

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



**Homeland  
Security**

**AUDIT DATES**

<b>From:</b>	12/17/2019	<b>To:</b>	12/19/2019
--------------	------------	------------	------------

**AUDITOR INFORMATION**

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

**PROGRAM MANAGER INFORMATION**

<b>Name of PM:</b>	(b) (6), (b) (7)(C)	<b>Organization:</b>	Creative Corrections LLC.
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	202-381-(b) (6), (b) (7)(C)

**AGENCY INFORMATION**

<b>Name of agency:</b>	U.S. Immigration and Customs Enforcement (ICE)
------------------------	--

**FIELD OFFICE INFORMATION**

<b>Name of Field Office:</b>	Seattle
<b>Field Office Director:</b>	Nathalie Asher
<b>ERO PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	12500 Tukwila International Blvd, Seattle, WA, 98168
<b>Mailing address: (if different from above)</b>	Click or tap here to enter text.

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

**Basic Information About the Facility**

<b>Name of facility:</b>	Northwest ICE Processing Center
<b>Physical address:</b>	1623 East J Street, Tacoma, WA, 98421
<b>Mailing address: (if different from above)</b>	Click or tap here to enter text.
<b>Telephone number:</b>	253-396-1611
<b>Facility type:</b>	CDF
<b>PREA Incorporation Date:</b>	12/14/2016

**Facility Leadership**

<b>Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Facility Director
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	253-396-(b) (6), (b) (7)(C)
<b>Name of PSA Compliance Manager:</b>	(b) (6)	<b>Title:</b>	Lieutenant
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	253-396-(b) (6), (b) (7)(C)

**ICE HQ USE ONLY**

<b>Form Key:</b>	29
<b>Revision Date:</b>	08/14/2019
<b>Notes:</b>	

## NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The Prison Rape Elimination Act (PREA) audit of the Northwest ICE Processing Center (NWIPC) was conducted on December 17-19, 2019, by Thomas Eisenschmidt, U.S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA Auditor for Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager, (b) (6), (b) (7)(C) a DOJ and DHS certified PREA Auditor. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE External Review Analysis Unit (ERAU) section during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. The NWIPC is privately owned by the GEO Group, Inc. and operates under contract with the DHS, Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO). The facility processes detainees who are pending immigration review or deportation. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities held at NIWIPC are from Mexico, India, and Honduras. The facility does not house juveniles or family detainees. This was the second DHS PREA audit for NIWIPC and included a review of the 12-month audit period from 12/16/18 through 12/17/2019. NWIPC is located in Tacoma, Washington.

The ICE ERAU Team Lead opened the entry briefing at 7:30 A.M. on the first day of the on-site visit. In attendance were:

(b) (6), (b) (7)(C) Facility Administrator  
(b) (6), (b) (7)(C) Assistant Facility Administrator  
(b) (6), (b) (7)(C) Chief of Security  
(b) (6), (b) (7)(C) PSA Compliance Manager  
(b) (6), (b) (7)(C) Acting Health Services Administrator (HSA), ICE Health Service Corp (IHSC)  
(b) (6), (b) (7)(C) – Assistant Health Services Administrator (AHSA), IHSC  
(b) (6), (b) (7)(C) Deputy Counsel-ICE  
(b) (6), (b) (7)(C) - Detention Service Manager (DSM)- ICE  
(b) (6), (b) (7)(C) Assistant Officer in Charge (AOIC)  
(b) (6), (b) (7)(C) - ERO PREA Field Coordinator-ICE  
(b) (6), (b) (7)(C) Inspections and Compliance Specialist, ICE, Office of Professional Responsibility (OPR), ERAU

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

The audit began with a tour of NWIPC booking/intake area and included all housing units, the medical services department (with nine infirmary beds), recreation, food service, the library, visiting area, and facility support areas. There are seven multiple occupancy holding cells. (b) (7)(E)

Each of the hold rooms has a toilet that is not in direct view of any staff creating privacy concerns either. Detainees remain in this area until assessed by both the intake staff and medical/mental health staff. The facility houses detainees in 21 housing units that include open bay/dormitory style beds and multiple occupancy cells. Three of these housing units house by female detainees. All three of the female housing units are gender specific requiring female staff. Twelve male units were open and operational during the site visit. These male detainee housing units are not gender specific staffed. The remaining 6 of the 21 housing units were closed and unoccupied. The facility has 78 segregation cells. The Auditor observed detainees are able to shower, dress and use the toilet facilities without exposing themselves to employees of the opposite gender. When entering the detainee housing units cross gender announcements were made. Signage was observed in each of the housing units and inside the holding cells providing detainees with PREA educational information, the zero-tolerance policy, methods for reporting sexual misconduct, and victim advocacy (Rebuilding Hope) contact information. The information was predominantly in Spanish and English with reporting information on ICE Zero Tolerance posters also in Arabic, French, Simplified Chinese, Haitian Creole, Portuguese, and Vietnamese. The detainee reporting DHS OIG reporting hotline was tested and checked from two housing locations. The PREA audit notices were also observed in multiple locations throughout the tour to include the detainee housing and entrance to the facility. During the course of the site visit, the Auditor conducted informal interviews with staff and detainees, questioning them on their knowledge of PREA. (b) (7)(E)

At the conclusion of the tour, the Auditor was provided with a staff and detainee roster. The Auditor randomly selected both staff and detainees for formal interviews. The Auditor interviewed 12 random staff (including line-staff and first-line supervisors), and also specialized staff to include: the acting Facility Administrator, PSA Compliance Manager, Human Resources, Training Supervisor, intake staff, Administrative Investigator, Grievance Coordinator, Classification Supervisor, Advocacy Supervisor, medical staff and mental health staff. The Auditor interviewed a total of 30 random detainees. Thirteen detainees interviewed were limited English proficient (LEP) and required the use of a language line through Language Services Associates (LSA) provided by Creative Corrections. There was one detainee, who had filed a sexual abuse allegation, still present at the facility for the Auditor to interview. The Auditor was provided with an overview of the intake procedures which included the initial classification of the detainees. The detainee intake process is completed by the booking officer and the classification staff person. Each detainee is provided written PREA educational information to include: NWIPC Detainee Handbook; ICE Sexual Abuse and Assault Awareness pamphlet; and the ICE National Detainee Handbook. The countries of origin for detainees interviewed were Mexico, Guatemala, Africa, Honduras, South Korea, China, India, and Bangladesh.

There were 16 allegations reported during the audit period; 12 were closed and 4 were open cases. Of the 12 closed allegations, 1 was staff-on-detainee, 11 were detainee-on-detainee. The investigative outcome of the staff-on-detainee allegation of sexual abuse was found to be unsubstantiated. The investigative outcomes of the 11 closed investigations of the detainee-on-detainee allegations were: 5 unsubstantiated, 3 substantiated, and 3 unfounded. The 16 allegations were referred to outside law enforcement for investigation. The ICE OPR was notified of all the allegations as documented in the investigation files. There were no cases referred for prosecution. A cursory review was conducted on all 12 closed investigations. The Auditor completed an in-depth file review of five randomly selected administrative investigations, which included substantiated, unsubstantiated, and unfounded investigative findings.

On December 19, 2019 an exit briefing was held in the NWIPC staffing conference room. The Team Lead opened the briefing and then turned it over to the Auditor.

In attendance were:

(b) (6), (b) (7)(C) Facility Administrator  
(b) (6), (b) (7)(C) Assistant Facility Administrator  
(b) (6), (b) (7)(C) - Chief of Security  
(b) (6), (b) (7)(C) – PSA Compliance Manager  
(b) (6), (b) (7)(C) Facility Health Program Manager  
Commander (b) (6), (b) (7)(C) Acting HSA, IHSC  
(b) (6), (b) (7)(C) Assistant Officer in Charge (AOIC)  
(b) (6), (b) (7)(C) Inspections and Compliance Specialist OPR, ICE, ERAU

The Auditor discussed observations made during the onsite portion of the audit and was able to give some preliminary findings. The Auditor informed those in attendance he was appreciative of the hospitality received, and for the professionalism provided by all staff during the visit. Tension was nonexistent between staff and detainees and the Auditor observed constant interactions in a positive manner throughout the onsite visit. Both staff and detainees interviewed had a good understanding of PREA and knew what mechanisms are in place to report incidents of sexual misconduct if needed. It was clear to the Auditor, staff of NWIPC take PREA seriously and have fostered a culture to better prevent, detect, and respond to sexual misconduct.

## SUMMARY OF AUDIT FINDINGS

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

**Number of Standards Exceeded: 2**

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

**Number of Standards Met: 33**

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

**Number of Standards Not Met: 4**

§115.15 Limits to cross-gender viewing and searches  
§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient  
§115.33 Detainee education  
§115.41 Assessment for risk of victimization and abusiveness

**Number of Standards Not Applicable: 2**

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

## PROVISIONS

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

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

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

**Notes:**

(c) The GEO Corporate policy 5.1.2-D Sexually Abusive Assault Prevention and Intervention (SAAPI) Program for Immigration Detention Facilities and NWIPC policy 3.1.1 Sexual Abuse / Assault Prevention and Intervention Programs are the facility policies mandating zero tolerance toward all forms of sexual abuse outlining the facility's approach to preventing, detecting and responding to such conduct. According to the interview with the Facility Administrator these policies were approved by ICE and signed by the AFOD. The Auditor was provided a signed policy 3.1.1 page with the AFOD signature.

(d) The facility has a designated PSA Compliance Manager that is held by a Lieutenant. The PSA Compliance Manager confirmed he was the facility point of contact for the Agency PSA Coordinator. He also confirmed he has sufficient time and authority to oversee the facility's efforts to comply with the facility sexual abuse prevention and intervention policies and procedures.

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

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

**Notes:**

(a)(b)(c) According to the interview with the Facility Administrator the staffing requirements for NWIPC are defined within the contract between ICE and GEO. He confirmed the staffing vacancy rate never falls below 5% of the authorized positions. He further stated each of the three shifts at NWIPC has an established number of detainee supervision positions that cannot be deviated from. Interviews with each of the shift Watch Commanders confirmed that should an occasion occur where they need to close a security position, the Duty Officer is to be notified who in turn notifies the Facility Administrator. The Facility Administrator informed the Auditor that NWIPC maintains sufficient supervision of their detainees through their staffing guidelines and video monitoring. He stated NWIPC monitors and reviews these supervision guidelines annually taking into account the standard requirement elements outlined in subpart (c) of the standard. The Auditor was provided the most current annual review of the Annual PREA Facility Assessment completed 9/29/2019 addressing each of these standard element requirements. The interviews with the PSA Compliance Manager and the Investigator confirmed that in every case, video footage is reviewed during the investigation which was also supported through the review of the investigation files. Through the review of the incident reviews and investigation file, there were no files that identified video monitoring concerns.

(d) The NWIPC policy 3.1.1 requires supervisors conduct and document unannounced security inspections, on each shift, within their respective areas to identify and deter sexual abuse of detainees. This policy further prohibits staff from alerting other staff of these inspections. Interviews with the Watch Commanders from each of the three shifts confirmed they make unannounced rounds to each area where detainees are held. The Auditor spot checked the living area logbooks and found signatures of supervisors making these inspections.

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

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

**Notes:**

NWIPC does not accept juveniles or family detainees. This was confirmed in the PAQ and with interviews conducted with the Facility Administrator and PSA Compliance Manager.

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

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

**Notes:**

(b)(c)(d) The NWIPC policy 3.1.1 states cross-gender pat-searches of male detainees shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. It further restricts cross-gender pat-down searches of female detainees, absent exigent circumstances. In any instance where a cross-gender pat-search is completed, this policy requires it be documented in Attachment N (Cross Gender Pat Search Log) of this same policy. The facility PAQ indicated the facility had not conducted any cross-gender pat-searches of either a male or female detainee within the last 12 months. Random staff interviews indicated that staff had not conducted cross-gender pat-searches. Interviews with 30 random detainees indicated they were pat searched by staff of the same gender.

(e)(f) The NWIPC policy 3.1.1 states cross-gender strip searches and cross-gender visual body cavity searches (meaning a search of the anal or genital opening) are prohibited except in the exigent circumstances including consideration of the officer safety, or when performed by medical practitioners. The PAQ and interviews conducted with the PSA Compliance Manager and Facility Administrator indicated that NWIPC had no cross-gender strip/cavity searches performed in the last 12 months. The PSA Compliance Manager and Facility Administrator also confirmed that if one of these searches were ever conducted it would be documented as required by policy. The facility did provide documentation for the Auditor for same gender strip searches conducted within the last 12 months.

(g) The NWIPC policy 3.1.1 requires NWIPC have procedures that enable detainees to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement. This policy 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. Interviews with both female and male detainees confirmed security staff of the opposite gender announce their presence prior to entering the detainee living areas. Male and female random staff interviewed confirmed they announce their intention to enter the housing units prior to entering. With the exception of four cells located in the medical unit, the Auditor was further able to determine through observations made during the site visit that detainees can shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender in the general population living areas as

well as the facility segregation unit. The Auditor observed when entering the detainee housing units cross gender announcements were made. The random detainees acknowledged that opposite gender staff typically announce their presence prior to entering detainee housing.

**Does Not Meet: (b) (7)(E)**

These cameras clearly showed the toilet area to the control center staff who monitor these cameras, creating a cross gender viewing concern as staff of the opposite gender may be assigned to this control area. The facility must eliminate the possibility of cross gender viewing (i.e. change in operating procedures, pixelating of video camera coverage, and/or movement of cameras). To demonstrate compliance, the facility must provide photos of the camera changes, video clips, and/or policy directives for compliance review.

(h) NWIPC is not a Family Residential Facility

(i) The NWIPC policy 3.1.1 prohibits NWIPC from searching or physically examining a detainee to determine their genital status. If the genital status is unknown, it may be determined during private conversations with the detainee, by reviewing medical records, or by learning that information as part of a standard medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private by a medical practitioner. This prohibition was confirmed by security staff during the random staff interviews.

(j) There were no transgender or intersex detainees present at NWIPC at the time of the site visit. The facility training curriculum for staff was reviewed by the Auditor. The curriculum included a video covering the proper procedures for conducting pat-down searches of transgender and intersex detainees. The training was compliant with the standard requirement in all material ways. The interview with the training staff member and review of staff training records confirmed all security staff have received proper training on how to perform pat searches in a professional and respectful manner, and in the least intrusive manner. Security staff were able to communicate proper pat search procedures during interviews

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

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

**Notes:**

(a)(b) The NWIPC policy 3.1.1 requires individuals in a GEO Facility or Program with disabilities (i.e. those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) and/or limited English proficient have an equal opportunity to participate in or benefit from the facility's efforts to prevent, detect, and respond to sexual abuse. According to intake staff, each detainee arriving at NWIPC receives the GEO Supplement to the National Detainee Handbook; ICE Sexual Abuse and Assault Awareness pamphlet; ICE National Detainee Handbook and view a PREA video. Except for the ICE National Detainee Handbook, which is available in 11 of the most prevalent languages encountered by ICE, these other documents are available in Spanish and English. Intake staff interviews confirmed that when they are confronted with a detainee that may be hearing impaired or deaf, information is provided to them in writing or through use of a text telephone (TTY). Detainees who are blind, according to these staff, would be provided individualized service by the intake staff including the reading of the information to him or her. Detainees at NWIPC that have a low intellect or limited reading skills would typically receive services from medical staff or mental health staff depending on the degree and extent of the disability. Detainees who are LEP are provided with interpretative services, either through available staff or ERO Language Services. According to random staff, there are currently two videos that are required to be played daily. The "Know your Rights" video produced by ICE and a PREA informational video produced by the National Institute of Correction (NIC) titled "Speaking Up, Discussing Prison Sexual Assault," both available in Spanish and English. Neither were observed being played during the three-day site visit. When staff was questioned as to why the video was not playing, the Auditor was informed the video was not working. The Auditor interviewed 30 detainees, none who were blind, hard of hearing or with intellectual disabilities were present at NWIPC. Six of these detainees indicated that they did not receive information in a format that they understood.

**Does Not Meet (b):** Documentation found in all LEP detainee institutional records that were interviewed did not demonstrate that information was provided to these detainees in either a language that they could understand or through the interpretive services as the policy requires. The Auditor was unable to determine if the information was, in fact, provided to them as documentation in their records did not indicate information was provided in a format they understood or was provided through an interpreter. The facility must provide LEP detainees PREA information in a language they understand and document the method. The facility must demonstrate compliance through providing a sampling of 10 LEP detainee files, spanning a period of thirty-days, of different languages (not English or Spanish) documenting the detainees received the PREA information in a language they understand for compliance review.

(c) The NWIPC policy 3.1.1 requires in matters relating to sexual abuse, the facility provide in person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for a detainee interpreter, and the facility determines that such interpretation is appropriate. Any use of these interpreters under these types of circumstances shall be justified and fully documented in the written investigative report. Random security staff interviews confirmed their knowledge of the restrictions of detainee interpreters in sexual abuse cases. The Auditor interviewed a LEP detainee who made a sexual abuse allegation. He indicated that telephonic interpretation services were used during his investigation. The review of his investigative case file also indicated that interpretation services were utilized.

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

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

**Notes:**

(a)(b)(e)(f) The Auditor based compliance on these subparts of the standard after review of policy 3.1.1 prohibiting NWIPC from hiring or promoting anyone who may have contact with detainees, and will not enlist the services of any contractor or volunteer who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); who has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. Review of Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program 6-7.0, and ICE Suitability Screening Requirements for Contractor Personnel Directive 6-8.0, require anyone entering into or remaining in government service, employee or contractor, undergo a thorough background examination for suitability and retention. The ICE Personnel Security Unit (PSU) Division Chief (b) (6), (b) (7)(C) detailed candidate suitability, for the Auditor, indicating all applicants are obligated to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did

not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. Each applicant is questioned directly about any such previous misconduct both during their background check and during the job interview process and a positive response to any of those specific questions are grounds for unsuitability including material omissions or making false or misleading statements in the application. The HR staff person confirmed that during the application process and any promotions, GEO makes its best efforts to contact all prior institutional employers of an applicant for employment or promotion to obtain information on substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse, and unless prohibited by law, the facility would provide information on substantiated allegations of sexual abuse involving former employees upon request from an institutional employer for which the employee has applied to work seeking new employment. She also indicated GEO performs a background check on all staff promotions and stated any promotions for lieutenant or above the AFOD requested to be notified before promoting the employee. The Auditor reviewed five personnel files (contractor/ and staff) and found background checks were completed prior to the staff/contractor employment start date and were approved by ICE for hire.

(c)(d) Federal Statute 731.00 Employment Suitability and ICE Suitability Screening Requirements for Contractor Personnel Directive 6-8.0 requires the agency to conduct a thorough investigation on everyone to determine access into government employment or into one of their facilities. Federal Statute 731.105 requires reinvestigations every 5 years. The Auditor did a random check on 10 employees (six- GEO and four-ICE) at NWIPC. Each of their backgrounds were current and up to date according to the background investigation dates provided by ICE.

### **S115.18 - Upgrades to facilities and technologies.**

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

**Notes:**

(a) A review of the PAQ and interviews conducted with the Facility Administrator and PSA Compliance Manager confirmed the facility has not acquired a new facility or made a substantial expansion to the existing facility since the last audit.

(b) A review of the PAQ and interviews conducted with the Facility Administrator and PSA Compliance Manager confirmed the facility has not installed or updated their video monitoring system, electronic monitoring system, or other monitoring technology since the last audit.

### **S115.21 - 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) NWIPC follows uniform evidence protocols as outlined in NWIPC policy 3.1.1 that maximize the potential for obtaining usable physical evidence, for both administrative proceedings and criminal prosecutions: PREA allegations may also be investigated through ICE OPR or the DHS Office of Inspector General (OIG). Agency policy 11062.2 outlines the agency's evidence and investigation protocols. Per policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the FOD and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS OIG, OPR, or local law enforcement agency, the case would be referred to ERO for assignment and completion of an administrative investigation. The facility Investigator confirmed NWIPC's investigation protocols are followed in each administrative investigation conducted. The Auditor found these investigative policy protocols, as required by policy, in each of the five in depth investigative files reviewed. As noted earlier in the report this policy was reviewed and approved by the AFOD.

(b)(d) NWIPC has a Memorandum of Understanding (MOU), dated 2013 with no sunset date, with Rebuilding Hope to provide valuable expertise and support in the areas of crisis intervention and counseling to most appropriately address detainee victims' needs. This local community advocate provides victim services following incidents of sexual abuse. The Auditor spoke with the Director of Rebuilding Hope, who confirmed her trained advocates provide emotional support, crisis intervention, information, and referrals. She also confirmed that her group has a relationship with both the hospital and the local police department, allowing a trained advocate to accompany the victim through any forensic exam and investigative process if requested. Contact information, by the telephone, for this community advocate service is posted in Spanish and English in each housing unit at NWIPC. The NWIPC Detainee Handbook details the extent to which these calls are monitored. Most detainees, when questioned, were aware of the victim support services offered by the facility. Those who were not aware of the services, indicated they were not interested enough to read the information. The in-depth review of five investigative files noted advocacy information was provided to each detainee. The interview with a detainee who alleged sexual abuse indicated he was provided information on Rebuilding Hope. Both the PSA Compliance Manager and Investigator confirmed detainee victims of sexual abuse are provided this advocacy information. The cursory inspection of all 11 completed investigative files indicated each was provided this advocacy information.

(c) The NWIPC Medical Department is managed and operated by the U.S. ICE Health Service Corps (IHSC). Forensic exams are not conducted on site. Detainee victims requiring such services are taken to one of the local hospitals, St Joseph's Hospital or Tacoma General Hospital. The interview with the HSA at NWIPC confirmed both facilities have a Sexual Assault Nurse Examiner (SANE) available around the clock if needed and at no cost to the detainee. During the previous 12 months, one detainee was sent to the hospital for a forensic exam. It was not performed as the hospital believed too much time had gone by to obtain useable forensic evidence.

(e) The Tacoma Police Department, according to the Facility Administrator and PSA Compliance Manager, are contacted in every case of sexual abuse alleged at NWIPC and would conduct the criminal investigation if it was determined a crime was committed. The Facility provided written documentation requesting the Tacoma Police Department follow the requirements of paragraphs (a) through (d) of this section but did not hear back from them. Case file review indicated the Tacoma Police Department was notified in cases of sexual abuse. The Tacoma Police Department completed no criminal investigations at NWIPC during the previous 12 months.

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

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

**Notes:**

(a)(b)(c)(d)(e)(f) The NWIPC policy 3.1.1 requires all allegations of sexual abuse be referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The policy further requires a criminal investigation or administrative investigation be completed for every allegation of sexual abuse made at NWIPC, and when a detainee of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure the incident is promptly reported to the appropriate ICE ERO Field Office Director (FOD), and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation. These policy and standard requirements were confirmed by the Facility Administrator and the PSA Compliance Manager. All investigations are to be reported to the Joint Intake Center (JIC), they assess them for ICE equities and refer them to the OIG or OPR. OIG has the first right of refusal on all employee, volunteer, or contractor on detainee sexual abuse allegations. Once the investigation allegation is reviewed and accepted by DHS OIG, the OPR would not investigate so there is no possible intervention. If refused, the allegation is referred to OPR. All detainee on detainee allegations are referred to the OPR for assessing criminality. Once the investigation allegation is reviewed and accepted by the OPR investigator, the investigation is conducted by OPR, who will decide on the investigative process. If OPR investigates the allegation, the investigation is conducted in accordance with OPR policies and procedures and coordination with law enforcement and facility staff. If allegations are not criminal in nature, the allegations are referred to the OPR field office or the ERO Administrative Investigative Unit (AIU) for investigation. The FOD would assign an administrative investigation to be completed. All investigations are closed with a report of investigation. The agency's policy 11062.2 outlines the evidence and investigation protocols. NWIPC had 16 allegations of sexual abuse reported during the previous 12 months. NWIPC completed 12 of these investigations, with 4 investigations still open at the time of the site visit. The Facility Administrator and the PSA Compliance Manager also confirmed during their interview that all written report documents are maintained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. However, files are retained no less than 10 years. As noted previously in standard 115.21, the Tacoma Police Department would handle criminal investigations. The protocols for investigations and responsibilities are documented on both the agency web page ([www.ice.gov/prea](http://www.ice.gov/prea)) and the facility web page ([www.geogroup.com/prea](http://www.geogroup.com/prea)). The ICE website, [www.ice.gov/prea](http://www.ice.gov/prea) includes information on the agency's PREA overview, PREA policies, reporting methods with addresses and phone numbers, SAAPI standards, ICE National Detainee Handbook, ICE PREA poster, and ICE PREA pamphlet.

### **§115.31 - Staff training.**

**Outcome:** Exceeds Standard (substantially exceeds requirement of standard)

**Notes:**

(a)(c) The NWIPC policy 3.1.1 requires NWIPC train all employees who may have contact with immigration detainees on how to fulfill their responsibilities as outlined in GEO's Sexually Abusive Behavior Prevention and Intervention Program and detailed within each element requirement in the standard. NWIPC requires employees document that each received and understood this zero-tolerance training. The interview with the training staff person confirmed the training curriculum meets the nine elements outlined in subpart (a) of the standard. The Auditor reviewed ten random training files, each containing signed training acknowledgements.

(b) This same policy further requires all current facility staff, and all agency employees who may have contact with immigration detention facility detainees, be trained within one year of May 6, 2014, and the agency or facility provide refresher information every year. Although the policy indicates staff must be trained by May 6, 2014 per standard language, the facility was not incorporated by ICE until December 12, 2016 in which all training was completed. The interview with the training staff person confirmed the training curriculum meets the nine elements outlined in subpart (a) of the standard. The random staff interviews also detailed the training content and the annual refresher training requirements. The facility exceeds the standard training refresher requirement of every two years by having it on an annual basis.

**Recommendation:** The facility should update the policy to reflect the correct date (incorporation date) that training had to be completed by or remove the date and state current practice.

### **§115.32 - Other training.**

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

**Notes:**

(a)(b)(c) The NWIPC policy 3.1.1 requires require the facility train all volunteers and contractors who may have contact with immigration detainees, on their responsibilities under the facility's sexual abuse prevention, detection, and response policies and procedures. The policy further states the level and type of training provided to volunteers is based on the services they provide and the level of contact they have with residents. However, every volunteer who has contact with residents shall be notified of GEO's and the facility's zero-tolerance policies regarding sexual abuse and informed how to report such incidents. The Auditor determined all the required elements of standard were covered based on interviews with the facility's Training Director. The Auditor also reviewed the curriculum for each group (volunteers-based on services they provide and contractors/GEO employees receive identical) and found it meets the level and type of training required for volunteers and contractors who may have contact with detainee. There were no contractors present during the site visit for the Auditor to interview. Two contractors interviewed confirmed the training received and indicated they receive annual refresher training. All training regardless of who receives it is documented on attachment E (PREA Basic Training Acknowledgment Form) that indicates they understand the training they have received.

### **§115.33 - Detainee education.**

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

**Notes:**

(a)(b)(e) The NWIPC policy 3.1.1 requires that the detainee orientation program notifies and informs detainees about the agency and facility's zero-tolerance policies for all forms of sexual abuse and includes instruction on: prevention/intervention; definitions and examples of detainee sexual abuse; methods for reporting; information on self-protection; prohibition against retaliation, and the victims right to receive counseling and treatment as outlined in the elements of the standard. The policy further requires NWIPC provide this orientation, and instruction in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as, to detainees who have limited reading skills. As noted in standard 115.16, intake staff confirmed each detainee arriving at NWIPC receives the GEO Supplement to the ICE National Detainee Handbook; ICE Sexual Abuse and Assault Awareness pamphlet; and the ICE National Detainee Handbook. Except for the ICE National Detainee Handbook which is available in 11 of the most prevalent languages encountered by ICE, these other documents are available in Spanish and English. Interviews with the intake staff demonstrated confusion over which information the facility is providing to demonstrate compliance with the six

elements required under subpart (a) of the standard. The PSA Compliance Manager indicated that a two-page document "Detainee Education for Intake Staff Script" is what the facility provides in order to comply with subpart (a) and its requirements. However, this two-page orientation was not being used consistently or documented. It did go into most requirements of the standard with the exception of element (5): notifying the detainee that reporting sexual abuse would not affect his/her immigration proceedings.

**Does Not Meet:** The facility should provide further training with the intake staff on the orientation information to be provided to detainees on PREA to eliminate confusion. The facility must also notify the detainee that reporting sexual abuse would not affect his/her immigration proceedings as part of the orientation process. The facility must demonstrate compliance through providing 10 detainee files, over a thirty-day period, demonstrating the intake staff is following the scripted two-page orientation sheet and documentation of refresher training for the intake staff on the process for compliance review.

(c) Six of the 30 random detainees interviewed claimed they had not received orientation in a format that they could understand. The Auditor reviewed their institutional files and was unable to determine any had participated in the intake orientation process and received the required information as outlined in subpart (a) in a format that each understood.

**Does Not Meet:** The facility does not maintain documentation of detainee participation in the intake process orientation. The facility must develop a procedure to ensure all detainees are participating in the intake process orientation and document the participation. The facility must demonstrate compliance through providing ten detainee files, same detainee files from provision (a) and over a thirty-day period, documenting the detainees' participation in the intake orientation process for compliance review.

(d) The Auditor observed in each of the detainee housing units at NWIPC the DHS prescribed sexual assault awareness poster, in Spanish and English, with the name of the PSA Compliance Manager and a direct reporting line telephone number to the PSA Compliance Manager. Each of these housing units also contained contact information for the victim advocate, Rebuilding Hope, utilized by NWIPC.

(f) Reporting incidents of sexual abuse are detailed for detainees in the GEO Supplement to the ICE National Detainee Handbook. The document provides the detainee with reporting mechanisms within and outside of NWIPC. They include reporting through the DHS OIG telephone number, writing to the Facility Director, ICE Detainee Reporting Line (DRIL), File a grievance or contact the toll-free telephone JIC reporting line. During the random detainee interviews most were aware of how to report sexual abuse if they needed to report for themselves or someone else. The Auditor reviewed the files of 14 detainees in which the Auditor found signed documents receiving handbooks during their intake processing.

#### **§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) NWIPC policy 3.1.1 requires that NWIPC Investigators be trained in conducting investigation of sexual abuse in confinement settings and effective cross-agency coordination. Investigators receive this specialized training in addition to the training mandated for employees and maintain documentation of this specialized training. At the time of the facility site visit NWIPC had two trained Investigators. Both of these Investigators received this specialized training through the NIC. Documentation of their successful completion of this training is provided in each of their training records. The agency policy 11062.2 states OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate. The lesson plan is the ICE OPR Investigations Incidents of Sexual Abuse and Assault that covers in depth investigative techniques, evidence collections, and covers all aspects to conducting an investigation of sexual abuse in a confinement setting. The agency offers another level of training, the Fact Finders Training which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; Lesbian, Gay, Bi-sexual, Transgender, Intersex (LGBTI), and disabled detainees; and an overall view of the investigative process. The Auditor also confirmed through the review of ICE specialized training documentation the appropriate training was provided to ICE investigative staff. During review of the 16 cases, reported during the past 12 months, facility investigations were conducted by one of the facility's trained Investigators in the 12 closed investigations.

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

**Outcome:** Exceeds Standard (substantially exceeds requirement of standard)

#### **Notes:**

(a)(b) The NWIPC policy 3.1.1 requires NMIPC train all full-time and part-time medical and mental health care practitioners who work in the facility on certain topic areas, including detecting signs of sexual abuse, responding professionally to victims of sexual abuse, and proper reporting allegations of suspicions of sexual abuse. As noted earlier in the report, medical services at NMIPC are provided through the U.S. ICE Health Service Corps (IHSC). The auditor interviewed the HSA who confirmed all part time and full-time staff at NWIPC have completed this mandatory training. The Auditor reviewed the training curriculum to ensure it met the requirements of the standard. A sampling of five training records was examined and found them to be complete and reflective of the standard requirements. The facility exceeds the standard requirement of once a lifetime training by requiring all medical and mental health staff to participate in the training annually.

(c) The NWIPC policy 3.1.1 prohibits NWIPC medical personnel from participating in sexual assault forensic medical examinations or evidence gathering. Forensic examinations are performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) at a local hospital as noted previously in standard 115.21.

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

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

#### **Notes:**

(a)(b) The NWIPC policy 3.1.1 requires detainees in a GEO facility be assessed during intake and upon transfer for their risk of being sexually abused by another individual or being sexually abusive towards another individual. This policy further requires that the classification process, which is conducted after the vulnerability risk assessment and prior to the detainee being placed into general population, must be conducted within 12 hours of arrival at the facility. The vulnerability assessment is conducted in the intake area typically within the detainee's first hour after arriving to the facility. The classification process is also conducted in the intake area after the vulnerability assessment and before the detainee is moved to a housing

placement. The complete intake process of the vulnerability assessment at intake and the classification process with housing placement occurs within 12 hours. The Auditor reviewed 15 detainee facility files and found the initial vulnerability risk assessments are completed upon intake at NWIPC.

(c)(d) The NWIPC policy 3.1.1 requires the facility consider, to the extent the facility has the information, each of the nine elements of this subpart and also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, in assessing the risk of being sexually abusive. GEO Corporate utilizes an assessment form addressing all of these nine elements as required by the subpart. However, NWIPC created their own form leaving off the first three elements. The intake staff and classification staff at NWIPC indicated to the Auditor they believed medical was capturing these three pieces of information during their intake screening process. During the interview with the HSA, it was determined these three pieces of information were not being obtained during the intake process. The Facility agreed to begin using the corporate form.

**Does Not Meet:** The facility's assessment form that is utilized does not address all nine elements of the standard. The facility must demonstrate the facility is conducting a vulnerability risk assessment that contains all elements of the standard by following corporate policy and utilizing the corporate intake risk assessment form. The facility must provide the vulnerability risk assessment for ten detainee files (same detainee files from 115.33) for compliance review.

(e) The NWIPC policy 3.1.1 requires NWIPC ensure that between 60 to 90 days from the initial assessment at the facility, staff shall reassess each detainee's risk for victimization or abusiveness using the vulnerability reassessment questionnaire to conduct the reassessment. The Auditor reviewed 15 detainee institutional records. In seven of these records, the Auditor found detainees who received this second vulnerability reassessment beyond the 90-day requirement. Interviews with random detainees at the facility between 60-90 days were uncertain of when they received the second assessment

**Does Not Meet:** The facility is not completing the 60-90-day reassessment within the 90-day requirement. The facility must demonstrate the facility developed a process to complete 60-90-day reassessments within the appropriate timeframe and train staff on the procedure. The facility must provide the 60-90 reassessment for ten detainee files (please provide the same ten detainee files from previous standards, if possible) and documentation of staff training for compliance review.

(f)(g) The NWIPC policy 3.1.1 prohibits detainees from being disciplined for refusing to answer or not disclosing complete information in response to certain questions outlined in subpart (c) of the standard. The Intake staff interviewed confirmed detainees are not disciplined for refusing to answer any questions during the intake process. The PSA Compliance Manager informed the Auditor that appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness are maintained in order to ensure that sensitive information is not exploited by employees or other individuals. This information is limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions. These confidential records are maintained in a locked file cabinet within a secure office.

#### **§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)(b) The NWIPC policy 3.1.1 requires screening information from the intake staff assessment and the medical assessment upon arrival be used to determine housing, bed, voluntary work, and other activity assignments within the facility in order to keep potential victims away from potential abusers. The classification process is also conducted in the intake area after the vulnerability assessment and before the detainee is moved to a housing placement. The complete intake process of the vulnerability assessment at intake and the classification process with housing placement occurs within 12 hours. The PSA Compliance Manager confirmed he maintains an "at risk log" of potential victims and potential abusers determined from the PREA Intake and Medical Risk Screening Assessment. Following a reported allegation of sexual abuse, the PSA Compliance Manager ensures victims are placed on the "at risk" log as soon as possible and tracked as a potential victim and housed separate from potential abusers pending the outcome of the investigation. If the investigation is determined "unfounded", the victim from the alleged allegation would be removed from the "at risk" log unless already was placed on the list from previous information. The classification supervisor confirmed transgender and intersex detainees receive the same vulnerability assessment upon arrival that all detainees receive during intake at NWIPC. Once this assessment is completed, the classification process is completed if the Transgender Care Committee is able to meet to determine housing placement. If the TCC is unable to meet that day, the transgender and intersex detainees may be housed in medical for up to 72 hours (excluding weekends, holidays and emergencies) until the appropriate housing determination is made by the TCC. This committee consists of the Warden or Assistant Warden, Security Chief, Classification or Case Management Supervisor, Medical and/or Mental Health staff, and PSA Compliance Manager. He also confirmed that the TCC, prior to making housing assignments, consider the transgender or intersex detainee's gender self-identification; an assessment of the effect of placement has on both the facility and the detainee; and also considers on a case-by-case basis whether such a placement would ensure the detainee's health and safety. The PSA Compliance Manager confirmed when the facility has had transgender detainees in the past, each transgender detainee had appeared before this committee upon intake. He further confirmed, as policy requires, they were seen by the TCC and reviewed twice a year. There were no transgender detainees housed at the facility at the time of the site visit for the Auditor to interview; however, the PSA Compliance Manager provided the Auditor with a completed TCC Summary on a prior transgender detainee at the facility. The TCC summary was completed within 72 hours of the detainees' arrival. There were no transgender detainees held longer than six months, therefore, there were no reassessments available to review.

(c) The NWIPC policy 3.1.1 allows for transgender and intersex detainees to be provided an opportunity to shower alone. The random staff interviews indicated that although the showers are individual stalls, if a transgender detainee feels uncomfortable showering with other detainees in the area, arrangements can be made to allow them to shower during count time.

#### **§115.43 - Protective custody.**

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

#### **Notes:**

(a)(b)(c)(e) The NWIPC policy 3.1.1 requires NWIPC develop and follow written procedures governing the management of its administrative segregation unit. These procedures should be developed in consultation with the ICE ERO FOD having jurisdiction for the facility. The policy further requires NWIPC document detailed reasons for placement of an individual in administrative segregation on the basis of a vulnerability to sexual abuse or assault on attachment G (DHS Sexual Assault/Abuse Available Alternatives Assessment). According to the Facility Administrator, the use of administrative segregation to protect detainees vulnerable to sexual abuse is restricted to those instances where reasonable efforts have been made to provide appropriate housing and made for the least amount of time practicable, and when no other viable housing option exists as a last resort. He further stated such an assignment would not ordinarily exceed a period of 30 days and while assigned the detainee would have access to programs,

visitation, counsel, and other services available to the general population to the maximum extent practicable. He further stated any placement of a detainee in administrative segregation requires him to notify the FOD within 72 hours for his review and approval. The Auditor interviewed a detainee who alleged sexual abuse. He confirmed he was never placed in administrative segregation based on his allegation or vulnerability. The Warden and PSA Manager both confirmed segregation was not used for any vulnerable detainee in the previous 12 months.

(d) The NWIPC policy 3.1.1 requires a supervisory staff member conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted; and, a supervisory staff member shall conduct, at a minimum, an identical review after the detainee has spent seven (7) days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter. The Segregation Supervisor confirmed all reviews are performed in compliance with this policy on each vulnerable detainee placed in administrative segregation.

#### **§115.51 - Detainee reporting.**

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

**Notes:**

(a) The NWIPC policy 3.1.1 requires NWIPC provide detainees with multiple ways to privately report sexual abuse, retaliation, and any staff neglect of responsibilities that may have contributed to such incidents. This policy also requires NWIPC provide detainees with relevant contact information for consular officials and officials at the DHS. During the tour of NWIPC, the Auditor observed ICE zero tolerance signage, in Spanish and English, in each of the housing areas, posted on secure bulletin boards, and next to detainee phones. These posters informed detainees how to report incidents of sexual misconduct. The contact information for consular officials was also observed by the Auditor in each of the housing units. As noted earlier, each detainee arriving at NWIPC receives the GEO Supplement to the ICE National Detainee Handbook; ICE Sexual Abuse and Assault Awareness pamphlet; ICE National Detainee Handbook; and view the comprehensive PREA video. Except for the ICE National Detainee Handbook which is available in 11 of the most prevalent languages encountered by ICE, these other documents are available in Spanish and English. Both the ICE National Handbook and the GEO Supplement to the National Detainee Handbook provides reporting means for detainees wishing to report sexual abuse. Although the video was non-operational during the on-site visit, the other resources provide detainees reporting methods and interviews confirmed all detainees at NWIPC are provided multiple ways to report. The interviews with random staff and the PSA Compliance Manager confirmed all detainees at NWIPC are provided multiple ways to report sexual abuse, retaliation and any staff neglect of their responsibilities.

(b) Policy 3.1.1 further requires NWIPC provide contact information to detainees for relevant consular officials, the DHS OIG or, as appropriate, another designated office, to confidentially and, if desired, anonymously report incidents of sexual abuse. These contact numbers are to be posted next to every detainee telephone. The Auditor observed contact information for each consulate, in Spanish and English, next to the telephone in each of the detainee living areas. The ICE zero tolerance posters, in Spanish and English, were observed throughout the facility and in each of these living areas as well. These posters provide information about the name of the facility PSA Compliance Manager with reporting contact information advising residents that reports can be made confidentially and anonymously to DHS OIG. The Auditor verified the reporting telephone line to the DHS OIG was operational. He spoke with the individual receiving the call who indicated the caller could remain anonymous, the call would be confidential, and the incident would be reported to agency officials. The interviews with random staff and the PSA Compliance Manager confirmed all detainees at NWIPC are provided multiple ways on how and to whom to report sexual abuse, retaliation and any staff neglect of their responsibilities.

(c) The NWIPC policy 3.1.1 requires all NWIPC employees accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The PAQ and the PSA Compliance Manager confirmed 1 of the 16 reported sexual abuse allegations was received from a third party. The case file review indicated the allegation was made from someone outside the facility who reported it on behalf of the detainee. Interviews conducted with the 12 random security staff confirmed they are responsible to accept all allegations of sexual abuse and put in writing any verbal allegations received.

#### **§115.52 - Grievances.**

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

**Notes:**

(a)(b)(c)(d)(e) The NWIPC policy 3.1.1 requires the facility permit a detainee to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging a complaint and shall not impose a time limit. The policy outlines procedures for identifying and handling time-sensitive grievances that involve an immediate threat to a detainees' health, safety, or welfare related to sexual abuse. The GEO Supplement to the ICE National Detainee Handbook contains the grievance process for detainees. The interview with the grievance staff person confirmed her office issues a decision on the grievance within 5 days of receipt and responds to an appeal of the grievance decision within 30 days. NWIPC is required to send all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate FOD at the end of the grievance process. She further stated that facility staff, herself in particular, would bring medical emergencies to the immediate attention of proper medical personnel for further assessment when necessary. The PAQ and the PSA Compliance Manager confirmed that the grievance process was not utilized by any detainee to allege sexual abuse during the last 12 months. There were no files to review for the audit period.

(f) The NWIPC policy 3.1.1 informs staff and detainees that a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives to prepare a grievance. Interviews with random staff and with the grievance staff person confirmed their knowledge of the policy assistance requirements as it pertains to grievances. The PAQ and the PSA Compliance Manager confirmed that the grievance process was not utilized by any detainee to allege sexual abuse during the last 12 months.

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

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

**Notes:**

(a)(b)(c)(d) The NWIPC policy 3.1.1 requires the facility make available to detainees information about local organizations that can assist those who have been victims of sexual abuse, including local organizations mailing addresses and telephone numbers (toll-free hotline numbers where available) and enable reasonable communication. NWIPC has a MOU, dated 2013 with no sunset date, with Rebuilding Hope to provide valuable expertise and support in the areas of crisis intervention and counseling to most appropriately address detainee victims' needs. This local community advocate provides victim services following incidents of sexual abuse. The Auditor spoke with the Director of Rebuilding Hope who confirmed her trained advocates provide emotional support, crisis intervention, information, and referrals to NWIPC detainees. She also confirmed that her group has a relationship with both the local hospital and the local police department allowing a trained advocate to accompany the victim through any forensic exam and investigative process if requested. The contact information, by telephone, for this county advocate is posted in Spanish and English in each housing

units. The detainee handbook details the extent to which these calls are monitored (not recorded). Most detainees, when questioned, were aware of the victim support services offered by the facility. Those who were not aware indicated they were not interested enough to read the information. During the site visit, the Auditor interviewed a detainee who had made a sexual abuse allegation. He indicated he had been provided contact information for Rebuilding Hope at the time he made the allegation.

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

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

**Notes:**

The NWIPC policy 3.1.1 requires the facility post publicly GEO's third-party reporting procedures. It states GEO shall post on its public website its methods of receiving third-party reports of sexual abuse on behalf of detainees. The Auditor observed third party reporting posters and information, in Spanish and English, in the NWIPC lobby and visitation areas. The GEO web page, [www.geogroup.com/prea](http://www.geogroup.com/prea), has reporting information on behalf of a detainee as well. A review of ICE's website (<https://www.ice.gov>) provides a means for the public to report incidents of sexual abuse/harassment on behalf of any detainees as well. The facility had one incident reported through a third party, a court bailiff, during the previous 12 months.

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

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

**Notes:**

(a)(b)(c) The NWIPC policy 3.1.1 requires all staff at NWIPC immediately report any of the following: knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in a facility whether or not it is a GEO facility; retaliation against individuals in a GEO facility or program or employees who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. The PSA Compliance Manager confirmed these reporting requirements of staff and indicated they are covered in training provided to all staff as well. He also confirmed staff may report outside of their chain of command to the Chief of Security or facility management if necessary. As noted earlier this policy was approved by the AFOD. Random security staff (12) interviews confirmed their knowledge of the reporting requirements of the standard and facility policy and were also aware of their right to go outside the chain of command to report if necessary. They also confirmed that apart from reporting to designated supervisor or officials, they are required not to reveal any information related to a sexual abuse report to anyone.

(d) The NWIPC policy 3.1.1 requires that unless precluded by Federal, State or local law, medical and mental health practitioners are required to report allegations of sexual abuse in which the alleged victim is considered a vulnerable adult to the designated state or local services agencies under applicable mandatory reporting laws. The interview with the HSA confirmed if he encountered an incident of sexual abuse of a vulnerable adult, he would contact his counsel's office to determine reporting obligations under the law. The facility does not house juveniles.

#### **§115.62 - Protection duties.**

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

**Notes:**

The NWIPC policy 3.1.1 requires when NWIPC learns that a detainee in any GEO facility or program is subject to a substantial risk of imminent sexual abuse, staff shall take immediate action to protect that alleged victim. Employees shall report and respond to all allegations of sexually abusive behavior and assume that all reports of sexual victimization, regardless of the source of the report (i.e. "third party"), are credible and respond accordingly. Interviews with the Facility Administrator, PSA Compliance Manager, and random staff confirmed if a detainee was determined to be at an imminent risk of sexual abuse, the detainee would be immediately removed from the threat and in most instances be placed in the infirmary. There were no reported incidents where a detainee was believed to be at risk of imminent sexual abuse within the last 12 months at NWIPC.

#### **§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) The NWIPC policy 3.1.1 requires that in the event that a detainee alleges that sexual abuse occurred while confined at another facility, the NWIPC Facility Administrator would document those allegations and notify the Facility Administrator or Assistant Facility Administrator where the allegation occurred and also notify the ICE Field Office as soon as possible, but no later than 72 hours after receiving the notification. The policy also requires the facility maintain documentation that it has provided such notification and all actions taken regarding the incident with copies of this documentation forwarded to the PSA Compliance Manager and Corporate PREA Coordinator. The Facility Administrator and PSA Compliance Manager both confirmed the requirements under (a)(b) and also confirmed the facility has had no reported incidents that would fall under this standard within the last 12 months.

(d) NWIPC policy 3.1.1 requires that any GEO facility that receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA standards and reported to the appropriate ICE FOD. Interviews with both the Warden and PSA Compliance Manager confirmed their obligation to conduct an investigation if in fact notified and their responsibility to notify the FOD.

#### **§115.64 - Responder duties.**

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

**Notes:**

(a) The NWIPC policy 3.1.1 requires staff upon any receipt of a report that an individual in a GEO facility or program was sexually abused, the first security staff member to respond shall: separate the alleged victim and abuser; immediately notify the on duty or on call supervisor and remain on the scene until a security supervisor arrives; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the sexual abuse occurred within 96 hours, ensure that the alleged victim and abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing cloths, urinating, defecating, smoking, drinking, eating. Two of the random staff interviewed stated that they were first responders to allegations of sexual abuse and followed the protocols outlined in the policy and covered in their training. The administrative investigative files confirmed, to the extent the Auditor could determine, responders followed the policy and procedures as outlined in policy 3.1.1.1.

(b) The GEO policy 5.1.2-D requires when the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify a security staff member. The Auditor confirmed this practice during an interview with a non-security staff member.

**§115.65 - Coordinated response.**

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

**Notes:**

(a)(b) The NWIPC policy 3.1.1 outlines NWIPC's multidisciplinary plan to coordinate the actions taken by first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse. The interviews with the Facility Administrator, PSA Compliance Manager, and HSA, who have responsibility in any coordinated response for an incident of sexual abuse, confirmed they are prepared for such incidents and have in fact been utilized in the past. The Auditor reviewed the 12 completed investigation files at NWIPC. Each detailed the multidisciplinary and coordinated response by staff members at NWIPC.

(c)(d) The NWIPC policy 3.1.1 requires if the victim of sexual abuse is transferred between DHS Immigration Detention Facilities, the sending facility shall, as permitted by law, shall inform the receiving facility of the incident and the victim's potential need for medical or social services. If the victim of sexual abuse is transferred to a non-DHS Facility, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. Interviews with the Facility Administrator and PSA Compliance Manager confirmed that NWIPC has had no instances with victim transfers between DHS or non-DHS facilities within the previous 12 months. They indicated that proper notifications, in accordance with the standard, would be made to the receiving facility if they have one. The facility HSA indicated prior to any sexual assault victim being transferred, the healthcare staff would contact the receiving facility and provide both medical and mental health information as necessary.

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

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

**Notes:**

The GEO policy 5.1.2-D requires in every case where the alleged abuser is an employee, contractor or volunteer, they shall be removed from all duties requiring detainee contact pending the outcome of the investigation. Separation orders requiring "no contact" would be documented by facility management via email or memorandum within 24 hours of the reported allegation. The email or memorandum would be printed and maintained as part of the related investigation file. The interview with the Facility Administrator and PSA Compliance Manager confirmed that staff, contractors, or volunteers at NWIPC who are being investigated for sexual abuse allegations or any other serious misconduct involving a detainee are prohibited from having contact with any detainee until the completion of the investigation. They also stated that NWIPC has had 3 allegations against staff members within the previous 12 months and in each case the staff person was removed from detainee contact. Two of the cases were found unsubstantiated and one remains open.

**§115.67 - Agency protection against retaliation.**

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

**Notes:**

(a)(b)(c) The NWIPC policy 3.1.1 requires NWIPC implement procedures to protect individuals in a GEO facility or program and employees who report sexual abuse or cooperate with investigations, from retaliation by other individuals in a GEO facility or program or employees. The PSA Compliance Manager confirmed he is responsible for monitoring retaliation of staff and detainees. He indicated it begins the day the allegation is made and continues for a period of 90 days or as long as monitoring for retaliation is required and or needed. Monitoring for retaliation would include the review of detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff for possible indicators of retaliation. He also stated that every contact is documented and maintained in the Protection from Retaliation Log. The Auditor observed these monitoring logs in each of the 12 case files reviewed during the site visit. The monitoring continued for the time the detainee was present at NWIPC or the complete 90 days. None were required to be extended. The PSA Compliance Manager informed the Auditor he had one instance of alleged retaliation made. An individual who was involved in a prior allegation as a witness alleged, she was being retaliated against by other detainees. It was not substantiated but the facility placed her on monitoring until she left the facility.

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

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

**Notes:**

(a)(b)(c) The NWIPC policy 3.1.1 requires NWIPC take care to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible subject to the standard requirements of 115.43 (e.g. protective custody). This policy requires he/she shall not be held for longer than five (5) days in any type of administrative segregation, except in unusual circumstances or at the request of the detainee. It further requires that the detainee not be returned to general population until such time a proper reassessment has been completed taking into consideration and increased vulnerability of the detainee as a result of the sexual abuse. The PSA Compliance Manager and Facility Administrator confirmed as they did in standard 115.43 the use of administrative segregation for victims of sexual abuse as a last resort only. They both indicated that a supportive environment, such as an infirmary bed, would more than likely be used if available at the time of need.

(d) The NWIPC policy 3.1.1 requires NWIPC notify the FOD within 72 hours anytime administrative segregation is used to place an alleged victim. The Facility Administrator and PSA Compliance Manager both confirmed that segregation has not been utilized to house any alleged victim of sexual abuse within the last 12 months. The Auditor interviewed a detainee who alleged sexual abuse and he indicated he was never placed in segregation as a result of his allegation.

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

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

**Notes:**

(a)(b)(c)(e) The NWIPC policy 3.1.1 requires whenever NWIPC conducts its own investigation into an allegation of sexual abuse, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. GEO shall use investigators who have received specialized training in sexual abuse investigations. The policy 3.1.1 requires that NWIPC Investigators be trained in conducting investigations of sexual abuse in confinement settings and effective cross-agency coordination. Investigators receive this specialized training in addition to the training mandated for employees and maintain documentation of this specialized training. At the time of the facility site visit NWIPC had two trained Investigators. Both of these Investigators received this specialized training through the NIC. Documentation of their successful completion of this training is provided in each of their training records. During the review of the 16 allegations made at NWIPC of sexual abuse, 12 investigations into these allegations were completed by the facility and 4 investigations remained open. The completed facility administrative investigations (12) were conducted by one of the GEO trained Investigators. The policy further requires an administrative investigation be completed for all allegations of sexual abuse at GEO facilities, regardless of whether a criminal investigation is completed. The interview with the NWIPC Investigator confirmed an administrative investigation is initiated within 24 hours of notifying ICE of a sexual abuse allegation except for allegations where the facility has been advised a criminal investigation is pending by either local law enforcement, ICE OPR, or DHS OIG. If ICE OPR or DHS OIG opens a criminal investigation, they would notify the facility within 24 hours of the report and inform of their interest. The Investigator also indicated that his protocols for an administrative investigation include preservation of direct and circumstantial evidence, including any available physical DNA evidence and any available electronic monitoring data, interviews noted from alleged victims, suspected perpetrators, and witnesses; reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator; assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as a detainee, staff or employee and without requiring any detainee who alleged sexual abuse or assault to submit to a polygraph; departure of the alleged abuser or victim from the control or employment would not provide a basis of terminating the investigation, an effort to determine whether actions or failures to act at the facility contributed to the abuse; documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The review of the facility case files confirmed the element requirements of the policy and standard along with the interview with the Investigator.

(d)(f) The NWIPC policy 3.1.1 requires in any allegation where a criminal investigation is initiated by ICE OPR, DHS OIG or outside law enforcement, the facility shall begin an administrative investigation as soon as the criminal investigation has concluded or at such time as the outside investigative entity indicates the facility may begin their administrative investigation. The Facility Administrator and Investigator confirmed that the investigative protocols for NWIPC were approved by signature by the FOD and indicated anytime an outside agency conducts these investigations, NWIPC will cooperate with them and endeavor to remain informed about the progress of the investigation.

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

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

**Notes:**

The NWIPC policy 3.1.1 requires NWIPC impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse are substantiated. The interview with the facility's Investigator confirmed he utilizes the evidence standard of preponderance when determining a case is substantiated or not. A review of the 12 cases appeared to the Auditor that a preponderance of the evidence was the standard utilized to determine the investigation outcomes.

#### **§115.73 - Reporting to detainees.**

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

**Notes:**

The NWIPC policy 3.1.1 requires at the conclusion of all investigations conducted by facility investigators, the facility investigator or staff member shall inform the detainee victim of sexual abuse in writing, whether the allegation has been: substantiated; unsubstantiated or unfounded. The NWIPC Investigator confirmed each detainee receives the original completed "Notification of Outcome of Allegation" form and a copy of their form is retained as part of the investigative file. The Auditor did a cursory inspection of all 12 completed files and conducted an in-depth review of 5 randomly picked case files. The Auditor found completed "Notification of Outcome of Allegation" forms in all 12 case files. Six of these forms contained no detainee signature with a notation the detainee was either transferred or released prior to the notice being prepared.

#### **§115.76 - Disciplinary sanctions for staff.**

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

**Notes:**

(a)(b) The NWIPC policy 3.1.1 requires staff be subject to disciplinary or adverse action up to and including removal from their position and the Federal service for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies. Interviews with the Facility Administrator and the GEO Human Resource staff confirmed removal from service is the presumptive disciplinary sanction for staff violation of the sexual abuse policy. As noted earlier, this policy was approved by signature of the AFOD based on the interviews with the Facility Administrator and the PSA Compliance Manager. The facility was unable to find the original policy with that signature but provided a signed document dated 5/2020.

(c)(d) The NWIPC policy 3.1.1 requires NWIPC report all removals or resignations in lieu of removal for violations of the agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal and licensing bodies to the extent known. The Facility Administrator indicated that these notifications would be made by his office when and if it ever became necessary. The PAQ, Facility Administrator and PSA Compliance Manager indicated that NWIPC has had no staff member found to have violated either the Agency or facility policy. There were three allegations made against GEO staff during the previous 12 months. One remains open with the other two found unsubstantiated. There were no staff disciplined during the audit period.

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

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

**Notes:**

(a)(b)(c) The NWIPC policy 3.1.1 requires any contractor or volunteer who has engaged in sexual abuse be prohibited from contact with detainees. The facility shall make reasonable efforts to report to any relevant licensing body, to the extent known, incidents of substantiated sexual abuse by a contractor or volunteer. Such incidents shall also be reported to law enforcement agencies, unless the activity was clearly not criminal. The Facility Administrator confirmed any contractor or volunteer suspected of perpetrating sexual abuse would be removed from all duties requiring detainee contact pending the outcome of an investigation and he would consider whether to prohibit any further contact with detainees if they had not engaged

in sexual abuse, but had violated other provisions within these standards. NWIPC had no allegations of sexual abuse made against any contractor or volunteer in the last 12 months.

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

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

#### **Notes:**

(a)(b) The NWIPC policy 3.1.1 requires NWIPC subject a detainee to disciplinary sanctions pursuant to the facility formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse. At all steps in the disciplinary process, any sanctions imposed must be commensurate with the severity of the committed prohibited act and intended to encourage the detainee to confirm with rules and regulations in the future. The PSA Compliance Manager confirmed that three sexual abuse allegations involving detainees were substantiated and handled through the detainee disciplinary process. The review of the sanctions given to these detainees appeared appropriate for each of the allegations substantiated.

(c)(d) The Facility Administrator and review of policy 3.1.1 confirmed the NWIPC has a disciplinary process providing for progressive levels of reviews, appeals, procedures, and documentation procedures. Detainees are afforded staff representative assistance, upon request, or automatically if the detainee is considered cognitively impaired, is LEP, or otherwise needs special assistance. He also indicated the disciplinary process considers whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

(e) The NWIPC policy 3.1.1 requires NWIPC not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. There were no cases of sexual contact of any staff member and detainee at NWIPC over the last 12 months.

(f) The Auditor based compliance on this subpart of the standard after review of policy 3.1.1 requiring a detainee making a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The Chief of Security confirmed no detainee at NWIPC has ever been disciplined for filing any allegation of sexual abuse or would be if it was done in good faith based upon a reasonable belief.

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

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

#### **Notes:**

(a)(b)(c) The NWIPC policy 3.1.1 requires that if during the intake assessment, persons tasked with screening, determine that a detainee is at risk for either sexual victimization or abusiveness, or if the detainee has experienced prior victimization or perpetrated sexual abuse, the detainee shall be immediately referred to a qualified medical and/or mental health practitioner for medical and/or mental health follow-up as appropriate. Interviews with the intake staff confirmed any known or referenced victimization or history of abusiveness by any detainee automatically requires a referral to either medical or mental health via email to the HSA. During the 30 random detainees interviewed, 4 detainees informed the Auditor that they had disclosed prior victimization and were never seen by mental health or medical. One detainee record disclosed prior abusiveness. In each of these five incidents, the Auditor reviewed their medical records. Each record had a referral notification from the intake staff and each detainee was seen on the day of arrival as required by policy and standard: all within the 24-hour requirement for medical and 72-hour mental health standard requirement. Interviews with medical and mental health staff confirmed referral requirements outlined in subpart (a) are typically seen on the day of arrival but no longer than 72 hours for mental health and 48 hours for medical.

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

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

#### **Notes:**

(a)(b) The NWIPC policy 3.1.1 requires victims of sexual abuse in custody receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by medical and mental health practitioners. As noted earlier, NWIPC Medical Department is managed and operated by the IHSC. Forensic exams are not conducted on site. Detainee victims requiring such services are taken to one of the local hospitals, St Joseph's Hospital or Tacoma General Hospital. The interview with the HSA at NWIPC confirmed both facilities have a SANE available around the clock if needed. He also stated that detainee victims are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. He also indicated all services are provided without financial cost to the victim and regardless of whether that victim names the abuser or cooperates with any investigation arising out of the incident. The Auditor interviewed a detainee who alleged sexual abuse and was seen both medical and mental health. He indicated he was never required to pay for any services. During the previous 12 months, one detainee was provided a forensic exam at Tacoma General Hospital in which the resulting exam was negative.

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

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

#### **Notes:**

(a)(b)(c) The NWIPC policy 3.1.1 requires NWIPC offer medical and mental health evaluations and treatment where appropriate to all victims of sexual abuse that occurs in any prison, jail, lockup, or juvenile facility. The Auditor interviewed both the HSA and Psychologist at NWIPC. Both confirmed victim evaluation and treatment for alleged victims would include follow-up services, treatment plans, and (when necessary) referrals for continued care following their transfer or release. They also stated that services at NWIPC are consistent with the level of care the detainee would receive in the community.

(d)(e)(f) The HSA confirmed that female detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated would be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy related medical services. The HSA also indicated that this requirement is outlined in both the GEO policy (5.1.12-D, Sexually Abusive Assault Prevention and Intervention (SAAPI) Program for Immigration Detention Facilities) and the IHSC directive 03-01 Sexual Abuse and Assault Prevention and Intervention as well. The facility could provide the initial pregnancy testing with follow-up neo care at the outside hospital. He further stated that all victims would be offered tests for sexually transmitted infections as medically appropriate and all services would be provided without financial cost to the victim regardless if the victim names the abuser or cooperates with any investigation arising out of the incident

(g) The NWIPC policy 3.1.1 requires NWIPC attempt to conduct a mental health evaluation on all known abusers in a GEO facility or within 60 days of learning of such abuse history and offer treatment deemed appropriate by mental health practitioners. The NWIPC Psychologist confirmed her department offers both individual and group help to any detainee who has a history or admits to abusive behavior. As noted earlier, the Auditor interviewed a detainee who had a history of abusive behavior. The detainee indicated he was offered mental health services but refused.

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

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

**Notes:**

(a)(b) The NWIPC policy 3.1.1 requires NWIPC conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation. The PSA Compliance Manager confirmed NWIPC has an incident review team consisting of himself, an upper-level management official with input from line supervisors, and medical or mental health practitioners. He indicated the teams' findings are outlined on the DHS Sexual Abuse or Assault Incident Review form as the incident review report. The review form requires the team determine whether the incident was motivated by race; ethnicity; gender identity; lesbian; gay; bisexual; transgender; or intersex identification; status; or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. He further stated that the team can recommend changes in policy or practice to better prevent, detect, or respond to sexual abuse. The facility is required to adopt the recommendations made by this review or document the reasons for failure to implement the recommendations. Although the Auditor was informed the DHS Sexual Abuse or Assault Incident Review Form is utilized for incident reviews and the facility's policy requires the use of this form, the documentation provided shows the facility utilizes the GEO PREA After Action Review Report. The GEO PREA After Action Review Report form comprehensively covers all the required components of the standard requirement. The report is in a form layout with question boxes to answer on the reviewed standard components with summary boxes for narrative explanations. The form includes the general facility information, date of incident, incident time, date of report, area of allegation, allegation findings, investigative entity, investigator name, summary of allegation/incident, individuals involved, items reviewed (video footage, reports, statements, medical reports, and other information), participants in the after action review, questions on each component of the standard with a narrative summary box if any component is a factor within the review, an area to address staff actions, and recommendations/results from the incident review. This completed incident review form must be submitted to the local PSA Compliance Manager and Corporate PREA Coordinator no later than 30 working days after the review. The Auditor's in-depth review of five completed administrative investigation case files found completed incident reviews documented on the GEO PREA After Action Review Report forms in each of the files; furthermore, all were completed within the 30-days standard requirement. The incident reviews indicated there were no recommendations for changes and/or policy practices needed.

Recommendation: The facility's policy and current practice conflict with utilizing the GEO PREA After Action Review Report for incident reviews. The policy states the review will be documented on the DHS Sexual Abuse or Assault Incident Review Form. The information requested in both forms meet the requirements of the standard when completed fully and in detail. The facility should update the policy to match the current practice of utilizing the GEO PREA After Action Review Report for the incident reviews or change practice to comply with policy by utilizing the DHS Sexual Abuse or Assault Incident Review Form.(c) The GEO policy 5.1.12-D requires each of its facilities conduct a review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. Facilities shall document the review utilizing the Annual Review of Sexual Abuse Incidents form. The PSA Compliance Manager provided the Auditor with the completed 2019 Annual Review of Sexual Abuse Incidents.

#### **§115.87 - Data collection.**

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

**Notes:**

The NWIPC policy 3.1.1 requires NWIPC maintain in a secure area all case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendation for post-release treatment, if necessary, and/or counseling in accordance with the PREA standard and applicable agency policies and established schedules. The PSA Compliance Manager confirmed data collected is securely maintained in his office, under double lock and key, with access to only staff requiring a need to review. He indicated the records are retained for at least five years after the date of the initial collection unless federal, state or local law requires otherwise.

#### **§115.201 - Scope of audits.**

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

**Notes:**

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

### **AUDITOR CERTIFICATION**

Update Audit Findings Outcome Counts by Clicking Button:

**Update Outcome Summary**

<b>SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)</b>	
<b>Number of standards exceeded:</b>	2
<b>Number of standards met:</b>	33

<b>Number of standards not met:</b>	4
<b>Number of standards N/A:</b>	2
<b>Number of standard outcomes not selected (out of 41):</b>	0

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

*Thomas Eisenschmidt*

6/18/2020

**Auditor's Signature & Date**

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

6/19/2020

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

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

6/22/2020

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

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



**Homeland  
Security**

**AUDITOR INFORMATION**

<b>Name of auditor:</b>	Thomas Eisenschmidt	<b>Organization:</b>	Creative Corrections LLC
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	315-730- [REDACTED]

**AGENCY INFORMATION**

<b>Name of agency:</b>	U.S. Immigration and Customs Enforcement (ICE)
------------------------	--

**FIELD OFFICE INFORMATION**

<b>Name of Field Office:</b>	Seattle
<b>Field Office Director:</b>	Nathalie Asher
<b>ERO PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	12500 Tukwila International Blvd, Seattle, WA, 98168
<b>Mailing address: (if different from above)</b>	

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

**Basic Information About the Facility**

<b>Name of facility:</b>	Northwest ICE Processing Center
<b>Physical address:</b>	1623 East J Street, Tacoma, WA, 98421
<b>Mailing address: (if different from above)</b>	
<b>Telephone number:</b>	253-396-1611
<b>Facility type:</b>	CDF

**Facility Leadership**

<b>Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Acting Facility Director
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	253-306- [REDACTED]
<b>Facility PSA Compliance Manager</b>			
<b>Name of PSA Compliance Manager:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Lieutenant
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	

## FINAL DETERMINATION

### SUMMARY OF AUDIT FINDINGS:

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

The Prison Rape Elimination Act (PREA) audit of the Northwest ICE Processing Center (NWIPC) was conducted on December 17-19, 2019, by Thomas Eisenschmidt, U.S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA Auditor for Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the Immigration and Customs Enforcement (ICE) PREA Program Manager, (b) (6), (b) (7)(C) and Assistant Program Manager, (b) (6), (b) (7)(C) DOJ and DHS certified PREA Auditors. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE External Review Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. The NWIPC is privately owned by the GEO Group, Inc. and operates under contract with the DHS, ICE, Office of Enforcement and Removal Operations (ERO). The facility processes detainees who are pending immigration review or deportation. According to the Pre-Audit Questionnaire (PAQ), and at the time of the audit, the top three nationalities held at NWIPC were from Mexico, India, and Honduras. The facility does not house juveniles or family units. This was the second DHS PREA audit for NWIPC and included a review of the 12-month audit period from 12/16/18 through 12/19/2019. NWIPC is located in Tacoma, Washington.

During the audit, the Auditor found NWIPC met 33 standards, had two standards (115.31 and 115.35) that exceeded, had two standards (115.14 and 115.18) that were non-applicable, and four non-compliant standards (115.15, 115.16, 115.33, and 115.41).

On July 31, 2020, the Auditor, received the ICE PREA Corrective Action Plan (CAP) from ICE, Office of Professional Responsibility (OPR), Inspections and Compliance Specialist, (b) (6), (b) (7)(C) ERO developed the CAP with the facility, and the plan addressed the four standards that did not meet compliance during the PREA audit site visit and documentation review. The Auditor reviewed the CAP and concurred with the facility's recommendations to achieve compliance with the deficient standards. The Auditor reviewed supporting compliance documentation received on 11/13/ 2020, 11/ 24/2020, and again on 12/11/2020 and found all four prior non-compliant standards (115.15, 115.16, 115.33, and 115.41) to be compliant in all material ways.

## PROVISIONS

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

### §115.15 - 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:

(g) The NWIPC policy 3.1.1 requires NWIPC have procedures that enable detainees to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement. This policy 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. Interviews with both female and male detainees confirmed security staff of the opposite gender announce their presence prior to entering the detainee living areas. Male and female random staff interviewed confirmed they announce their intention to enter the housing units prior to entering. With the exception of four cells located in the medical unit, the Auditor was further able to determine through observations made during the site visit that detainees can shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender in the general population living areas as well as the facility segregation unit. The Auditor observed when entering the detainee housing units cross gender announcements were made. The random detainees acknowledged that opposite gender staff typically announce their presence prior to entering detainee housing.

#### Does Not Meet: (b) (7)(E)

[REDACTED] These cameras clearly showed the toilet area to the control center staff who monitor these cameras, creating a cross gender viewing concern as staff of the opposite gender may be assigned to this control area. The facility must eliminate the possibility of cross gender viewing (i.e. change in operating procedures, pixelating of video camera coverage, and/or movement of cameras). To demonstrate compliance, the facility must provide photos of the camera changes, video clips, and/or policy directives for compliance review.

#### CORRECTIVE ACTION COMPLETED:

(b) (7)(E)

[REDACTED] Photographs were provided to the Auditor demonstrating privacy from camera viewing by opposite gender staff demonstrating the facility is fully compliant with subpart (g) in all material ways.

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

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

#### Notes:

(a)(b) The NWIPC policy 3.1.1 requires individuals in a GEO Facility or Program with disabilities (i.e. those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) and/or limited English proficient have an equal opportunity to participate in or benefit from the facility's efforts to prevent, detect, and respond to sexual abuse. According to intake staff, each detainee arriving at NWIPC receives the GEO Supplement to the National Detainee Handbook; ICE Sexual Abuse and Assault Awareness pamphlet; ICE National Detainee Handbook and view a PREA video. Except for the ICE National Detainee Handbook, which is available in 11 of the most prevalent languages encountered by ICE, these other documents are available in Spanish and English. Intake staff interviews confirmed that when they are confronted with a detainee that may be hearing impaired or deaf, information is provided to them in writing or through use of a text telephone (TTY). Detainees who are blind, according to these staff, would be provided individualized service by the intake staff including the reading of the information to him or her. Detainees at NWIPC that have a low intellect or limited reading skills would typically receive services from medical staff or mental health staff depending on the degree and extent of the disability. Detainees who are LEP are provided with interpretative services, either through available staff or ERO Language Services. According to random staff, there are currently two videos that are required to be played daily. The "Know your Rights" video produced by ICE and a PREA informational video produced by the National Institute of Correction (NIC) titled "Speaking Up, Discussing Prison Sexual Assault," both available in Spanish and English. Neither were observed being played during the three-day site visit. When staff was questioned as to why the video was not playing, the Auditor was informed the video was not working. The Auditor interviewed 30 detainees; none who were blind, hard of hearing or with intellectual disabilities were present at NWIPC. Six of these detainees indicated that they did not receive information in a format that they understood.

**Does Not Meet:** Documentation found in all LEP detainee institutional records that were interviewed did not demonstrate that information was provided to these detainees in either a language that they could understand or through the interpretive services as the policy requires. The Auditor was unable to determine if the information was, in fact, provided to them as documentation in their records did not indicate information was provided in a format they understood or was provided through an interpreter. The facility must provide LEP detainees PREA information in a language they understand and document the method. The facility must demonstrate compliance through providing a sampling of 10 LEP detainee files, spanning a period of 30 days, of different languages (not English or Spanish) documenting the detainees received the PREA information in a language they understand for compliance review.

#### CORRECTIVE ACTION COMPLETED:

The Auditor was provided documentation demonstrating that all intake screening officers received refresher training regarding the proper procedures for providing PREA information to LEP, deaf, and/or blind detainees. The training included a comprehensive review of proper documentation when interpreters or other methods are used to communicate with a detainee, including documenting the name of the interpreter and their translator identification number, as applicable. The Intake Orientation Information Regarding Sexual Abuse/Assault Awareness form will be signed by detainees verifying receipt of the orientation paperwork or interpreter services in a language that is understood. The facility provided the Auditor with a "Statement of Fact - PREA Audit CAP," dated 12/10/2020, which indicated that since 06/24/2020, (the date NWIPC submitted its CAP) the facility had only received three detainees with a physical disability (partial blindness - who could see with one eye), and five LEP detainees, four who required a Spanish interpreter and one who needed a Chinese interpreter. The facility further provided the Auditor with completed Intake Orientation Information Regarding Sexual Abuse/Assault Awareness forms for the detainees noted above, except for the detainees who are partially blind. The Auditor reviewed and accepts the submitted documentation for compliance. Standard 115.16 is now fully compliant.

### §115. 33 - Detainee education

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

#### Notes:

(a)(b)(e) The NWIPC policy 3.1.1 requires that the detainee orientation program notifies and informs detainees about the agency and facility's zero-tolerance policies for all forms of sexual abuse and includes instruction on: prevention/intervention; definitions and examples of detainee sexual abuse; methods for reporting; information on self-protection; prohibition against retaliation, and the victims right to receive counseling and treatment as outlined in the elements of the standard. The policy further requires NWIPC provide this orientation, and instruction in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as, to detainees who have limited reading skills. As noted in standard 115.16, intake staff confirmed each detainee arriving at NWIPC receives the GEO Supplement to the ICE National Detainee Handbook; ICE Sexual Abuse and Assault Awareness pamphlet; and the ICE National Detainee Handbook. Except for the ICE National Detainee Handbook which is available in 11 of the most prevalent languages encountered by ICE, these other documents are available in Spanish and English. Interviews with the intake staff demonstrated confusion over which information the facility is providing to demonstrate compliance with the six elements required under subpart (a) of the standard. The PSA Compliance Manager indicated that a two-page document "Detainee Education for Intake Staff Script" is what the facility provides in order to comply with subpart (a) and its requirements. However, this two-page orientation was not being used consistently or documented. It did go into most requirements of the standard with the exception of element (5): notifying the detainee that reporting sexual abuse would not affect his/her immigration proceedings.

**Does Not Meet:** The facility should provide further training with the intake staff on the orientation information to be provided to detainees on PREA to eliminate confusion. The facility must also notify the detainee that reporting sexual abuse would not affect his/her immigration proceedings as part of the orientation process. The facility must demonstrate compliance through providing 10 detainee files, over a 30-day period, demonstrating the intake staff is following the scripted two-page orientation sheet and documentation of refresher training for the intake staff on the process for compliance review.

(c) Six of the 30 random detainees interviewed claimed they had not received orientation in a format that they could understand. The Auditor reviewed their institutional files and was unable to determine any had participated in the intake orientation process and received the required information as outlined in subpart (a) in a format that each understood.

**Does Not Meet:** The facility does not maintain documentation of detainee participation in the intake process orientation. The facility must develop a procedure to ensure all detainees are participating in the intake process orientation and document the participation. The facility must demonstrate compliance through providing ten detainee files, same detainee files from provision (a) and, over a 30-day period, documenting the detainees' participation in the intake orientation process for compliance review.

#### CORRECTIVE ACTION COMPLETED:

The CAP required all intake screening officers receive refresher training regarding the proper procedures for providing PREA information to LEP, deaf, and/or blind detainees. The Auditor accepted the provided refresher training documentation for intake staff required by the CAP. The facility provided the Auditor with a "Statement of Fact - PREA Audit CAP," dated 12/10/2020, which indicated that since 06/24/2020, the facility has only received three detainees with a physical disability and five LEP detainees, four who required a Spanish interpreter and one who needed a Chinese interpreter. The facility further provided the Auditor with completed Intake Orientation Information Regarding Sexual Abuse/Assault Awareness forms for the detainees noted above, except for the detainees who are partially blind. The Auditor reviewed the facility's orientation documentation and accepts the submitted documentation for compliance. Standard 115.33 is now fully compliant.

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

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

#### Notes:

(c)(d) The NWIPC policy 3.1.1 requires the facility consider, to the extent the facility has the information, each of the nine elements of this subpart and also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, in assessing the risk of being sexually abusive. GEO Corporate utilizes an assessment form addressing all of these nine elements as required by the subpart. However, NWIPC created their own form leaving off the first three elements. The intake staff and classification staff at NWIPC indicated to the Auditor they believed medical was capturing these three pieces of information during their intake screening process. During the interview with the HSA, it was determined these three pieces of information were not being obtained during the intake process. The Facility agreed to begin using the corporate form.

**Does Not Meet:** The facility's assessment form that is utilized does not address all nine elements of the standard. The facility must demonstrate the facility is conducting a vulnerability risk assessment that contains all elements of the standard by following corporate policy and utilizing the corporate intake risk assessment form. The facility must provide the vulnerability risk assessment for ten detainee files (same detainee files from 115.33) for compliance review.

(e) The NWIPC policy 3.1.1 requires NWIPC ensure that between 60 to 90 days from the initial assessment at the facility, staff shall reassess each detainee's risk for victimization or abusiveness using the vulnerability reassessment questionnaire to conduct the reassessment. The Auditor reviewed 15 detainee institutional records. In seven of these records, the Auditor found detainees who received this second vulnerability reassessment beyond the 90-day requirement. Interviews with random detainees at the facility between 60-90 days were uncertain of when they received the second assessment

**Does Not Meet:** The facility is not completing the 60-90 day reassessment within the 90-day requirement. The facility must demonstrate the facility developed a process to complete 60-90 day reassessments within the appropriate timeframe and train staff on the procedure. The facility must provide the 60-90 reassessment for ten detainee files (please provide the same ten detainee files from previous standards, if possible) and documentation of staff training for compliance review.

**CORRECTIVE ACTION COMPLETED:**

The facility provided the Auditor with documentation to support their compliance with the outstanding standard requirements. Firstly, NWIPC submitted five completed GEO Corporate Risk Assessment forms for conducting vulnerability risk assessments that identify all nine elements of standard subpart (c). On 12/11/2020, the facility also provided the Auditor with a "Statement of Fact-PREA Audit CAP," dated 12/10/2020, which outlines the facility's procedures for conducting 60-90 day reassessments and 10 completed 60-90 day reassessments. The Auditor reviewed and accepted the submitted documentation for compliance. It should be noted the Auditor initially requested the facility to provide 10 completed risk assessments utilizing the GEO Corporate Risk Assessment form but was satisfied in determining compliance in reviewing the 5 completed GEO Corporate Risk Assessments conducted for standard 115.33. Standard 115.41 is fully compliant. The NWIPC process for conducting a 60-90-day PREA vulnerability reassessment questionnaire is as follows:

1. The classification officer conducts 60-90 day reviews on GEO's detainee tracking database, GEO track. The classification officer initiates the PREA vulnerability reassessment questionnaire by adding the detainee's information to the form.
2. The classification officer forwards the PREA vulnerability reassessment questionnaires to intake officers for completion. The list is sent to the PSA Compliance Manager, who then cross-references the questionnaire with the tracking spreadsheet to identify all detainees who require a 60-90 day reassessment.
3. The intake officers complete a call-out sheet for tracking when the detainee was called out of his/her housing area, time entered and exited intake, and detainee refusals. The call-out sheet remains with intake officers throughout the process.
4. The intake officers call the housing unit officers via telephone, requesting detainees to report to intake for the PREA vulnerability reassessment. The housing unit officers confidentially notify the detainees of the request to report to intake for the assessment. Should the detainee refuse to report to intake for the assessment, the housing unit officers will have the detainee sign a refusal form in the housing unit, which will be forwarded to the PSA Compliance Manager for review and retention. Note: The facility provided a blank copy of the newly designed refusal form to the Auditor for review and approval. The completed form is required to be submitted to the facility PREA/Prevention of Sexual Assault Compliance Manager for review and retention.
5. The detainees who do not refuse the reassessment are sent to intake to have the PREA vulnerability reassessment questionnaire completed. The intake officers document all detainee refusals of reassessment on the call-out sheet. The intake officer notes the detainee's refusal on the questionnaire and signs.
6. The completed questionnaires and call-out sheet are returned to the PSA Compliance Manager. The questionnaires are reviewed for accuracy and completeness, and the 60-90-day spreadsheet is updated to reflect completion or refusal.
7. The completed questionnaires are placed in the detainee files by the records staff. The receiving records clerk signs the call-out sheet to indicate the date and time the records office received the questionnaires.

§115. Choose an item.

**Outcome:** Choose an item.

**Notes:**

§115. Choose an item.

**Outcome:** Choose an item.

**Notes:**

**AUDITOR CERTIFICATION:**

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

*Thomas Eisenschmidt*      January 28, 2021  
**Auditor's Signature & Date**

**(b) (6), (b) (7)(C)**      January 28, 2021  
**ICE PREA Assistant Program Manager Signature & Date**

**(b) (6), (b) (7)(C)**      January 28, 2021  
**ICE PREA Program Manager Signature & Date**