Manager confirmed that the facility review team consists of upper-level management officials, the local PSA Compliance Manager, and medical and mental health practitioners as well as the Agency PREA Coordinator. The PSA Compliance Manager also confirmed AIPC must adopt the review team's recommendations for improvement if outlined in the review or document its reasons for not doing so. She also stated the completed review is provided to both the Corporate PREA Coordinator and the Agency PREA Coordinator. The Auditors reviewed nine investigative files and found an incident review in each of the files conducted within 30 days of the investigation being completed. There were no recommendations for improvement made in any of these completed incident reviews.

(b The Auditors based compliance on this subpart of the standard after review of attachment J indicating the team is required to review race; ethnicity; gender identity; lesbian; gay; bisexual; transgender or intersex identification; status; or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility while conducting their incident review.

Recommendation: The facility should expand the policy to include that all the elements of subpart (b) of the standard are required for review during the incident review process.

(c) The Auditors determined compliance based a review of policy 11.1.6.A that requires an annual review of the all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the Facility Administrator, FOD or his/her designee and Corporate PREA Coordinator upon completion. The PSA Compliance Manager provided the Auditors with the annual review, dated November 2019. During the interview with the ICE OIC, he confirmed he was provided a copy of this annual review.

§115.87 - Data collection.

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

Notes:

(a) The Auditors determined compliance based on a review of policy 11.1.6.A that requires all case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling in accordance with the PREA standards and applicable agency policies and established schedules. The PSA Compliance Manager confirmed data collected is securely maintained in her office, the records office, and the Facility Investigator's office, under double lock and key, with access restricted to staff with a need to review. She indicated the records are retained for at least five years, after the date of the initial collection, unless federal, state or local law requires otherwise.

§115.201 - Scope of audits.

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

Notes:

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

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button: **Update Outcome Summary**

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	2
Number of standards met:	34
Number of standards not met:	3
Number of standards N/A:	1
Number of standard outcomes not selected (out of 41):	1

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

Thomas Eisenschmidt 6/6/2020

Auditor's Signature & Date

(b) (6), (b) (7)(C) 6/7/2020

Assistant PREA Program Manager's Signature & Date

(b) (6), (b) (7)(C) 6/8/2020

PREA Program Manager's Signature & Date

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

Homeland Security

AUDITOR INFORMATION			
Name of auditor:	Thomas Eisenschmidt	**Organization:**	Creative Corrections LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	315-730-(b) (6), (b)

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

FIELD OFFICE INFORMATION	
Name of Field Office:	Los Angeles Field Office
Field Office Director:	David A. Marin
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	300 N. Los Angeles St., Los Angeles, CA 90012
Mailing address: *(if different from above)*	

INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Adelanto ICE Processing Center		
Physical address:	10250 Rancho Rd., Adelanto, CA 92301		
Mailing address: *(if different from above)*			
Telephone number:	760-561-6100		
Facility type:	DIGSA		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	760-561-(b) (6), (b)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	760-561-(b) (6), (b) (7)(C)

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

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

The Prison Rape Elimination Act (PREA) audit of the Adelanto ICE Processing Center (AIPC) was conducted on March 10-12, 2020, by Thomas Eisenschmidt and Sharon Shaver, U.S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA Auditors, for Creative Corrections, LLC. The Auditors were provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager, (b) (6), (b) (7)(C) and Assistant Program Manager, (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE 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. The AIPC is privately owned by the GEO Group, Inc. and operates under contract with the DHS, ICE, Office of Enforcement and Removal Operations (ERO). The facility processes male and female adult detainees who are pending immigration review or deportation. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities of detainees held at AIPC are Spanish, Chinese, and French. This was the second PREA audit for AIPC and included a review of the 12-month audit period from March 2019 through March 2020. AIPC is located in Adelanto, California.

During the audit, the Auditor found AIPC met 34 standards, had two standards (115.31 and 115.35) that exceeded the requirements, had two standards (115.14 and 115.18) that were non-applicable, and three non-compliant standards (115.15, 115.16, and 115.33).

On July 6, 2020, the Auditor, received the ICE PREA Corrective Action Plan (CAP) from ICE, Office of Professional Responsibility (OPR), Inspections and Compliance Specialist, (b) (6), (b) (7)(C) ERO developed the CAP with the facility, and the plan addressed the three standards that did not meet compliance during the PREA audit site visit and documentation review. The Auditor reviewed the CAP and concurred with most of the recommendations for achieving compliance with the deficient standards and provided recommendations for compliance for the remaining non-compliant standards. The Auditors reviewed the final CAP and determined the corrective actions taken addressed all of the non-compliant standards.

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 replied 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. 15 - Limits to cross-gender viewing and searches

Outcome: Choose an item.

Notes:

(g)The Auditors found policy 11.1.6.A requires the facility to implement policies and procedures which allow detainees to shower, change clothes and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine cell checks or otherwise appropriate in connection with a medical examination or monitored bowel movement. Employees of the opposite gender at AIPC are required to announce their presence when entering housing units or any areas where detainees are likely to be showering, performing bodily functions, or changing clothes. Detainees who are placed on constant observation status by mental health providers, shall be provided visual supervision by a security staff member of the same gender. During the interviews with random security and non-security staff, they each confirmed the requirement to announce their presence every time they enter any area where detainees of the opposite gender may be showering, changing clothes and performing bodily functions. The Auditors observed staff making these announcements during the tour and during the time of the three-day site visit. The Auditors interviewed random detainees who confirmed staff of the opposite gender announce themselves prior to entering their living areas or areas where they may be showering. The observation cells on the East and West side of the medical unit, used for suicide watch, is such that they provide no obstruction or allows for cross-gender viewing when a detainee is showering, performing bodily functions, and or changing clothing. The cells are located in a hallway accessible to anyone in the area.

DOES NOT MEET: The Facility does not have procedures that enable detainees to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. Observation rooms used for suicide watch do not provide privacy for the detainee while using the toilet, showering and changing their clothes. The hallways the rooms are located on have access by any employee, contractor, or volunteer. The facility must correct the potential cross-gender viewing into the suicide watch observation rooms.

CORRECTIVE ACTION COMPLETED:
The facility provided the Auditors, during the CAP period, an updated 11.1.6.A policy outlining "Privacy curtains shall be used outside of the medical direct observation rooms, so the detainees are able to perform bodily functions and change clothing without being viewed by staff of the opposite gender." The facility provided the Auditors with staff signed attendance sheets for the medical, mental health staff, and the Health Service Officers (HSO). The required staff have received training on using the movable privacy curtains and reviewed the updated policy, which outlines the purpose and use of the suicide watch curtains. The facility also provided a picture of the curtains to the Auditor. The facility has demonstrated it is fully compliant with subpart (g) in all material ways.

§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) The Auditors found policy 11.1.6.A requires AIPC to ensure detainees with disabilities (i.e. those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in and benefit from the facility efforts to prevent, detect, and respond to sexual abuse and assault. The policy further states AIPC provide written materials to every detainee in formats or through methods that ensure effective communication. Such steps shall include, when necessary to ensure effective communication with detainees who are deaf or hard of hearing, providing access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary. The PREAMBLE of the Federal Register (p. 13120, section 116.16) states "…this standard includes other methods of communication aside from written materials to ensure that every detainee is educated on all aspects of the agency's efforts to respond to sexual abuse." AIPC provides all arriving detainees with the Adelanto Detainee Handbook, ICE Sexual Abuse and Assault Awareness pamphlet, and ICE National Detainee Handbook. The ICE National Detainee Handbook, is available in 11 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, and Vietnamese), and the GEO Supplement to the National Detainee Handbook for the ICE Processing Center is available in (Punjabi, Mandarin, Creole, Spanish, and English) all other documents are provided in Spanish and English only. The Auditors interviewed intake staff who stated, as part of the detainee orientation program, detainees view three videos (facility orientation, PREA, and Know your Rights), while in the intake area, and that detainees receive a written notice in Spanish and English, from the Facility Administrator, directing them to specific segments in the videos dealing with sexual abuse. The videos, available in Spanish and English, are played on a loop and depending on the length of time the detainee is held in the intake area, he/she may not have been there long enough to view those segments of the videos. The Auditors interviewed 30 detainees and 6 claimed they never received information to benefit or participate in the facility's detainee orientation program. The Auditors reviewed the detention file for each of the six detainees and found in three files the detainee was not provided an interpreter during the orientation program but was later provided an interpreter while being assessed for risk of victimization by the Classification staff. The Auditors also interviewed a detainee who could neither read nor write, who indicated he was not provided all the PREA information in a format he could understand. The Auditors reviewed the detainee's detention file and found the detainee was provided written PREA information in Spanish, but his file did not indicate whether the information was also provided to him verbally.

DOES NOT MEET: The facility does not ensure that detainees with disabilities and who are limited English proficient (LEP) have an equal opportunity to participate in or benefit from the facility's efforts to prevent, detect, and respond to sexual abuse and assault by providing meaningful access to all aspects of their program. The facility must develop a process to ensure all detainees receive PREA information in a method they understand. This can be accomplished by demonstrating and documenting detainees received the information by providing information on how it was provided. For example through an interpreter and their ID number etc.

CORRECTIVE ACTION COMPLETED:
The CAP required AIPC to provide all intake screening officers with refresher training regarding the proper procedures for providing PREA information to LEP, deaf, and/or blind detainees. The CAP also required the PSA Compliance Manager to review ten LEP detainee files and five files for detainees with disabilities to verify compliance and provide them to the Auditor. During this CAP period, the facility provided the Auditor training documentation demonstrating that all intake screening staff have received refresher training on the proper procedures to be followed for delivering PREA information to LEP, deaf, and/or blind detainees, i.e., staff signed training attendance sheets, policy documentation review, intake documentation forms review. The facility also provided the Auditor ten LEP detainee files demonstrating the interpreter services used, including documenting the interpreter's ID number and detainee signature affirming PREA information was provided to them in a format that they understood. The CAP also required the facility to provide the Auditor five detainee files of those with a physical disability. The facility only provided the Auditor one detainee detention file of a hearing-impaired detainee, because the Covid-19 pandemic has limited detainees' movement within the system. The detention file demonstrated, by signature, that, the detainee understood the PREA information provided, using TTY. The Auditor accepts the submitted detention file for compliance. The facility has demonstrated it is fully compliant with subparts (a)(b) of the standard in all material ways.

§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) The Auditors found policy 11.1.6.A requires AIPC, during the intake process, ensure the detainee orientation program notifies and informs detainees about the GEO's zero-tolerance policy regarding all forms of sexual abuse and assault and includes instruction on prevention and intervention strategies; definitions and examples of detainee-on-detainee sexual abuse, employee-on-detainee sexual abuse and coercive sexual activity; explanation of methods for reporting sexual abuse, including to any employee, including an employee other than immediate point-of-contact line officer (i.e. the PSA Compliance Manager or Mental Health staff), the DHS OIG, and the JIC; information about self-protection and indicators of sexual abuse; prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings; and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. The policy further requires the facility to provide this information in formats accessible to all detainees, including those who are LEP, deaf, visually impaired or otherwise disabled, as well as, to detainees who have limited reading skills. The AIPC detainee orientation program consisted mostly of a written notice from the Facility Administrator indicating specific segments in the videos, played on a loop to detainees in English and Spanish, dealing with sexual abuse. The Auditors had the PSA set up the videos to the specific segments outlined in the written notice and found the referenced points in the videos did not cover the requirements outlined in subpart (a) 2, 3 and 5 of this standard. As noted in standard 115.16, the Auditors interviewed 30 detainees and 6 claimed they never received information to benefit or participate in the facility's detainee orientation program. The Auditors reviewed the detention file for each of the six detainees and found in three files the detainee was not provided an interpreter during the orientation program. The Auditors also interviewed a detainee who could neither read nor write. The detainee indicated he was not provided with PREA information in a format he could understand. The Auditors reviewed the detainee's detention file and found the detainee was provided written PREA information in Spanish, but his file did not indicate whether the information was also provided to him verbally. During the interviews with these detainees, the Auditors found none of the detainees had a good understanding of the facility's sexual abuse prevention procedures and the detainees stated the material was not provided (orally or in writing) in their language. The six detainees as noted in 115.16, stated the information that they knew about was not obtained from watching the video, found in handbook or literature, or seen on posters.

DOES NOT MEET: The AIPC does not ensure, during the intake process, that the detainee orientation program notifies and informs detainees about GEO's zero-tolerance policy regarding all forms of sexual abuse and assault as required in formats accessible to all detainees. The agency's and facility's zero-tolerance policies include, at a minimum, instruction on prevention and intervention strategies, definitions, and examples of detainee-on-detainee sexual abuse, employee-on-detainee sexual abuse, and coercive sexual activity. They also provide explanation methods for reporting sexual abuse, including to any employee, other than the immediate point-of-contact line officer (i.e., the PSA Compliance Manager or Mental Health staff), the DHS OIG, and JIC. The policy further outlines detainee self-protection measures, indicators of sexual abuse, the prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings, and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. Additionally, the education did not cover the requirements in subpart (a) 2, 3 and 5 of this standard. The facility must provide education on all standard requirements as outlined in this standard and ensure the education is accessible.

CORRECTIVE ACTION COMPLETED
The CAP required that all intake screening officers will receive refresher training regarding the proper procedures for providing PREA information to LEP, deaf, and/or blind detainees. The facility PSA Compliance Manager was required to provide the Auditor with 10 LEP detainee detention files and 5 detention files for detainees with disabilities to verify compliance. During this CAP period, the facility provided the Auditor training documentation demonstrating that all intake screening staff have received refresher training on the proper procedures to be followed for delivering PREA information to LEP, deaf, and/or blind detainees, i.e., staff signed training attendance sheets, policy documentation review, intake documentation forms review. The facility also provided the Auditor 10 LEP detainee detention files demonstrating the interpreter services used to include the interpreter ID number and detainee signature affirming PREA information is provided to them in a format that they understood. The CAP also required the facility to provide the Auditor five detainee files of those with a physical disability. The facility only provided the Auditor one detainee detention file of a hearing-impaired detainee because the Covid-19

pandemic has limited detainees' movement within the system. The detention file demonstrated, by signature, that the detainee understood the PREA information provided, using TTY. The Auditor accepts the submitted detention file for compliance. The facility has demonstrated it is fully compliant with subparts (a)(b)(c) of the standard in all material ways

§115. Choose an item.
Outcome: Choose an item.
Notes:

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Outcome: Choose an item.
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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.

Thomas Eisenschmidt January 24, 2021
Auditor's Signature & Date

(b) (6), (b) (7)(C) January 24, 2021
ICE PREA Assistant Program Manager Signature & Date

(b) (6), (b) (7)(C) December 30, 2020
ICE PREA Program Manager Signature & Date