

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Bryan K. Henson	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	270-994-(b) (6), (b) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	Miami
Field Office Director:	Marc Moore
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	865 SW 78 th Avenue, (b) (6), (b) (7)(C) Plantation FL 33324
Mailing address: (if different from above)	Same as above

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:	Broward Transitional Center		
Physical address:	3900 N. Powerline Road, Pompano Beach, FL 33073		
Mailing address: (if different from above)	Same as above		
Telephone number:	954-973-4485		
Facility type:	CDF		
Facility Leadership			
Name of Official/Officer in Charge:	Joel Ziegler	Title:	Warden/Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	954-957-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Shantreirra Monroe	Title:	PREA Compliance Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	954-957-(b) (6), (b) (7)(C)

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 Prison Rape Elimination Act (PREA) on-site audit of the Broward Transitional Center (BTC) in Pompano Beach, Florida was conducted on December 12-14, 2017, by Bryan K. Henson, a PREA Auditor contracted through Creative Corrections, LLC. This will be the first PREA audit for BTC. BTC is an Immigration and Customs Enforcement (ICE) contract detention facility, operated by The GEO Group Inc. with a designed capacity of 700 beds. The detention facility houses adult detainees, both male and female, to hold, process, and prepare individuals pending the results of a judicial removal review. The purpose of the audit was to determine compliance with The Department of Homeland Security (DHS) PREA standards.

The point of contact established for BTC was through the External Reviews and Analysis Unit (ERAU) Team Lead (b) (6), (b) (7)(C) provided the completed Pre-Audit Questionnaire (PAQ) along with supporting documents contained on a CD approximately 10 days prior to the on-site portion of the audit. Pre-audit preparation by the auditor included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed PAQ. The documentation reviewed included agency policies with corresponding attachments, procedures, forms, training records and curriculum, facility layout and other PREA related materials that were provided to demonstrate compliance with the PREA standards. The documentation submitted, to include the questionnaire, was very complete and very informative.

An in-briefing, led by the ERAU Team Lead (b) (6), (b) (7)(C) was conducted shortly after arrival at the facility on day one of the on-site review. Those in attendance at the in-brief were ERAU Section Chief (b) (6), (b) (7)(C), ERAU Team Lead (b) (6), (b) (7)(C), ERAU Management and Program Analyst (MPA) (b) (6), (b) (7)(C), DHS-Civil Rights and Civil Liberties (CRCL) Policy Advisor (b) (6), (b) (7)(C), GEO Warden Joel Ziegler, GEO PREA Compliance Administrator (PCA) Shantreirra Monroe, GEO PREA Investigator (b) (6), (b) (7)(C), GEO Assistant Warden (b) (6), (b) (7)(C), GEO Training Coordinator (b) (6), (b) (7)(C), GEO Food Service Manager (b) (6), (b) (7)(C), GEO Health Service Administrator (HSA) (b) (6), (b) (7)(C), (b) (6), (b) (7)(C), GEO PREA Director (b) (6), (b) (7)(C), GEO Compliance Manager (b) (6), (b) (7)(C), GEO Transportation Manager (b) (6), (b) (7)(C), ICE Enforcement and Removal Office (ERO) Supervisory Detention and Deportation Officer (SDDO) (b) (6), (b) (7)(C), ICE RO SDDO (b) (6), (b) (7)(C), ICE RO SDDO (b) (6), (b) (7)(C), GEO (b) (6), (b) (7)(C), GEO Fire and Safety Manager (b) (6), (b) (7)(C), GEO Maintenance Supervisor (b) (6), (b) (7)(C), GEO Security Chief (b) (6), (b) (7)(C), and GEO Executive Administrator (b) (6), (b) (7)(C). Once the introductions were given, the auditor introduced himself and provided a tentative audit schedule and an overview of the audit process.

Immediately following the in-brief, the Warden lead the auditor, ICE support team and a small group of GEO staff on a tour of the facility. All areas of the facility were toured to include medical, dining, visitation, facility yard area, phone banks, laundry, commissary, chapel, indoor/outdoor recreational areas, library, barbershops, sally port area, intake area, male and female housing and control center. The facility has (b) (6), (b) (7)(C) employees, of which (b) (6), (b) (7)(C) are security staff (b) (6), (b) (7)(E) and (b) (6), (b) (7)(C) medical staff, including (b) (6), (b) (7)(C) full-time medical doctor and (b) (6), (b) (7)(C) nurse practitioner. The facility has two buildings and three housing units. The housing is a room with four to six beds in each room. Each room has a separate bathroom/shower that is separated by a door and each shower has a curtain. Medical has two rooms that are normally used for medical observation, and if needed, for a detainee who may fear living in the general population. Over the preceding year, the average detainee population was 642 and the average stay was 52 days per detainee. The detainee count at the facility on the first day of the on-site review was 664 (577 males and 87 females). The auditor spoke informally with both staff and detainees during the tour. A staff member was used as an interpreter to speak informally to detainees during the tour. The auditor made note of cross gender announcements being made while touring, interaction between staff and detainees, the separation maintained through staff supervision between male and female detainees, and the placement of cameras throughout each of the areas toured at the facility, as well as any potential (b) (6), (b) (7)(E). During the tour, it was found that audit notices were posted throughout the facility, as well as other PREA posters highlighting reporting methods and sexual abuse and assault zero tolerance. The auditor received one letter of correspondence that contained concerns unrelated to PREA. The letter was forwarded to facility leadership to be handled as they deemed appropriate.

Immediately following the tour, the auditor began interviewing both staff and detainees. The interviews were conducted in the orientation classroom that had a window. The interview room allowed for confidentiality, as well as a secure location. Interview samplings for staff and detainees were selected randomly by the auditor from GEO provided facility staff and detainee rosters. The detainee random selection included a proportioned number of both male and female detainees. Each housing unit was represented. The auditor remained at the facility beyond normal working hours to interview additional facility staff. On day two of the on-site review, the auditor arrived at the facility prior to 0500 hours to conduct random interviews of additional facility staff. The auditor interviewed a total of 19 detainees, which included 15 random, four targeted, one limited English proficient (LEP) and three detainees who reported sexual victimization during risk screening. Facility staff reported there were no detainees who had filed a grievance related to sexual abuse, who had reported sexual abuse, no detainee with a disability, no juveniles or no transgender or intersex detainees at the facility. It should be noted that of the 19 total detainees interviewed, 17 of them required a language interpretive service. The interpretive service used was Languages Services Associates. Languages that required interpretive services for the interviews were Spanish and Arabic. In addition, the auditor interviewed 26 staff, including 12 designee staff, 14 random staff (representing all shifts and various posts). The auditor also made contact with the Nancy J. Cotterman Center (NJCC) to discuss the interventions and support provided to BTC as the facility's victim advocate service. BTC reported one allegation of sexual abuse that occurred during the review period. The case file was provided to the auditor during the on-site review. This case was investigated and the allegation was determined to be unfounded.

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.

On Thursday, December 14, 2017, (day 3), an exit-briefing was conducted at approximately 4 p.m. local time. The exit-briefing was opened by ERAU Team Lead (b) (6), (b) (7)(C) and then turned over to the auditor for an overview of the on-site findings and a close-out summary. Those in attendance for the briefing were ERAU Section Chief (b) (6), (b) (7)(C) ERAU Team Lead (b) (6), (b) (7)(C) ERAU MPA (b) (6), (b) (7)(C) DHS-CRCL Policy Advisor (b) (6), (b) (7)(C) GEO Warden Joel Ziegler-Warden, GEO PCA Shan Monroe, GEO PREA Investigator (b) (6), (b) (7)(C) GEO Assistant Warden (b) (6), (b) (7)(C) GEO Training Coordinator (b) (6), (b) (7)(C) GEO HSA (b) (6), (b) (7)(C) GEO PREA Director (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) GEO CM (b) (6), (b) (7)(C) ICE ERO SDDO (b) (6), (b) (7)(C) ICE ERO SDDO (b) (6), (b) (7)(C) ICE ERO SDDO (b) (6), (b) (7)(C) GEO Security Chief (b) (6), (b) (7)(C) GEO Programs Manager (b) (6), (b) (7)(C) and GEO Assistant Warden (b) (6), (b) (7)(C)

During the exit-briefing, the auditor discussed his observations made during the on-site review. The auditor observed that staff had a very good rapport with the detainees. The interaction between staff and detainees was seen as very professional and the morale of both staff and detainees appeared high. There was a good presence of staff on the yard and in the housing areas. In the work areas where there were multiple detainees and only (b) (7)(E) staff to supervise, the supervision was always supplemented by video monitoring. Any (b) (7)(E) and the entrance and exits were covered by video monitoring. There was a designated staff member in the control center who monitored the cameras.

Of the 41 standards reviewed, the auditor found that BTC exceeded three standards (115.31, 115.32 & 115.54), met 37 standards, had zero standards in non-compliance, and had one standard (115.14) that was non-applicable. As a standard practice, whenever the auditor reviews random files to confirm compliance with a practice, the auditor reviews at least three random files unless. There was a recommendation to establish a written rule for the detainees to prohibit them being in a state of undress anywhere in their rooms except the bathroom/shower area. Through discussions with both staff and detainees, it was found this practice was informally enforced. Including the rule in the handbook will ensure that everyone understands this expectation and minimize the opportunity for this to occur. Also, to continue to strengthen the relationship and broaden the awareness for the victim advocates, the auditor recommended the facility invite the staff/volunteers from NJCC on a regular basis to come into the facility. Tours and visits of this nature will help educate staff and detainees, as well as reduce potential problems when NJCC is called upon to serve the facility in any crisis intervention role.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	3
Number of standards met:	37
Number of standards not met:	0
Number of standards N/A:	1

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) BTC policy BTC-1-15: Sexual Assault/Abuse Prevention/Intervention mandates zero tolerance towards all forms of sexual abuse. The policy also details the facility's approach to preventing, detecting, and responding to such conduct.
- (d) BTC has a designated Prevention of Sexual Assault Compliance Manager (PSACM). This designation is supported by a review of the facility's organizational chart which also supports the PSACM's appropriate authority as she answers directly to the Warden. The PSACM indicated through interviews that she has sufficient time to oversee the facility's efforts to comply with sexual abuse prevention.

§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) Facility policy BTC-1-15 ensures the supervision requirements and staffing levels. The auditor reviewed the BTC staffing analysis and samples of staffing schedules for all shifts, as well as the layout of their video monitoring capabilities which ensures sufficient supervision. BTC has comprehensive detainee supervision guidelines which are outlined by security post orders that detail the supervision duties for each respective area of the facility. The auditor also reviewed an annual assessment from August 2017 demonstrating compliance with sections (a) and (b).
- (c) The review included consideration of each required item in determining adequate levels of supervision and noted one occurrence where they experienced a deviation from the staffing plan. They documented the supporting justification as well as the proper notification to ICE for the deviation.
- (d) The auditor reviewed a sample of log entries where unannounced rounds were made by designated supervisors. He also reviewed a random sampling of log entries while on site. The interviews of supervisors and staff supported that these unannounced rounds were being made on both day and night shift and that other staff are not alerted when these rounds are being made. The log entries, although logged on a consistent basis, were not consistently identified as an unannounced round made for purposes as outlined in the standard. A recommendation was made to use language in the log books that consistently identify these rounds as "unannounced" or "PREA" that will make it easier to distinguish between these type rounds and regular security rounds made by supervisors.

§115.14 – Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

This standard does not apply to BTC, as they reported that no juveniles are detained at this facility. The interviews and the on-site review support that report.

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

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

Notes:

- Facility policy BTC-1-15 mirrors the standard language for each section. (a-f) A review of a memo from the PSACM indicated no cross-gender pat down, strip, or body cavity searches have occurred within the year preceding the audit. No juveniles are housed at BTC. Interviews of staff support that cross-gender searches of any type are prohibited at BTC.
- (g) Facility policy BTC-1-15 contains language that specifically enables detainees to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. The policy also requires staff of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing. The cross-gender announcement was observed during the on-site review and supported through interviews of detainees and staff.
- (h) The facility is not a family residential facility.
- (i) Interviews of both security staff and medical staff support that BTC does not conduct such searches for sole purpose of determining the detainee's genital characteristics.
- (j) Although the facility reports they have had no transgender or intersex detainees, the interviews support that security staff are trained on how to conduct such searches of transgender and intersex detainees. The auditor reviewed curriculum and training records that supported such training. The auditor was provided a demonstration by a detention officer on how to properly conduct such searches.

§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-c) Facility policy BTC-1-15 supports each section of the standard to include that BTC shall ensure that detainees with disabilities have an equal opportunity to participate in or benefit from the facility's efforts to prevent, detect, and respond to sexual abuse. Written materials are provided in formats that ensure effective communication. The on-site review reflected they have devices such as TTY for those deaf, hard of hearing, or speech impaired to aid in using the telephone to communicate. They also have a lighting magnifier for those who have low vision issues. The intake staff interviews supported that they make every attempt to identify any disability when arriving at the facility. They work one-on-one if needed to break down the orientation information for those who may have intellectual, psychiatric or speech disabilities.

(b, c) A majority of the detainees have limited English proficiency (LEP), and they have many staff who can be used as interpreters. Also, they have an agreement with Language Line Services Inc. to provide interpretive services for any language requested. The PREA information is played on the televisions in each dayroom on a specific channel and the video is looped in different languages with closed captioning abilities. The interviews with both staff and LEP detainees supported the above information as well as not utilizing minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser for interpretive services in matters relating to allegations of sexual abuse.

§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:

Facility policy BTC-1-15 supports each section of the standard. The auditor reviewed sample job applications for both initial hires and those who had recently been promoted. Background checks were also checked on these as well as contractors and staff that had been at the facility longer than five years. All had the appropriate background checks conducted. The review demonstrated the facility does not hire or promote anyone as prohibited in section (a). The interviews supported all sections of the standard, including that potential employees as well as contractors would not be considered for hire if they had any such prohibited behavior as indicated in section (a), or if material omissions regarding such misconduct were found, that it would be grounds for termination or withdrawal of an offer of employment. The review also supported that new hires and those promoted were asked about previous misconduct as described in section (a). If new hires indicate they have previously worked at an institution, the facility will submit a request to that institution requesting information regarding sexual misconduct incidents. The interviews supported that if the facility received a request, they would provide information on substantiated allegations of sexual abuse involving a formal employee as described in section (f). All staff were also asked about previous misconduct in their annual evaluations, which included a continuing affirmation to disclose any such conduct.

§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) There was no documentation provided that indicated the facility underwent any expansions or modifications since May 6, 2014. BTC-1-15 does provide language to support that if the facility is expanded or modified, they will consider the effect such changes will have on its ability to protect detainees from sexual abuse.

(b) The facility did provide documentation where it had installed two panic buttons per room giving detainees the ability to alert staff in case of any emergency that occurs in the rooms, to include any incident related to sexual abuse. There was also documentation submitted enhancing the service agreement for their video monitoring equipment that has resulted in camera additions and upgrades periodically with the latest upgrade in September 2017. This, as well as the panic buttons was to aid the facility safety and monitoring coverage in enhancing their ability to protect detainees from sexual abuse as confirmed in the interviews with both the Warden and the PSACM. Facility policy BTC-1-15 also has language to ensure section (b) compliance.

§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) Facility policy BTC-1-15 and the BTC Coordinated Response Plan both detail an evidence protocol that maximizes the potential for securing and obtaining physical evidence for administrative proceedings and criminal prosecutions. The policy and plan are coordinated with ICE under DHS. BTC detains no juveniles.
- (b) The protocol includes intervention by Nancy J. Cotterman Center (NJCC), a rape crisis center which provides victim advocate services 24/7. There is an interagency agreement between BTC, ICE, and NJCC.
- (c) Interviews provided support that Sexual Assault Nurse Examiners (SANE)s are always available at NJCC, and in the rare case that a SANE is not available at NJCC, North Broward Hospital serves as a back-up for SANE services. Since the current BTC/GEO/NJCC MOU does not reflect SANE services provided by NJCC, the auditor recommends this information be added when the MOU is updated. There is no cost to detainees for such exams.
- (d) The auditor contacted the NJCC and information provided included their ability to provide victim advocate support at the hospital during any forensic exam and investigatory interviews when requested by the detainee.
- (e) Documentation was provided on-site that requested an MOU (currently pending a response) with Broward Sheriff Office, and requesting they follow the requirements outlined in sections (a)-(d) of this standard.

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

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

Notes:

- (a) The GEO Group Inc. policy number 5.1.2-F Investigating Allegations of Sexual Abuse and Assault and Evidence Collection in Immigration Detention Facilities ensures that each facility shall have a protocol ensuring all allegations of sexual abuse are investigated by the appropriate investigative authority. Facility policy BTC-1-15 describes a protocol that ensures that all allegations of sexual abuse are investigated by the appropriate investigative authority. The policy refers all potentially criminal allegations to the Broward Sheriff's Office who has jurisdiction for criminal investigations. The policy also provides appropriate oversight to ensure such investigations are conducted by requiring notification to the ICE Field Office Director, the Joint Intake Center, the ICE Office of Professional Responsibility (OPR) or the DHS Office of Inspector General. The facility investigators conduct all administrative investigations. In accordance with U.S. Immigration and Customs Enforcement policy 11062.2: Sexual Abuse and Assault Prevention and Intervention, the ICE OPR has oversight responsibilities to ensure all components of the investigative process have been conducted, as well as coordinating all investigative efforts with federal, state, or local law enforcement or facility incident review personnel.
- (b) The protocol describes the responsibilities of the investigatory entities, and GEO policy 5.1.2-F requires appropriate storage and retention of all documentation for at least five years.
- (c) The investigative protocol is posted on the agency website, www.geogroup.com/PREA, as well as posted in the lobby and visitation area for the facility.
- (d, e, f) The protocol ensures all the appropriate notifications and referrals as noted above in section (a) are completed. The auditor reviewed the case file of the one allegation of sexual abuse while on site. It was reported as directed in the policy, and properly referred to the Broward Sheriff Office.

§115.31 – Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

- (a, b) Facility policy BTC-1-15 includes the requirement that all staff shall be trained in each required bullet of section (a). The auditor reviewed the training curriculum and it contained all training requirements in section (a). Random training records were checked and confirmed that staff receive the required refresher training annually. Interviews with staff reflected they received PREA pre-service training, annual refresher training, and quarterly PREA update training, conducted by the PSACM on-shift, which exceeds the expectations of the standard.
- (c) The auditor reviewed documentation confirming that staff completed the training. Interviews with staff support that they completed the training.

§115.32 – Other training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a, b, c) Facility policy BTC-1-15 requires volunteers and contractors to be trained on their responsibilities under the agency and facility sexual abuse prevention, detection, intervention, and response policies and procedures. The auditor reviewed the training curriculum and it does notify them of the facility's zero tolerance policies regarding sexual abuse as well as how to report such incidents. It covers information similar to what is presented during staff PREA training which exceeds the standard. Reviewed training records for volunteers and contractors contained written confirmation that training was received. Both volunteers and contractors receive annual refresher training which again exceeds the standard. Interviews with volunteers and a contractor supported they had received such training.

§115.33 – Detainee education.

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

Notes:

(a) Facility policy BTC-1-15 ensures detainees receive required information on the facility's zero tolerance policies for all forms of sexual abuse and includes the six bullets of information required by section (a) of the standard. The auditor reviewed the material provided and it covered each element of the standard.

(b) Interviews of both staff and detainees confirmed that the information is provided in formats accessible to all detainees. Written materials are provided in formats that ensure effective communication. The on-site review reflected they have devices such as TTY for those deaf, hard of hearing, or speech impaired to aid in using the telephone to communicate. They also have a lighting magnifier for those who have low vision issues. The intake staff interviews supported that they make every attempt to identify any disability when arriving at the facility. They work one-on-one if needed to break down the orientation information for those who may have intellectual, psychiatric or speech disabilities. The facility has the PREA educational video available on a television channel accessible by all detainees that has closed captioning for multiple languages.

(c) The auditor reviewed a random selection of detainee files that confirmed detainee participation.

(d, e) The auditor observed during the tour and throughout the on-site visit, the DHS Sexual Abuse and Assault Awareness Pamphlet, the posters with the PSACM's name on it, and the Nancy J Cotterman Center Poster with contact information. These were posted in multiple areas and available in multiple languages. The local organization (NJCC) was available in only English and Spanish, but the National Rape Crisis line was available in multiple languages and calls to this number are routed back to NJCC. This was also supported in BTC-1-15.

(f) The auditor reviewed the detainee handbook and reporting information was included on page 22.

§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) Facility policy BTC-1-15 states that BTC Investigators who investigate allegations of sexual abuse shall be trained in conducting investigations on sexual abuse and effective cross-agency coordination. This is in addition to the training mandated in standard 115.31. BTC has one Investigator ((b) (6), (b) (7)(C)) for allegations of sexual abuse. The auditor reviewed the specialized training certificate presented to ((b) (6), (b) (7)(C)) as verification for completion. Training records reflect that ((b) (6), (b) (7)(C)) also completed training required by standard 115.31. The curriculum used for the specialized training was developed by The Moss Group which was used as a resource on the PREA Resource Center. Staff interviews support that such training was conducted and completed by the BTC Investigator. ICE OPR/ERO have staff that have the potential duties to conduct an investigation of an allegation of sexual abuse. Although they had not conducted any investigations of sexual abuse at BTC within the review period, the auditor reviewed a list of staff identified as potential investigators as well as written documentation verifying they had been trained in conducting investigations on sexual abuse, and completed the training required in standard 115.31. A training matrix was also provided that supported the required training is provided to OPR/ERO Investigators and Fact Finders.

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

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

Notes:

(a, b) Facility policy BTC-1-15 indicates all full-time and part-time medical and mental health practitioners who work regularly in the facility shall receive the specialized training as required in standard 115.35. The policy also indicates this specialized training shall be in addition to the general training required in standard 115.31, and that medical staff at BTC shall not conduct forensic examinations. As supported through interviews, such exams are conducted off-site primarily at NJCC, and North Broward Hospital would serve as a back-up. The auditor reviewed the training objectives used for the specialized training and it covers all required topics. The auditor also reviewed the training records provided which indicate that all 21 medical and medical health staff at BTC have completed the specialized training as well as the training required in standard 115.31. Staff interviews support that such training was received.

(c) Documentation was submitted and reviewed that indicated the BTC policy 1-15, that requires such training, was reviewed and approved by ICE/DHS.

§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) Facility policy BTC-1-15 requires all detainees be assessed utilizing an objective screening instrument during intake to identify those likely to be sexual abusers or sexual abuse victims and shall be housed to prevent sexual abuse, including taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the facility. Detainee and staff interviews support the above noted policy and section (a) and (b) requirements. The auditor randomly selected detainee files to review initial assessments to ensure they were completed within the 12-hour time limits.

(c, d) The auditor reviewed the screening instrument and all required elements are considered for both sections (c) victimization and (d) abusiveness. Number (c5) (The nature of the detainee’s criminal record) in the standard under screening for victimization is somewhat vague/general, and required further discussions with the medical staff who routinely conduct such assessments in order to clarify that consideration was being given to the nature of the detainee’s criminal record. By asking the screening questions related to a detainee’s criminal record and matching the detainee’s responses to information obtained from forms I- 213 and I-216. Screening staff adequately review information related to a specific detainee’s criminal record. The auditor found that screening staff consider each element.

(e) The auditor randomly selected detainee files to review the reassessments and all were conducted within the 60-90 days of the initial assessment. A review of the one allegation in this review period found that the detainees involved had reassessments conducted supporting section (e). Staff and detainee interviews support section (e) of standard.

(f) Facility policy BTC-1-15 and staff interview responses support that detainees are not disciplined for refusing to answer any of the screening questions.

(g) Facility policy BTC-1-15 requires appropriate controls on the dissemination of responses to questions asked on the screening instrument in order to ensure that sensitive information is not exploited to the detainee’s detriment. Staff interviews support this practice.

§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) Facility policy BTC-1-15 ensures screening information is used to determine housing, recreation, other activities, and voluntary work. Interviews with medical staff indicate that any at-risk detainee will be individually and closely considered by medical and security staff working together prior to making any housing assignment, or any other placement in recreation, other activities, and voluntary work as noted in the standard. The high level of staff supervision, as well as BTC not housing at-risk abusers (as reported by the facility) due to the low custody of BTC, makes it easier to ensure a safe environment for at-risk victims.

(b) Facility policy BTC-1-15 ensures when making assessment and housing decisions for a transgender or intersex detainee, the facility shall consider the detainee’s gender self-identification and an assessment of the effects of placement on the detainee’s health and safety. The facility shall consult a medical or mental health professional as soon as practicable on this assessment. The facility should not base placement decisions of transgender or intersex detainees solely on the identity documents or physical anatomy of the detainee. The facility reports that no transgender or intersex detainees have been housed at BTC during the year preceding the audit. Staff interviews support all that practice in such cases aligns with the policy.

(c) Staff interviews support that transgender and intersex detainees shall be given the opportunity to shower separately from other detainees. It should be noted that all showers are individual showers and have curtains. There are also two medical rooms that have separate showers if needed. The facility reports no transgender or intersex detainees at facility.

§115.43 – Protective custody.

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

Notes:

- (a) Facility policy BTC-1-15 ensures the facility develops such written procedures in consultation with ICE as required in section (a). The procedures are outlined in detail with reasons for such placement in accordance with BTC-1-15. Interviews with the Warden supported that these written procedures were developed in consultation with ICE as required.
- (b) Facility policy BTC-1-15 reflects the use of administrative segregation to protect detainees vulnerable to sexual abuse is restricted to reasons listed in section (b). The facility has no administrative segregation unit, but if a detainee needs to be segregated, the facility shall assign the detainee to the medical department which has two rooms that are to be used for their protection until an alternative placement can be arranged. The policy reflects assignment shall not ordinarily exceed 30 days. The auditor reviewed the one allegation that occurred in the past 12 months in which the facility placed the detainee in a medical observation room and met the timelines as outlined in section (b). The facility provided documentation that demonstrated their efforts to ensure they were seeking alternatives to administrative segregation (medical room in this case) while also ensuring they were protecting the detainee who was potentially vulnerable to sexual abuse.
- (c) Facility policy BTC-1-15 provides such access as required in section (c). In review of the one allegation, the case file did not reflect that the detainee was not prohibited from any programs, visitation, counsel, or other services available to the general population.
- (d, e) Facility policy BTC-1-15 provides for all such reviews and notifications required in sections (d) and (e). The review of the one allegation documented that required notifications were made, and the detainee received a review within 72 hours by a supervisor to determine if the alternative housing was still warranted. Alternative housing was provided prior to the required seven-day review.

§115.51 – Detainee reporting.

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

Notes:

- (a) Facility policy BTC-1-15 provides multiple ways for detainees to privately report, as well as avenues to make the required contacts. These methods of reporting are posted on multiple bulletin boards, posters, detainee handbooks, and pamphlets given out during intake screening.
- (b) BTC uses The Office of the Inspector General (OIG) as the reporting method outside of GEO/BTC or ICE that detainees can report any allegation of sexual abuse. The contact information is posted throughout the facility. The auditor did successfully conduct a test call to OIG to confirm their ability to forward such reports back to the agency/facility and allow the detainee to remain anonymous, if requested.
- (c) Facility policy BTC-1-15 mandates that staff are to accept reports made verbally, in writing, anonymously, and from a third party. Staff interviews support this mandate.

§115.52 – Grievances.

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

Notes:

- (a, b, e) Facility policy BTC-1-15 allows for a detainee to file a formal grievance related to sexual abuse. The policy prohibits any time limits on submission of such a grievance and facility response timelines adhere to section (e) of the standard. The facility reports that no grievances in the past 12 months have been filed related to sexual abuse.
- (c) The facility has a written procedure to handle emergency grievances related to sexual abuse. This written procedure is included in the detainee handbook and routes the emergency grievance directly to the BTC Warden. Interview of the grievance coordinator verified the process.
- (d) Facility policy BTC-1-15 requires staff to bring medical emergencies to the immediate attention of proper medical personnel. This action was supported by staff interviews.
- (f) Facility policy BTC-1-15 allows for detainee to obtain assistance in filing such a grievance from those listed in section (f). Staff interviews support such an allowance.

§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) The agency (GEO Group Inc.) and The Nancy J Cotterman Center (NJCC) have entered into an inter-agency collaboration for NJCC to serve the BTC and its detainees for victim advocate service related to victims of sexual abuse. The NJCC is included in the BTC's sexual abuse prevention and intervention protocol.

(c) Posters are posted throughout BTC with contact information for NJCC. This information is posted in English and Spanish. It should also be noted that the National Rape Crisis contact information is available in multiple languages and these calls are routed back to the local organization (NJCC).

(d) Facility policy BTC-1-15 indicates the facility shall ensure reasonable communication with Outside Confidential Support Services and inform the detainees of the extent their communications with these services are monitored, and when reports of abuse will be forwarded to authorities. There is information provided on the phones, as well as information provided during orientation via the National Detainee Handbook, medical/mental health packet information, and other posted and orientation information to the detainees informing them of the extent of monitoring of such communications, as well as informing them in general when reports of sexual abuse are forwarded to authorities. Although this does meet the standard, the auditor would recommend that more specific information be added to the orientation information of the extent that the local victim advocate is mandated to report sexual abuse to authorities. Additionally, once the information is added, it should also be posted (for a short period of time) to inform the current population. Upon discussing this recommendation with the PSACM, she had already begun the process of revising the mental health brochure that all detainees receive upon arrival. This revision will detail when the local victim advocate service (Nancy J. Cotterman Center) is mandated by law to report sexual abuse to authorities. It should also be noted that when the PSACM discussed this with NJCC, they indicated that anytime they communicate with someone requiring victim services, they do inform them of such reporting obligations.

§115.54 – Third-party reporting.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

BTC has established more than one method for third parties to report incidents of sexual abuse. The auditor reviewed the GEO Group Inc website (<https://www.geogroup.com/prea>) and these methods were posted. Also, the auditor observed that BTC has posted them to the public, in their lobby, as well as the visitation area. This exceeds the requirements of the standard. The standard is supported in policy BTC-1-15.

§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) Facility policy BTC-1-15 requires all staff to report as noted in section (a) and (b) of the standard. Staff interviews confirmed this mandate to report, as well as the need for confidentiality surrounding such reporting. The facility policy BTC-1-15 also provides a method for staff to privately report an incident of sexual abuse outside their chain of command. The auditor reviewed documentation indicating the agency had reviewed and approved the facility policy addressing such reporting requirements.

(d) Although specifically addressed in Facility policy BTC-1-15, the facility reports that neither juveniles or vulnerable adults would be housed at BTC.

§115.62 – Protection duties.

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

Notes:

Facility policy BTC-1-15 not only mirrors the language provided in this standard, but provides guidance regarding the staff member's action after a report of sexual abuse is received through first responder duties. Staff interviews support that appropriate action is taken to protect the victim.

§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) Facility policy BTC-1-15 ensures that if an allegation is made at BTC that a detainee was sexually abused at another facility, BTC will document that report (as well as the forwarding of the information) and report it to the facility where the abuse occurred within 72 hours of receiving the allegation. The policy also ensures if the facility receives such a notification, they refer it for investigation and the appropriate ICE Field Office is notified. The facility reports they have not received any allegations requiring they implement this reporting protocol. Interviews with the Warden confirm this process would be the practice if such an incident occurs.

§115.64 – Responder duties.

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

Notes:

(a, b) Facility policy BTC-1-15 ensures the first security staff responding to an allegation of sexual abuse shall be required to complete items (1) through (4) as outlined in section (a) of the standard. The policy also addresses the responsibilities of a non-security staff member in such cases. These responsibilities were confirmed through interviews with staff who were potential first responders.

§115.65 – Coordinated response.

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

Notes:

(a) The auditor reviewed the BTC PREA/SAAPI written Coordinated Response Plan that included a separate checklist to assist in ensuring each item is completed. The plan was very detailed and included all necessary areas of response. The checklist is a great tool for the shift supervisor and other leadership use.

(b) The plan reviewed included required actions for multiple staff to demonstrate a team approach to responding to sexual abuse allegations.

(c, d) The auditor reviewed on site the one allegation case where the victim was transferred between facilities and the case file documented the appropriate notifications to the receiving facility.

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

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

Notes:

Facility policy BTC-1-15 requires all employees, contractors, and volunteers suspected of perpetrating sexual abuse be removed from all duties pending the outcome of an investigation. Interviews with the Warden confirmed this practice.

§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) Facility policy BTC-1-15 prohibits retaliation against any person, including a detainee, for reasons stated in section (a) of the standard.

(b, c) Facility policy BTC-1-15 ensures multiple protection measures are employed to protect against retaliation. For at least 90 days, or longer if there is a continuing need, following a report, the facility monitors items outlined in section (c) to ensure there are no incidents of retaliation. Interviews with the Warden and PSACM support these measures are in place. PSACM reports no claims of retaliation in past 12 months. The facility utilizes a Protection from Retaliation Log for monitoring detainees, and an Employee Protection from Retaliation Log for monitoring staff. The auditor reviewed the one allegation case file from February 2017, and the Protection Log for monitoring detainees which was completed by the PSACM.

§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) Facility policy BTC-1-15 ensures the facility makes its best effort to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing possible subject to the requirements of 115.43. The policy requires victims not be held longer than five days in any type of administrative segregation, except as noted in section (b) of the standard. The policy also prohibits detainee victims who have been in protective custody from being returned to general population until a reassessment has been completed to consider any increased vulnerability as a result of the sexual abuse. The auditor reviewed the one allegation case file from February 2017, and found that the victim was held four days in a medical room prior to being transferred. A reassessment was conducted prior to the detainee's transfer. It was also noted that the appropriate notifications to ICE authorities were made.

§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) BTC does conduct administrative investigations into allegations of sexual abuse. The facility policy BTC-1-15 requires those investigations be done promptly, thoroughly, and objectively, and be conducted by specially trained, qualified investigators. BTC has one PREA investigator, and she has completed the specialized investigator training as required in 115.34.
- (b) Facility policy BTC-1-15 requires administrative investigations within 30 days of the conclusion of criminal investigations where the allegation was substantiated, and when the allegation is unsubstantiated if the evidence reviewed determines such an investigation is necessary, and only after consultation with the appropriate investigative office within Department of Homeland Security (DHS).
- (c) Facility policy BTC-1-15 contains a written procedure for administrative investigations that include all required components of section (c). The procedure does govern the coordination of both administrative and criminal investigations to ensure an internal investigation does not compromise the process for criminal prosecution. The auditor’s review of the one allegation case file in Feb 2017, found that it contained all the components required to include proper coordination between investigative entities.
- (e) Facility policy BTC-1-15 mirrors section (e) and (f) of the standard. The review of the Feb 2017 case file supported that departure of either abuser or victim did not terminate the investigative process as the investigation was completed after the victim was transferred. The review reflected the BTC investigator remained informed of the progress of the outside criminal investigation.

All sections of standard were supported by staff interviews with the Warden, PSACM, and the investigator.

§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:

Facility policy BTC-1-15 ensures the required standard of evidence to determine an allegation substantiated. Staff interviews supported the policy and standard.

§115.73 – Reporting to detainees.

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

Notes:

Facility policy BTC-1-15 ensures such reporting/notifications do occur. The auditor’s review of the one allegation case file from Feb 2017, did support that notification was provided. Interview with the Warden also confirms this practice.

§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:

Facility policy BTC-1-15 contains language to ensure staff are subject to disciplinary action up to and including removal from their position and Federal service for substantiated allegations of sexual abuse or for violating sexual abuse policies. Also, ensuring all removals or resignations for such incidents or violations to the appropriate law enforcement agency or relevant licensing body. BTC reports no occurrences where these actions would have occurred. The interviews with the Warden supported the facility practice with each section of the standard.

§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:

Facility policy BTC-1-15 contains language to ensure any contractor or volunteer who has engaged in sexual abuse shall be prohibited from contact with detainees. The policy requires reporting such an incident to law enforcement or any relevant licensing body. Those suspected of such an incident, shall be removed from all duties pending the outcome of an investigation. The policy also requires the facility to consider whether to prohibit further contact with detainees who have not engaged in sexual abuse, but violated other provisions of these standards. BTC reports no occurrences where these actions would have occurred. The interviews with the Warden supported the facility practice with each section of the standard.

§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:

Facility policy BTC-1-15 contains language that mirrors each section of standard 115.78 to support compliance. The facility had no occurrences in the past year that would have required such disciplinary actions. The auditor did review the formal disciplinary process used by BTC. The interviews with the Warden support that BTC practices are compliant with standard 115.78.

§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) Facility policy BTC-1-15 ensures that detainees who indicate prior victimization or abusiveness through the assessment pursuant to 115.41 are immediately referred to the medical and/or mental health practitioner for follow-up. The auditor reviewed a sampling of files where detainees had revealed prior victimization, and in each case, they were seen by the appropriate practitioner within the timelines set in sections (b) and (c). Staff interviews supported this facility practice.

§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) Facility policy BTC-1-15 indicates that detainee victims of sexual abuse shall receive medical treatment and crisis intervention as required in section (a). The policy ensures the treatment is provided at no cost and regardless of whether the victim cooperates with the investigation as required in section (b). The one allegation from Feb 2017, included medical and mental health assessment, as noted on the sexual assault protocol form. Interviews with the Health Services Administrator confirm these provisions as practice for BTC.

§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) Facility policy BTC-1-15 requires BTC to offer medical and/or mental health evaluations to detainees who have been victimized by sexual abuse while in immigration detention. Such evaluations were confirmed in the interview with the Health Service Administrator.
- (b) Facility policy BTC-1-15 ensures, if appropriate, the treatment and follow-up necessary as required in section (b).
- (c) Facility policy BTC-1-15 ensures that the services provided are consistent with the level of care the individual would receive in the community.
- (d, e) Facility policy BTC-1-15 require BTC to offer victims of vaginal penetration by a male abuser a pregnancy test, and information about lawful pregnancy related services as well as timely access to those services. All victims are offered tests on sexually transmitted infections as medically appropriate as required by section (e).
- (f) Facility policy BTC-1-15 ensures treatment without cost and regardless of whether the victim names the abuser or cooperates with investigation.
- (g) Facility policy BTC-1-15 ensures BTC will attempt to conduct a mental health evaluation of all known detainee on detainee abusers within 60 days of learning of such abuse history and offer treatment if deemed appropriate by mental health practitioners. The auditor’s review of the one allegation in Feb 2017, found that a mental health evaluation was conducted on the alleged abuser the same day the allegation was reported. The auditor’s interview with the Health Service Administrator also supported the BTC practice was compliant with the standard.

§115.86 – Sexual abuse incident reviews.

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

Notes:

- (a) Facility policy BTC-1-15 requires BTC to conduct a sexual abuse review within 30 days of the conclusion of every sexual abuse investigation. A review of the one completed investigation (unfounded finding) documented that a sexual abuse review was conducted within the required timeline.
- (b) A review of the sexual abuse incident review resulting from the one allegation from Feb 2017, demonstrates the team considered all required items of section (b).
- (c) Documentation was provided that demonstrated BTC conducted the annual review as outlined in section (c) and that the annual review was provided to all required recipients.

§115.87 – Data collection.

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

Notes:

Facility policy BTC-1-15 requires BTC to maintain the required items and documents from 115.87 in a secure area in accordance with the established schedules. The interview with the PSACM confirmed this practice.

§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 was able to tour BTC and observed all areas of the facility. The auditor was able to re-visit areas as requested. He was provided relevant documentation for review in order to properly conduct the audit. The auditor was able to conduct private and confidential interviews with staff, contractors, volunteers, and detainees. The audit notice was posted and the auditor received one letter of correspondence from a detainee.

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.

Bryan K Henson

Auditor's Signature & Date

January 7, 2018