

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



**Homeland
Security**

AUDITOR INFORMATION			
Name of auditor:	Douglas K. Sproat, Jr.	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	601-832-(b)
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement		
FIELD OFFICE INFORMATION			
Name of Field Office:	New Orleans Field Office		
ICE Field Office Director:	David R. Rivera		
PREA Field Coordinator:	(b) (6), (b) (7)		
Field Office HQ physical address:	1250 Poydras Street, Suite #325; New Orleans, Louisiana 70113		
Mailing address: (if different from above)			
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Alexandria Staging Facility		
Physical address:	96 George Thompson Drive; Alexandria, LA 71303		
Mailing address: (if different from above)			
Telephone number:	318-483-1700		
Facility type:	ICE Staging Facility		
Facility Leadership			
Name of Officer in Charge:	(b) (6),	Title:	Officer in Charge
Email address:	(b) (6), (b) (7)(C)	Telephone number:	318-483-(b)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b)	Title:	Compliance Administrator
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AUDIT FINDINGS

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 initial Prison Rape Elimination Act (PREA) audit of the U.S. Immigration and Customs Enforcement (ICE) Alexandria Staging Facility (ASF) was conducted June 19-20, 2018, by Douglas K. Sproat, Jr., a U.S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA Auditor for Creative Corrections, LLC. This 70,243 square-foot staging facility, with a maximum capacity of 400, is located in Alexandria, Louisiana, on the site of a portion of the Alexandria airport. It is a single-story all-male facility for adults who remain there a maximum of 72 hours. The average daily population of ASF for the audit period was 251, with an average length of stay of 2 days.

The facility opened in 2014, and its creation was the result of a 2013 modification of a contract between ICE, the LaSalle Economic Development District, and the GEO Group, Inc. (GEO), which was then operating the LaSalle ICE Processing Center (LIPC), in Jena, Louisiana. GEO now operates both the LIPC and the ASF, and an organizational chart of ASF reflects that a number of key GEO staff--such as the Warden, the Assistant Warden for Finance, Training Administrator, and Compliance Administrator--have collateral responsibilities at ASF and the LIPC, approximately 44 miles away. The overall staffing of ASF is a combination of GEO employees, ICE employees, including employees who work for the ICE Health Services Corps (IHSC), and medical staff under contract to IHSC through STG International.

The purpose of this audit was to determine compliance with Department of Homeland Security (DHS) PREA standards. Prior to the audit, External Review and Analysis Unit (ERAU) Team Lead (b) (6), (b) provided the Auditor with the Pre-Audit Questionnaire (PAQ), agency policies, and other relevant documents. Facility staff supplied additional documents during the audit, and the Auditor also supplemented the information by telephone interviews.

The 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)	Management and Program Analyst, Office of Professional Responsibility (OPR)/ERAU, ICE
(b) (6), (b)	Officer in Charge (OIC), ICE
David Cole	Warden, GEO
(b) (6), (b)	Project Administrator (PA), GEO
(b) (6), (b)	Chief of Security, GEO
(b) (6), (b)	Health Services Administrator (HSA), IHSC
(b) (6), (b)	PREA Investigator, GEO
(b) (6), (b)	Compliance Administrator (CA), GEO
(b) (6), (b)	Senior PREA Manager, GEO corporate office

The Team Lead commented on the unique mission of the facility, stating that ASF would be the first facility of its type to have a PREA audit. After leading the group in introductions, she turned the meeting over to the Auditor, who gave an overview of the audit process. He detailed the need to review documents, to interview a selected group of staff and detainees, and to view physical feature/layouts of the facility for issues of detainees' privacy and protection, while also observing routine contacts between staff and detainees. All tasks done during the audit would be for the purpose of assessing the facility's compliance with DHS PREA standards during the 12-month audit period. After a brief question and answer period, the entry briefing concluded, and everyone proceeded to the sally port area to begin the tour. On the way to the sally port, the Auditor observed numerous prominently-displayed PREA/zero tolerance posters in medical and all living units; he also saw postings about the audit with Auditor contact information, although he received no communications from any detainees.

Detainees arrive at the ASF on both buses and airplanes from other ICE facilities throughout the nation, with the buses entering through a gate on the secure fence to reach the single sally port at ASF. Before detainees leave the bus, ICE-employed Deportation Officers (DO's) and GEO correctional officers (CO's) review their documents to verify identify and determine their previously-assigned custody levels. Once the detainees are inside the building the CO's remove their restraints and pat search them; they are then processed through to the dayroom/eating area of their living units, based on their custody level. An officer then conducts a PREA risk assessment on each detainee in a private office before making a specific bed or cell assignment. The medical department uses this same office to give each detainee a medical assessment, which includes setting a medication schedule appropriate for any detainee on medication. Those arriving at ASF by plane follow a similar process, except they enter the building through a door by the facility's central control room on the north side of the building, a short distance from where the plane is parked on the tarmac.

On the north side of the building, adjacent to the entry point for the detainees arriving at ASF by plane and directly across from the control room, are two small multi-person hold rooms. These rooms, which have both direct visual and camera monitoring, can be used as a temporary location to separate any out-of-control detainees, or, on occasion, they can be used to briefly hold female detainees brought from LIPC for a deportation flight, if no males are in these areas. Also located on this north wall are ICE offices, detainee property storage, maintenance, the armory, and food service, which prepares two hot meals and a bagged meal daily for the detainees, along with the food for the international deportation flights. The front of the building, the south side, contains numerous offices for GEO and ICE staff. In the central part of the building, between the functions described on the north side of the building and the offices on the front side, are the living units and the medical department.

On the west side of the building are 2, 80-bed open dormitory units and 1, 82-bed open dormitory unit. The dormitory-style units are for low and medium-low custody levels. Each unit has a bathroom area, separated from the dorm space by a wall high enough to provide privacy for the detainees. These areas contain lavatories, urinals, toilets, and showers. The showers are all single stalls with curtains, and the toilets all have doors. There are partitions at each end of the urinals, and the continuous camera monitoring of the area shows no more than the back of a clothed detainee. Each open-dorm unit has a multi-purpose area that serves as a dayroom/eating area, as well as space to use the provided exercise equipment.

Across the hallway on the east side of the building are two residential living areas with double-occupancy cells with a toilet and lavatory in each cell, and eight showers stalls with doors per residential living unit. These units are for detainees classed as medium high or high custody levels. One living unit has 39 double-occupancy cells, with 18 on each side of the unit with dayroom/eating space in between. The other living unit has

the same configuration, except it has 40 double-occupancy cells, with 20 cells on each side. There is also exercise equipment in each of these living units.

The medical department, operated by IHSC, is located in the central corridor between the dorm areas and the double-occupancy cell areas. It is open 24/7. The HSA and the Assistant Health Services Administrator (AHSA) are ICE employees, but all other medical staff, such as R.N.'s, nurse practitioners, and other medical assistants, are contract workers for IHSC. CO's escort detainees needing medical services to the medical department.

The Auditor's tasks included a careful review/observation of camera placement, blind spots, sight lines, deployment of supervision staff, and interactions between staff and detainees. There were (b) (7) cameras and (b) (7) cameras with (b) (7)(E) placed throughout the facility and the grounds. The Auditor also made a thorough review of facility policies, supporting documentation, and their application as observed during the audit. The audit process additionally involved informal questioning of 7 detainees and 6 staff during the tour and revisits to areas of the facility, supplemented by 20 formal interviews with detainees, 23 formal staff interviews, and 2 telephone interviews (1 ICE employee and 1 community hospital employee), with all interviews using DHS PREA interview protocols as a guideline. The Auditor held formal detainee interviews in a private office in an unoccupied living unit. The Auditor interviewed staff in GEO and ICE offices located at the front of the building.

The Auditor interviewed the following GEO staff: Warden, PA, Chief of Security, CA, PREA Investigator, two lieutenants (one from each shift), an intake sergeant, five CO's from the first shift, and five CO's from the second shift. He interviewed the following ICE staff: the OIC, a Supervisory Detention and Deportation Officer (SDDO), a Deportation Officer (DO), the Field Office Training Coordinator (FOTC) in New Orleans (telephone interview), the HSA, and the AHSA. He also held a telephone interview with a Sexual Assault Nurse Examiner (SANE) employed at the St. Francis Cabrini Hospital in Alexandria.

From a population of 182 detainees present at the time of the on-site audit, the Auditor interviewed 20 detainees who were randomly selected. Of the 20 detainees interviewed, the auditor selected at least 1 limited English proficient (LEP's) from every country represented among the detainees as listed below:

- Armenia
- Columbia
- Ecuador
- El Salvador
- Guatemala
- Haiti
- Honduras
- Liberia
- Mexico
- Nigeria

He also ensured that the detainees selected for interviews represented each living unit and custody level present at ASF during the audit. All detainees interviewed were Spanish-speaking LEP's. The Auditor used Language Services Associates to conduct the interviews.

No detainee or employee refused to be interviewed. The Warden gave the Auditor full access to the facility, and this access, plus the interviews, the review of policies and other materials, provided ample resources for assessing PREA compliance. The facility reported there were no allegations made in the 36-month audit period.

SUMMARY OF OVERALL 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.

On Wednesday, June 20, 2018, an exit briefing was held at approximately 2:15 P.M. to discuss the audit findings. In attendance were:

- (b) (6), (b) Management and Program Analyst, OPR/ERAU, ICE
- (b) (6), OIC, ICE
- David Cole Warden, GEO
- (b) (6), PA, GEO
- (b) (6), (b) Chief of Security, GEO
- (b) (6), (b) (7)(C) AHSA, ICE
- (b) (6), (b) PREA Investigator, GEO
- (b) (6), (b) CA, GEO
- (b) (6), Senior PREA Manager, GEO corporate office

The Team Lead opened the meeting and explained the ICE submission and review process for the audit report before its final approval. She then turned the briefing over to the Auditor.

The Auditor stated that ASF has an appropriate layout and sufficient camera numbers/placement to allow comprehensive direct supervision and/or video monitoring without blind spots. He also remarked on the facility's note-worthy cleanliness, in spite of its being a high traffic location with limited maintenance staff. He further noted the staffing pattern readily allowed the employees to carry out their duties to provide both security and detainee protection. He perceived the staff as being professional and courteous, as having good morale, and as having a clear understanding of the value of the PREA principles incorporated into the daily operations at ASF. He was particularly impressed with the cooperative working relationship between GEO employees and ICE employees at the facility. He expressed his belief that such cooperation no doubt contributed to the professional and respectful way contacts with detainees were handled, as well as the way detainees responded to staff.

The Auditor reported there were no standards requiring a "Does Not Meet" rating, and he thanked all involved for their hard work and cooperation. He expressed his particular appreciation to the CA for her swift and accurate response to every request for additional documents.

There are 31 PREA standards for a Subpart B audit. For the ASF, 2 standards were rated "Exceeds Standard," 26 standards were rated "Meets Standard," and 2 standards were found "Not Applicable." Because, in part, the ASF had zero "Does Not Meet" ratings, and because of factors like its favorable layout, good supervision/monitoring, and its lack of sexual abuse allegations during the 36-month audit period, its classification as "Low Risk" for Standard 115.193 is well-justified, thereby accounting for all 31 standards.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	2
Number of standards met:	26
Number of standards not met:	0
Number of standards N/A:	2

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.

§115.111 – 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:

The provisions of this standard at the Alexandria Staging Facility (ASF) are incorporated into ASF Policy 10.1.1, "Sexual Abuse/Assault Prevention and Intervention (SAAPI) Program for Department of Homeland Security (DHS) Holding Facilities." The policy mandates zero tolerance toward all forms of sexual abuse or assault and outlines the facility's approach to preventing, detecting, and responding to such conduct.

§115.113 – Detainee supervision and monitoring.

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

Notes:

The provisions of this standard are incorporated into ASF Policy 10.1.1, citing Corporate Policy 5.1.2-C; the latter Policy requires each GEO facility to have a detainee/supervision plan and the former Policy provides the details. The security staff at ASF is deployed in 2, 12-hour shifts; the Auditor was able to view the operations on both shifts. CO's provide 24/7 supervision in the living units. The post orders for the open-bay units address the requirements for the detainees when they are awake and when they are asleep. Additionally, there is also camera (b) (7)(E) [REDACTED]. In the dorm areas the detainees go to their beds at 10:00 P.M. and lights are out at midnight, and the CO's are able to view their charges continuously and monitor access to the bathroom areas within the dorm. There are rovers to assist with supervision, and the number of CO's supervising the detainees increases when the detainees are in the dayroom areas either to use the exercise equipment, to watch television, or to eat a meal. In the two living units with double-occupancy cells, the cell doors are unlocked from 5:00 A.M. until midnight. The detainees can go and come from their cells, but only into their own cells. Supervision after midnight consists of CO's making documented rounds according to their post orders to verify the safety of the detainees in each cell. The Auditor verified the rounds through a review of the unit log. He also confirmed that upper-level management staff made unannounced rounds. CO's also staff the central control room, where they direct the opening/locking of living unit doors, the sally port, as well as handling the duty of continuously monitoring the ASF videos for the safety and security of detainees and staff. CO's additionally provide security coverage when the detainees arrive at ASF and depart from the facility. The Auditor reviewed the facility's detailed annual review of the monitoring and supervision plan, which the Warden had signed. The Warden headed the 5-person review team, which included 2 staff with PREA responsibilities.

§115.114 – Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

This standard does not apply to ASF. The administration confirmed to the Auditor that ASF is an adult male only facility and that no juveniles have ever been confined at this location. Staff interviews, documentation, and the Pre-Audit Questionnaire (PAQ) support the statements of the administration.

§115.115 – Limits to cross-gender viewing and searches.

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

Notes:

ASF Policy 10.1.1 sets out the limits to cross-gender viewing and searches. According to the CA, no strip searches are allowed without prior approval from the ICE Assistant Field Office Director (AFOD) in Oakdale, Louisiana. In the Auditor's interview with the Chief of Security, she stated that opposite-gender strip searches or opposite-gender visual body cavity searches must not be conducted except with approval from the AFOD and in exigent circumstances or when performed by medical practitioners. By Policy, such searches must be documented, with the written "Record of Search" form being maintained by an intake supervisor. The documentation must contain the name of the authorizing authority, the name and sex of the person being searched and of the person doing the searching, as well as time/place/date of the search, the rationale behind the search, and whether any weapons, drugs, or health conditions requiring immediate attention were found. There were no strip searches or visual body cavity searches during the 36-month audit period. The Chief of Security further stated that she and all officers on staff know how to conduct appropriate searches of transgender or intersex detainees. The CO's and lieutenants interviewed readily listed the steps involved in conducting searches with appropriate searching techniques (both pat searches, strip searches in exigent circumstances, and transgender/intersex searches), although they all stated that they had not had to perform anything other than pat searches during the audit period. According to the Chief of Security, detainees are pat searched upon arrival, after being seen in the medical department, and upon leaving ASF. Although the Auditor did not witness the process of arrival/departure searches since no arrivals or departures occurred during the on-site audit, he did observe several cross-gender pat searches at medical and in the living units. All of these pat-searches were done appropriately and respectfully. The CO's routinely review post orders when coming on shift, and the orders include, among other things, a directive regarding the need to search detainees when they return from any visit to the medical department. The Auditor viewed both the post orders and the unit log, which supported the requirement to search detainees who had been to medical and the compliance with this requirement. An interview with the Chief of Security provided the Auditor with information on the process of handling any transgender detainees who may be sent to ASF. Although ASF has a protocol for searching transgender detainees, in practice a detainee arriving on the grounds of ASF with any documentation showing a transgender status is diverted from the bus or plane without being searched and taken directly to an ASF vehicle for immediate transportation to LIPC or Pine Prairie ICE Processing Center (PPIPC). Although there were two such transfers during the audit period, per the process just described, neither of these detainees actually entered the facility. Consequently, there were no transgender detainees searched/held at ASF during the audit period. However, the detailed protocol in place for searching transgender detainees who might actually enter the facility goes beyond the requirements of subsection (e) of the standard. It adds such measures as (a) placing the detainee in a holding cell or area to provide for the individual's safety and to allow the individual a measure of privacy pending further review and (b) providing different ways of searching transgender and intersex detainees, with the

selection of the search method of to be determined by the facility administrator, although the detainee himself has the option to express a preference. Such preference must be documented. The Auditor had ample opportunity to see how staff handled the requirement for making opposite-gender announcements when entering an area where a detainee might be showering, changing clothes, or performing bodily functions. The announcements were made without fail in both English and Spanish. In regard to providing an appropriate amount of privacy without compromising security, ASF has paid careful attention to the placement of shower curtains, partial walls, partitions, and toilet and/or shower doors. There is excellent supervision at ASF, both direct and by camera, and any viewing of a detainee performing bodily functions, showering, or appearing in any stage of undress is limited or purely incidental, with this limited/incidental viewing occurring only with routine cell checks.

Although GEO security officers at ASF normally perform detainee searches, when interviewed by telephone the ICE Field Office Training Coordinator (FOTC) in New Orleans, Louisiana, stated that all DO's at the facility had been trained to conduct searches in a PREA-compliant manner; he verified that he was the keeper of these training records. The FOTC also confirmed the requirement for ASF to seek prior approval from the AFOD before conducting any strip-search or visual body cavity search. He stated that, to the best of his knowledge, there has never been a request for this type of search from ASF.

The Auditor viewed portions of the curriculum, such as a National Institute of Corrections video on search techniques and reviewed signed training rosters.

§115.116 – 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:

The provisions of this standard are incorporated into ASF Policy 10.1.1. ASF takes appropriate steps to ensure detainees with disabilities and detainees with limited English proficiency (LEP) have satisfactory access to the facility's zero-tolerance efforts to protect detainees from sexual abuse. The detainee handbook, PREA/SAAPI pamphlet, and posters are in English and Spanish. "I Speak Language Identification Guides" are prominently posted. ASF has a contract with Language Line Solutions to provide telephone/computer services to convey PREA information for LEP detainees needing interpretive services, as well as for hearing-impaired or visually-impaired detainees. The Auditor interviewed seven detainees informally and twenty formally; all of these detainees were LEP's and each one stated he received the handbook, pamphlet, and other PREA information in a language he understood. Each one said he had no problems communicating with staff. By policy and practice, ASF does not normally use detainee interpreters; the Auditor confirmed routine adherence to Subsection E.1.(c) and parts of Subsection E.1.(d) of the policy with the Chief of Security, an intake sergeant, and the PA. However, a second part of Subsection E.1.(d) provides that whenever a detainee expresses a preference for a detainee interpreter, there must be a determination that such interpretation is appropriate before a detainee interpreter can be used. Any use of a detainee interpreter in response to a request from another detainee must be justified and fully documented. Subsection E.1.(e) prohibits the use of any alleged abusers, detainees who witnessed the alleged abuse, or detainees who have a significant relationship with the alleged abuser as interpreters in matters relating to allegations of sexual abuse.

§115.117 – Hiring and promotion decisions.

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

Notes:

The provisions of this standard are incorporated into ASF Policy 10.1.1. This policy requires all staff to pass a background investigation to comply with this standard. Applicants must supply their work backgrounds, including past employers, and background investigations include contact with past employers. No one who would have direct contact with detainees will be hired or promoted if he/she has been administratively, civilly, or criminally determined to have engaged in sexual misconduct involving force or coercion in a confinement setting. The CA stated during her interview that all GEO employees have their initial and subsequent background checks done by ICE. There is a tracking system in place to ensure that updated background checks are made every five years and when staff are promoted. The Auditor's review of background investigations supplied by the CA confirmed the information she had provided. The Auditor additionally supplied a representative sampling of names to the Unit Chief (UC) of the Personnel Security Unit (PSU) of OPR—ICE, containing names of employees and/or contractors at ASF drawn from a list of workers from the following sources: ICE (two), IHSC (one), STG International (three), and GEO (four). The UC supplied confirmation that recordkeeping listed the pertinent dates related to background investigations/reinvestigations. For every name submitted, the records showed the employee's/contractor's date of initial background clearance, the date of the next investigation, and PSU comments on the date the reinvestigation would actually begin in order to meet the due date of the investigation.

Employees have an affirmative duty to disclose any misconduct related to sexual abuse, and disclosure of this type of information is also a part of an annual performance review. Falsification of (or material omissions of) information by any applicant is grounds for termination or for withdrawal of an offer of employment. The policy also provides that, unless prohibited by law, ASF will furnish information on substantiated allegations of sexual abuse by a former employee upon receiving a request for information from an institutional employer where the former employee is now seeking work. According to the CA, in practice such requests are redirected to the GEO corporate division. When the facility is contacted for a PREA reference check of a former employee, the requestor is directed to submit the request for PREA background information to preabackground@geogroup.com. Once the request is received at the corporate office, the corporate human resources team provides the information on the former employee to the requestor.

The CA told the Auditor that any volunteers or contractors permitted by GEO to have contact with detainees would undergo the same type of scrutiny as employees before assuming any duties, although it would be GEO doing the background investigations instead of ICE. Although there were no contractors working for GEO at ASF during the audit period, there is currently a volunteer minister who has been holding religious services in Spanish for the detainees for several years; he has had the required background investigation and is subject to the same affirmative duty as an employee to report any personal sexual misconduct issues. The Auditor reviewed this volunteer's background investigation to confirm the facility's practice of background investigations for volunteers. Although there are contractors who work for IHSC, GEO has no responsibility for hiring/promotion decisions related to IHSC or its contractors.

§115.118 – Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

This facility opened in 2014, and there were no upgrades to the facility or technologies during the audit period.

§115.121 – 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:

The provisions of this standard are incorporated into ASF Policy 10.1.1-A, "Investigating Allegations of Sexual Abuse and Assault and Evidence Collection in Immigration Holding Facilities and "Alexandria Staging Facility PREA Coordinated Response Number Twenty-Three." The PREA Investigator, the person designated by the Policy to conduct these investigations, told the Auditor that ASF is responsible for investigating allegations of sexual abuse, and it is important to follow uniform evidence protocols to allow the best opportunity to obtain usable evidence for administrative proceedings and criminal prosecutions. Following uniform evidence protocols developed in conjunction with DHS requirements is mandated in the Policy, which also lists steps of the protocol. The steps of the procedure are set forth in greater detail in the Coordinated PREA Response plan; the Auditor reviewed both of these documents for consistency with the standard. The Investigator handles any administrative investigations, and possible criminal investigations are referred to local law enforcement.

The Auditor also interviewed the IHSC Health Care Administrator (HCA), who informed him that she, the Assistant Health Care Administrator (AHCA), and the contract staff in the medical department have all completed PREA training through the on-line PALMS system; she also reported that she maintains the records of the training. Both the HCA and the AHCA seemed to be very knowledgeable about the PREA procedures required for the medical department when notified of an allegation of sexual abuse, including the provision not to treat or clean the victim unless failure to do so would cause a worsening of his condition. The detainee will be offered access to a forensic medical examination at a local hospital, with any refusal being documented. Services are provided at no charge to the detainee and without any requirement that he name a perpetrator or cooperate with any investigation. A Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) at CHRISTUS St. Frances Cabrini Hospital in Alexandria is available 24/7 to conduct any forensic medical examinations. The Auditor had a telephone interview with a SANE at the hospital; she confirmed this continuous coverage by qualified staff. The CA informed the Auditor that the community resource at the hospital for victim support and crisis intervention is STAR—Sexual Trauma Awareness and Response. She also advised the Auditor that attempts to date to offer the services of STAR at ASF have not been successful; documentation is on file wherein that entity has declined to become a resource for ASF. A record of any allegation of sexual abuse must be documented in accord with agency policy, and there have been no incidents during the 36-month audit period requiring the evidence protocols and the forensic medical examinations described in this standard. Since there were no allegations of sexual abuse or assault during the audit period, there have been no administrative investigations or any allegations referred to an outside entity for criminal investigations.

§115.122 – 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:

The provisions of this standard are incorporated into ASF Policy 10.1.1 and Policy 10.1.1-A. Every allegation is subject to either an administrative or criminal investigation through referral to an appropriate entity. By policy, the GEO corporate PREA investigative policy is published on its website, and the Auditor verified its inclusion on the website. ASF policy requires the shift supervisor must be immediately notified when an allegation arises. The shift supervisor responds to the location of the incident and also notifies the Duty Warden, who will then assume control. Various notifications must be made within two hours, including the Warden, the OIC, the ICE AFOD, the PREA Investigator, the CA, the corporate PREA Coordinator, and other designated individuals.

When APD gets such a referral, it evaluates the case and then either sends it back to ASF or refers it on to the Rapides Parish Sheriff's Office (RPSO) for investigation. The reason for any referral from APD to RPSO is that APD does not have appropriately trained investigators, while the RPSO does. The Auditor viewed a document signed by both ASF and RPSO setting forth their understanding of how any potential ASF criminal case would get to RPSO.

For all staff-on-detainee allegations, the Warden must report the allegations to the ICE Field Office Director or the AFOD; notice of such allegations would then be made from the Field Office to the Joint Intake Center. All referrals must be documented, and all reports and referrals of allegations must be kept for at least five years. ASF may also, in addition to any referrals, conduct its own investigation. ASF also has the responsibility to provide any detainee who is the alleged victim of criminal sexual abuse timely access to his U nonimmigrant status information.

Both the Warden and the Investigator confirmed the various processes described. The steps outlined to ensure investigation of allegations and appropriate agency oversight have not been used during the 36-month audit period since there were no allegations of sexual abuse.

§115.131 – Employee, contractor and volunteer training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

The provisions of this standard are incorporated into ASF Policy 10.1.1. The CA told the Auditor that all GEO staff had completed their initial PREA training, as well as their required refresher training. The standard requires refresher training "as appropriate." At ASF, the refresher training for employees is required an impressive four times a year. The initial PREA training for contractors and volunteers is the same curriculum as that for employees, and the refresher training for contractors and volunteers is required annually. The initial training covers the eight topics listed in the standard, such as the facility's zero-tolerance policy, procedures for reporting sexual abuse, and the need to limit reporting sexual abuse to personnel who have a legitimate need to know, along with an additional eight topics. The Auditor verified the information supplied by the CA, such as the four-times-a-year frequency of the employee refresher training, through reviewing a sampling of various documents, including lists of training topics and signed rosters. He also reviewed agency training records to verify that all GEO staff had been initially trained as required and reviewed seven employee training files. The training records give a cumulative view of when the employee was/has been trained and when the

next required training is due. GEO itself had no contractors during the audit period, but the Auditor confirmed the training of the facility's single volunteer through a review of his training file. However, IHSC contracts for services from nurse practitioners, registered nurses, physician's assistants, and licensed practical nurses through STG International. The HCA informed the Auditor that the training for these IHSC contractors is on-line through the Performance and Learning Management System (PALMS). She confirmed that all of the IHSC contractors had been trained and that she was the keeper of the records.

The Policy, reflecting the requirement of the standard, mandates that ASF maintain training records for at least five years; the CA confirmed that training records will be kept for at least that length. Although ASF has not actually been open for five years, the Auditor viewed training records from the opening of ASF in 2014 and determined that the Policy plus the training records from 2014 provide ample evidence that the intent is to keep the records for at least five years.

The Auditor was consistently impressed with the PREA knowledge of every one of the direct care staff interviewed. When the Auditor commented on their ready familiarity with PREA and how its principles were to be applied in their jobs, the Chief of Security, the two shift lieutenants, and the intake sergeant all attributed this knowledge to the excellence of the facility's training program. Although the standard requires merely that employees, volunteers, and contractors having contact with detainees be trained within two years of the effective date of the DHS PREA standards, with "refresher information" to be provided "as appropriate," ASF Policy and practice far exceeds this threshold. The facility's frequent, consistent and effective practice of training its own staff, contractors, and volunteers shows a commendable commitment to ensuring that everyone knows what the PREA policies of ASF are and how they are applied. The Auditor confirmed adherence to the rigorous training requirements of this Policy through interviews and a review of records. Based on these factors, ASF exceeds the requirements for this standard.

§115.132 – Notification to detainees of the agency's zero-tolerance policy.

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

Notes:

The provisions of this standard are incorporated into ASF Policy 10.1.1. The detainees arriving at ASF are from facilities all over the United States, and they have all been through PREA education at least once before they get to ASF. Nevertheless, during the intake process at ASF all detainees are given both a detainee handbook that spells out the zero-tolerance policy and a DHS SAAPI pamphlet. Detainees sign for these materials, and the Auditor reviewed documentation of the detainees' having received the handbook and pamphlet, both of which are in both English and Spanish. The Auditor observed informational PREA signs in the areas traversed by the detainees and also in their living units. The PREA signage was very prominently displayed, and the same posters were in the private office where the Auditor held his formal interviews with detainees. On the facility tour and during revisits, the Auditor informally questioned seven detainees about issues directly related to PREA. When responding to the questions, every detainee made reference to the signs on the wall, and another one also showed me his handbook.

§115.134 – Specialized training: Investigations.

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

Notes:

The provisions of this standard are incorporated into ASF Policy 10.1.1. The Auditor held a lengthy interview with the GEO PREA Investigator at ASF, the person charged with doing all investigations at ASF. He stated he had received the initial PREA training required of all employees having contact with detainees, all refresher training, and had also taken and passed the PREA investigator's training exam. The Auditor viewed a certificate reflecting the Investigator's having successfully completed the specialized training course; the Auditor also reviewed the curriculum of the course to verify its relevance to the duties of an investigator of sexual abuse in a confinement setting. The training was provided in a classroom setting from GEO, based on a curriculum from the PREA Resource Center designed for training PREA investigators. Additionally, the Investigator reported to the Auditor that he is currently scheduled for specialized investigator's training provided by OPR. The Investigator is qualified to conduct sexual abuse investigations at ASF, but there were no allegations to investigate during the 36-month audit period and, consequently, no investigative files to review.

§115.141 – 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:

The provisions of this standard are incorporated into ASF Policy 10.1.1. Before placing any detainees together in a double-occupancy cell, it is necessary to use the information available to determine whether a detainee may be at high risk of being sexually abused and to act accordingly to reduce any danger to a detainee. Detainees may remain at ASF as long as 72 hours, and ASF staff use the GEO PREA Risk Assessment Tool to screen detainees for their risk of being sexually abused or risk of being sexually abusive and to ask each detainee about any concerns for his physical safety. The Auditor viewed the risk assessment tool, which contained all of the items required by the standard--such as queries about prior victimization, criminal history, and preference for being identified as LGBTI, etc.--along with additional questions to aid in a useful assessment. The screener can check off information or write comments as needed, and the bottom of the form provides the space to document the actions that are recommended for a particular detainee. Although ASF has no single cells for placement, other options for a detainee at risk of victimization would include such measures as placing him in one of ASF's open dormitory units where he would be within continuous direct sight and sound supervision, or placement in an area actively monitored on video by a staff member close enough to intervene if a problem arose.

By policy ASF employees are prohibited from revealing responses to questions about sexual victimization or abusiveness to ensure that sensitive information is not exploited by employees or other detainees. This type of sensitive information is limited to need-to-know employees only for the purpose of security and management decisions.

The Auditor did not view the intake process since there were no detainee arrivals during the on-site audit, but the CA detailed the steps of the process during her interview with the Auditor. She also informed him that staff had been trained on all issues in this standard. Additionally, the Auditor's interviews with the Chief of Security, two lieutenants, an in-take sergeant, and several CO's reflected their in-depth knowledge of the screening process, the rationale behind it, and the proper ways to handle sensitive information. The Auditor reviewed 6 detainee risk assessment files; the 2nd shift intake sergeant confirmed that even though a PREA risk assessment would have already been completed elsewhere before a detainee arrived at ASF, another would be completed upon his coming to ASF.

§115.151 – Detainee reporting.

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

Notes:

The provisions of this standard are incorporated into ASF Policy 10.1.1. ASF offers detainees multiple sources of information on how to report sexual abuse, such as the reporting information in the detainee handbook, and PREA/SAAPI pamphlet, and the prominently-displayed posters throughout ASF. Specifically, these various sources of information inform the detainees how to make reports (verbal, written, anonymous, third-party, etc.) and how to contact the DHS Office of Inspector General (OIG) and consulates. For example, the posters and the detainee handbook both provide information on contacting the OIG. The handbook also refers to consulates, but the actual consulate contact information is available only on the posters. Agency policy and frequent training ensure that staff know how to accept verbal, written, anonymous, and third-party reports and how to handle such reports. A review of detainee materials such as the handbook, posters, and pamphlet, along with detainee interviews, verified that detainees knew how to report sexual allegations. Both formal and informal staff interviews verified they were all well-versed in the various ways to receive detainee reports and what procedures were mandated for handling such reports.

§115.154 – Third-party reporting.

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

Notes:

The provisions of this standard are incorporated into ASF Policy 10.1.1, which states that GEO will publicly post third-party reporting procedures on its website to show how someone can make a third-party report of sexual abuse on behalf of a detainee. The Auditor confirmed compliance with this standard as expressed through ASF policy by reviewing information at this web address: <https://www.geogroup.com/prea>. The site gives specific details for whom to contact and what information to give.

§115.161 – Staff reporting duties.

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

Notes:

The provisions of this standard are incorporated into ASF Policy 10.1.1. The CA stated during her interview that everyone has been trained on staff responsibility for reporting. The Auditor reviewed a sample of training records to confirm this statement. All of the direct care staff interviewed verified they are aware of their responsibility to report immediately any knowledge, suspicion, or information about any incident of sexual abuse or retaliation against detainees or staff who report an incident or participate in an investigation of such an incident. They are also to report any acts or omissions or employees that might have contributed to such an incident. Staff may report misconduct outside of the chain of command by calling or writing upper-level management or as indicated on the DHS OIG posters placed around the facility. Policy requires the information about the identity of the alleged victim and the specific facts of the case to be limited to staff who have need to know. ASF does not hold detainees under 18. Additionally, should a vulnerable adult arrive at ASF he would be routed from the bus or plane to a facility vehicle to be transported to LIPC; he would not be processed into ASF.

§115.162 – Agency protection duties.

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

Notes:

The provisions of this standard are incorporated into ASF Policy 10.1.1. When an ASF employee reasonably believes a detainee is at substantial risk of imminent sexual abuse, he/she must take immediate action to protect the potential victim. Employees are to report and respond to all allegations of sexually abusive behavior, acting with the assumption that all reports of sexual victimization, regardless of the source, are credible and respond accordingly. Only designated employees specified by policy should be informed of the incident, since it is important to respect the victim's security, identity and privacy. All allegations of sexual abuse must be handled in a confidential manner throughout the investigation. The direct care staff—the ones most likely to be aware of an imminent threat—all seemed confident during their interviews they would know how to protect a detainee facing imminent risk of abuse. One of the CO's specifically listed the steps she would take to intervene and protect a detainee before the incident could occur; she also reported what notifications she would make. Whether administrator or CO, everyone the Auditor interviewed knew how to properly handle any sensitive information regarding actual or threatened sexual abuse. The statements made during all of the interviews tracked the procedures found in the ASF policy. There were no reports during the 36-month audit period of any detainee being at substantial risk of imminent sexual abuse.

§115.163 – Report to other confinement facilities.

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

Notes:

The provisions of this standard are incorporated into ASF Policy 10.1.1. The policy requires that upon receiving an allegation of a detainee having been sexually abused while confined at another facility, ASF must contact the administrator of the facility where the alleged abuse occurred and report the information. The notification must be completed as soon as possible, but no later than 72 hours after the staff at ASF becomes aware of the allegation, and such notification must be documented. Interviews with the Chief of Security and the PREA Investigator confirmed their knowledge of the procedures outlined in this standard. The Auditor viewed a memo to the file signed by the Warden verifying there were no allegations during the 36-month audit period from any detainee of sexual abuse occurring at another facility. ASF did not receive any reports from another institution during the audit period that a detainee had been sexually abused while at ASF, but any such reports would be immediately forwarded to the investigator in the same manner as allegations arising from detainees currently housed at ASF.

§115.164 – Responder duties.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

The provisions of this standard are incorporated into ASF Policy 10.1.1 and supplemented in the facility's Coordinated Response/Twenty-Three. All security staff interviewed were very knowledgeable about what was required of them as a first responder when learning of an allegation of sexual abuse. They stated they would separate the victim from the perpetrator, secure the scene to protect and/or prevent the destruction of possible evidence, and contact the shift supervisor. The shift supervisor would act to protect the detainee and the scene and notify the Duty Warden, who would then take control of the scene. Within two hours of the occurrence the following would be notified: the Warden, the OIC, AFOD, the PREA Investigator, the CA, the corporate PREA Coordinator, and other designated individuals. Should the allegation involve a staff on detainee situation, only the Warden and the Investigator are to be notified of the specifics of the investigation; they would then make notifications and referrals as appropriate, such as preparing and submitting a Serious Incident Report (SIR) within 24 hours of all allegations of sexual abuse to the Regional Director of Operations, Senior Vice President of US Corrections, GEO's Chairman / CEO, General Counsel, and the DHS ICE Field Office. The Auditor interviewed the Chief of Security, 10 CO's, 1 intake sergeant, and 2 lieutenants regarding their duties as first responders. Each one could recite his/her responsibilities from memory. They all carried cards with first responder responsibilities along with their facility ID's, but no one even had to glance at the card to state his/her duties—in spite of not having had to act in the capacity of a first responder even once during the audit period. There were no allegations of sexual abuse or assault during the 36-month audit period. Because of the emphasis ASF has placed on developing proper responding/reporting strategies in the event of a sexual allegation, and because of the repeated training ASF provides, the facility exceeds the requirements of this standard.

§115.165 – Coordinated response.

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

Notes:

GEO Corporate Policy 5.1.2-C requires a coordinated response plan and ASF policy 10.1.1 makes some references about who must do what tasks if an allegation occurs, but it is ASF's PREA Coordinated Response/Twenty-Three that sets out in one place the detailed procedures at ASF for a multidisciplinary team approach to allegations. In addition to first responders, the multidisciplinary team consists of specific management officials, ICE staff, medical providers, the CA, and community resources from the local hospital and victim advocate services. Local law enforcement is notified immediately, and the Duty Warden or other top administrator (or a designee) must notify a number of designated staff/agencies (including the PA, the CA, IHSC, and the ICE AFOD) within two hours. Additionally, a SIR is transmitted within 24 hours to the GEO's Regional Director of Operations and other corporate officials and to the ICE Field Office. There are also protocols and parameters for how to handle the transfer of information if a victim must be sent to another DHS facility or to any non-DHS Part A or B facility. Under GEO's Corporate Policy 5.1.2-C, should such a transfer occur, GEO requires--to the extent permitted by law--the receiving facility to be informed of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. The "Notification of PREA Incident" form is the method of communicating the relevant information. The form must be completed by the PREA Compliance Manager or the on-duty GEO supervisor at the time of the incident; the form covers such matters as a description of the allegation, the potential need for medical or social services for the victim, and whether he has refused certain services, such as a referral for a forensic exam or a request for a victim advocate. The completed form is given to the transporting officer to give to the receiving facility, with ASF retaining a copy to become part of the investigative file. ASF uses a PREA checklist to aid in the team's response to allegations of sexual abuse so that no details are overlooked.

The Auditor interviewed the Warden and the CA about the procedures to be used for a multidisciplinary approach in the event of an allegation of sexual abuse. Based on these interviews, a review of the applicable policy, the PREA Coordinated Response document, and the PREA Incident Checklist for Incidents of Sexual Abuse and Assault, the Auditor could confirm that comprehensive protocols compliant with the standard are in place if needed. However, there were no allegations of sexual abuse to trigger the use of these protocols during the 36-month audit period.

§115.166 – Protection of detainees from contact with alleged abusers.

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

Notes:

The provisions of this standard are incorporated into ASF Policy 10.1.1 and Policy 10.1.1-A. In every case where the alleged abuser is an employee, contractor or volunteer, ASF policy prohibits any contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Any "no contact" order will be documented by facility management within 24 hours of an allegation, with such documentation kept as part of the related investigation file. An OPR referral shall be completed for all allegations in which staff is the alleged abuser. There were no allegations of sexual abuse during the 36-month audit period and consequently no occasion to use the protections supplied by these policies. During interviews with the Compliance Administrator and the Chief of Security, the Auditor confirmed that this is the procedure that ASF would follow to protect detainee victims.

§115.167 – Agency protection against retaliation.

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

Notes:

The provisions of this standard are incorporated into ASF Policy 10.1.1. ASF prohibits any type of retaliation against any staff or detainee who either has reported sexual abuse or cooperated in any related investigation. The Auditor interviewed the Warden about the agency's retaliation policy. The PA is the designated monitor for retaliation and would follow up on any potential abuse cases to ensure that the protections of this policy are enforced. ASF has protection measures available, such as placing a detainee victim in a single cell pending transport. Any monitoring of retaliation against a detainee would be short-term since his stay at ASF is brief, but potential retaliation against a staff member who possibly was involved in making an allegation or assisting with an investigation would be a matter of on-going monitoring. For at least 90 days following a report of staff sexual abuse by another employee, the PA will monitor the situation in order to intervene if necessary. Monitoring will include a private meeting every 30 days for 90 days with the employee; the monitoring will end if the allegation is determined unfounded. Any issues discussed with the employee or any action taken will be noted on the "Employee Protection from Retaliation Log." There were no allegations of sexual abuse during the audit period and consequently no issues of retaliation.

§115.171 – Criminal and administrative investigations.

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

Notes:

The provisions of this standard are incorporated into ASF Policy 10.1.1-A. An administrative or criminal investigation, done by qualified investigators, will be completed for all allegations of sexual abuse at ASF. The Auditor verified the facility PREA Investigator's qualifications. Criminal referrals from ASF are made to the APD, and if the APD finds the allegations to merit criminal investigation, the allegations are forwarded to the RPSO. Other ICE facilities may have a more straightforward referral process than ASF, but the referral from APD to RPSO is required since APD does not have properly trained investigators on staff, while there are suitable PREA-trained and qualified investigators at the RPSO. The Auditor viewed a Mutual Assistance Agreement between ASF and the RPSO setting out an agreement to work together in the event of the need for a criminal investigation at ASF. The departure of an alleged abuser or victim from the employment or control of the facility is not a basis for terminating an investigation. By policy ASF personnel will offer full cooperation to any outside agency conducting a criminal investigation of an incident at ASF, and any investigative reports will be sent to the GEO corporate PREA Director.

Any allegation that is substantiated after a criminal investigation will lead to an administrative investigation within 30 days; criminal investigations that determine an allegation to be unsubstantiated are then evaluated at ASF--and with the involvement of the proper investigative office within DHS--to determine the appropriateness of an administrative investigation. The Auditor verified that policy provisions were consistent with the requirements of the standard, such as the requirement to preserve evidence, to assess the credibility of victims and witnesses without regard to their detainee status, and to document the investigation with a written report. The facility PREA Investigator was very familiar with the process for administrative investigations and for referrals for criminal matters. The Warden, during his interview, also verified the process. However, since there were no allegations of sexual abuse during the 36-month audit period, no administrative investigations were conducted and no referrals were made for criminal investigations.

§115.172 – Evidentiary standard for administrative investigations.

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

Notes:

ASF 10.1.1-A sets forth the requirements of the standard. A preponderance of the evidence is necessary to substantiate an allegation of sexual abuse. A review of agency policy and interviews with the Warden and the Investigator verified this is the standard applied to administrative investigations of sexual abuse at ASF, although there were no administrative investigations during the 36-month audit period.

§115.176 – Disciplinary sanctions for staff.

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

Notes:

The provisions of this standard are incorporated into ASF Policy 10.1.1. Staff are subject to disciplinary or adverse action, up to and including removal from their position, for substantiated allegations of sexual abuse or violation of facility/agency policies. ASF must report all removals or resignations in lieu of removal for violations of these policies to appropriate law enforcement agencies, unless the activity was clearly not criminal. It must also report the action to any relevant licensing bodies. There were no substantiated staff on detainee investigations during the 36-month audit period. Interviews with the CA and the facility Investigator confirmed that no allegations had arisen; consequently, no investigations were conducted during the audit period, precluding any resignations arising from substantiated allegations.

§115.177 – 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:

The provisions of this standard are incorporated into ASF Policy 10.1.1. Any contractor or volunteer who engages in sexual abuse will be prohibited from contact with detainees and will be reported to law enforcement, unless the activity was clearly not criminal. Any relevant licensing bodies will also be notified. ASF will also make any required reports to the Joint Intake Center or another appropriate DHS investigative office in accordance with DHS policies and procedures. The Auditor determined compliance with this standard through a review of the policy, supporting documentation, and an interview with the CA. There were no allegations of sexual abuse by a contractor or volunteer during the audit period.

§115.182 – Access to emergency medical services.

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

Notes:

The provisions of this standard are incorporated into ASF Policy 10.1.1. Detainee victims of sexual abuse are to have timely, unimpeded access to emergency medical treatment and crisis intervention services, including sexually transmitted infections prophylaxis. On-site medical care for detainees is provided by IHSC, but IHSC does not perform forensic medical examinations or evidence gathering. If a sexual assault occurs, IHSC will make no attempt to clean or treat the victim unless the injuries must be treated to avoid a worsening of the victim's medical condition. Sexual assault victims from ASF are taken to CHRISTUS St. Frances Cabrini Hospital in Alexandria if they consent to medical treatment and/or examination at a hospital. The medical services are provided at no cost to the detainee and regardless of whether the victim names his abuser or cooperates with an investigation. Community resources are made available to the victim for crisis intervention and victim support through the medical facility where he may be treated, and the ASF CA informed the Auditor that the hospital had an agreement with a community resource for victim support, STAR—Sexual Trauma Awareness and Response. CHRISTUS St. Frances Cabrini Hospital has 24/7 coverage by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE) to conduct a forensic exam, which is performed only with consent of the victim. All refusal of services by the victim will be documented. The Auditor's interview with the Assistant Health Care Administrator at ASF confirmed her understanding of the procedure set forth in the policy. The Auditor also had a telephone interview with a SANE at St. Frances Cabrini Hospital to confirm the coverage by a SAFE or a SANE for forensic examinations. The process of providing access to emergency medical services was not used during the 36-month audit period since there were no allegations of sexual abuse or assault.

§115.186 – Sexual abuse incident reviews.

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

Notes:

The provisions of this standard are incorporated into ASF Policy 10.1.1. There must be a sexual abuse incident review at the conclusion of every sexual abuse investigation. The review team is composed of an upper-level manager, the CA, and medical/mental health practitioners. The corporate PREA Coordinator may attend via telephone or in person. By policy the team must meet within 30 days of the conclusion of an investigation. Consideration would be given to such matters as whether the incident was motivated by race, ethnicity, gender identity or status and/or gang affiliation. A “-DHS Sexual Abuse or Assault Incident Review” must be completed for every allegation, and within 10 days after the review, the team must make recommendations about any need for a change in policy or practice to improve prevention, detection, or response to sexual abuse on the “PREA After-Action Review Report.” The facility must then implement the recommendations or document its reasons for not doing so. Both the report and response would go to the Ice Field Office Director for transmission to the ICE PSA Coordinator. The facility will review annually all sexual abuse investigations and resulting incident reviews to assess and improve intervention, prevention and response efforts. If there have not been any reports of sexual abuse during the annual reporting period, then ASF will prepare a negative report using the “DHS Annual Review of Sexual Abuse Incidents” form. The CA confirmed her knowledge of the standard and what the ASF policy requires, including who should be placed on a review team and all reporting requirements. The Auditor reviewed the reporting forms, but because there was no allegation of sexual abuse at ASF during the audit period, the team did not meet. Consequently, there are no minutes or recommendations by such a team to review, although the reporting requirements have been met.

§115.187 – Data collection.

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

Notes:

The provisions of this standard are incorporated into ASF Policy 10.1.1. All sexual abuse data collected pursuant to this policy will be kept for at least 10 years after the date of initial collection. In a locked safe in the office of the PREA Compliance Administrator, ASF retains all pertinent case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling in accordance with these standards and applicable agency policies. Upon request, ASF will provide the data from the previous calendar year to the Office for Civil Rights and Civil Liberties no later than June 30. Any information that is published will be properly redacted to protect privacy. An interview with the Warden and the Compliance Administrator confirmed on-going compliance with this standard. There have not been any investigations of allegations of sexual abuse during the audit period, and therefore no records generated such as investigative reports, case disposition, etc.

§115.193 –Audits of standards.

Outcome: Low risk

Notes:

By ASF Policy 10.1.1 the facility is to be audited for DHS PREA compliance. The ASF is considered low risk due to (1) its staffing level, (2) the favorable layout of the facility that permits direct or camera viewing (except toilets and showers), and (3) its appropriate level of direct supervision. There is no unaccompanied movement of detainees, and in the double-occupancy cell units, detainees are allowed to enter only their own assigned cell. The Auditor observed the professional nature of all detainee-staff contacts. Through the use of Language Services Associates, the Auditor interviewed 20 detainees formally. They all said they felt safe at ASF and that staff treated them fairly and respectfully. There were no allegations of sexual abuse or assault during the 36-month audit period.

§115.201 – Scope of audits.

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

Notes:

The Auditor had full access to all parts of the facility and was able to speak informally with eight staff and seven detainees during the tour and revisits to the residential living units. Afterwards, the Auditor conducted 20 private detainee interviews in a medical office in an unoccupied dormitory-style living unit. He interviewed staff in private areas of both ICE and GEO administrative offices. The GEO staff formal interviews included the Warden, PA, Chief of Security, PREA Investigator, CA, 2 lieutenants, 1 Intake Sergeant, and 10 CO's. ICE staff interviewed included the OIC, an SDDO, a DO, the HCA, and the AHCA. Additionally, the Auditor conducted telephone interviews with the ICE FOTC in New Orleans and a SANE at St. Frances Cabrini Hospital in Alexandria. Through the Team Lead the facility provided policies and other documentation in advance, and the CA gave the Auditor supplemental documentation as requested throughout the on-site audit.

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.

Douglas K. Sproat, Jr.

August 17, 2018

Auditor's Signature & Date