

# Office of Professional Responsibility

## CAP Final Determination Report and PREA Compliance Audit Report

### Montgomery ICE Processing Center

August 26 - 28, 2025



U.S. Immigration  
and Customs  
Enforcement

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



**Homeland  
Security**

**AUDITOR INFORMATION**

<b>Name of auditor:</b>	Jodi Upshaw	<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	(409) 868-(b) (6), (b) (7)

**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 #:</b>	(409) 868-(b) (6), (b) (7)

**AGENCY INFORMATION**

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

<b>Name of Field Office:</b>	Houston
<b>Field Office Director:</b>	Bret Bradford
<b>ERO PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	126 Northpoint Drive Houston, TX 77060

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

**Basic Information About the Facility**

<b>Name of facility:</b>	Montgomery ICE Processing Center
<b>Physical address:</b>	806 Hilbig Rd Conroe, Texas 77301
<b>Telephone number:</b>	
<b>Facility type:</b>	Contract Detention Facility
<b>PREA Incorporation Date:</b>	4/12/2017

**Facility Leadership**

<b>Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Facility Administrator
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	936-521-(b) (6), (b) (7)
<b>Name of PSA Compliance Manager:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	PSA Compliance Manager
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	936-521-(b) (6), (b) (7)

**FINAL DETERMINATION**

## **SUMMARY OF AUDIT FINDINGS**

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

During the audit, the Auditor found Montgomery ICE Processing Center met 35 standards, had 0 standards that exceeded, had 2 standard that were non-applicable, and had 4 non-compliant standards. As a result of the facility being out of compliance with 4 standards, the facility entered into a 180-day corrective action period which began on November 20, 2025, and ended on May 19, 2026. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

On December 19, 2025, the Auditor received notification of the facility's initial CAP via email from the Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) and reviewed the submission. Additional documentation and responses were provided by the facility and reviewed by the Auditor on January 28, 2026, March 4, 2026, March 26, 2026, and May 4, 2026. During the final review on May 4, 2026, the Auditor/APM determined that the facility demonstrated compliance with the four standards found non-compliant during the site inspection ending the corrective action period early.

### **Number of Standards Initially Not Met: 4**

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

### **Number of Standards Exceeded: 0**

### **Number of Standards Met: 4**

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

### **Number of Standards Not Met: 0**

## PROVISIONS

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

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

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

**Notes:**

(a)(b)(c): MPC 10.1 states, "MPC shall ensure that detainee(s) with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the facility's efforts to prevent, detect, and respond to sexual abuse and assault. MPC shall provide written materials to every detainee(s) in formats or through methods that ensure effective communication with detainee(s) with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. Methods to ensure effective communication shall include, when necessary, access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation. In matters relating to sexual abuse, the agency or the facility shall provide in-person or telephonic interpretation services that enable effective, accurate and impartial interpretation, by someone other than another detainee(s), unless the detainee expresses a preference for another detainee(s) to provide interpretation and the agency determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, alleged abusers, detainee(s) who witnessed the alleged abuse, and detainee(s) who have significant relationship with the alleged abuser is not appropriate in matters relating to sexual abuse. Any use of these interpreters under these type circumstances shall be justified and fully documented in the written investigative report." During the onsite audit the Auditors observed the DHS- prescribed Sexual Assault Awareness Notice with facility contact name and number, DRIL posters, and ERO Language Services resource flyers and the posted in English and Spanish. The ICE National Detainee Handbook is available on detainee tablets in 17 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K'iche', Portuguese, Pulaar, Punjabi, Romanian, Russian, Spanish, Turkish, Vietnamese, and Wolof. Interview with Intake staff confirmed that MPC utilizes BIG Language Solutions for interpretation services. Intake staff have access to a TTY machine they could utilize as needed. Should a detainee have a cognitive disability, intake staff stated they would speak slower or communicate with the detainee using words the detainee could understand. Staff also confirmed information could be given to detainees with visual disabilities by reading material or in the case of hearing disabilities by providing written material. Interviews with four DOs confirmed they would not allow a detainee to interpret for another for allegations of sexual abuse but would under limited circumstances, if requested by the detainee and if the agency deems it appropriate. Twenty-nine detainees were interviewed, of which 22 were interviewed under the LEP protocol. During interviews with these 22 detainees, 17 stated they did not receive the ICE National Detainee Handbook or MPC facility handbook, 1 received the facility handbook, but not the ICE National Detainee Handbook, and 4 stated they received the ICE National Detainee Handbook and MPC facility handbook. Two hearing impaired detainees were interviewed; however, one had hearing aids, and the other was able to hear enough to be adequately interviewed with out accommodation. Review of the same 22 LEP detainee files confirmed the detainees signed for the ICE National Detainee Handbook and MPC facility handbook at intake. During the onsite review the Lead Auditor asked an Intake staff member to show her the ICE National Detainee Handbooks. The staff member couldn't find them at first and then opened a desk drawer, removed some paperwork and found a random selection of ICE National Detainee Handbooks (less than 6). The handbooks did not include English or Spanish. The Lead Auditor observed a detainee tablet and noticed the National Detainee Handbook was uploaded in 17 languages and the 2 additional languages were loaded during the onsite review. There were no SAAPI pamphlets available for distribution. The Lead Auditor observed an

intake (b) (7)(E) and did not observe detainees receiving the ICE National Detainee Handbook or MPC facility handbook upon intake.

**Corrective Action:**

Does Not Meet (b): The facility is not compliant with ensuring meaningful access to all aspects of the agency's and facility's efforts to prevent, detect, and respond to sexual abuse to LEP detainees. Intake forms indicated detainees signed for an ICE National Detainee Handbook and MPC facility handbook; however, interview with an Intake staff member and detainees confirmed the information was not available and was not distributed. Observation of an intake (b) (7)(E) further confirmed this information was not distributed. To become compliant the facility must develop a procedure and practice that ensures LEP detainees have access and equal opportunity to the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse. The facility must train applicable staff on this newly established procedure, provide the training curriculum, and provide documentation of training completion to the Auditor. The facility must additionally submit to the Auditor documentation for 10 detainees who received meaningful access to all aspects of the agency's and facility's efforts to prevent, detect, and respond to sexual abuse during the CAP period who speak languages other than English or Spanish to confirm the new procedure has been implemented. If applicable, the submitted files should include a sampling of detainees who are deaf or hard of hearing, blind or have limited sight, or may have intellectual, psychiatric, or a speech disability.

**Corrective Action Taken:**

On December 19, 2025, January 28, 2026, March 4, 2026, March 26, 2026, and May 4, 2026, the Auditor reviewed documents submitted by the facility. These documents included a revised process on providing detainees with PREA material including the ICE National Detainee handbook, supplement to the detainee handbook, Sexual Abuse and Assault (SAA) Information Pamphlet, and facility orientation video scripts. The facility also submitted 115.16 training curriculum which outlined the new orientation process to provide education materials to detainees during their PREA assessment by intake and case management staff. The PREA orientation/education materials would be provided in the detainee's language during a detainee's PREA education/assessment and documented on the New Arrival Orientation Form which recorded if a detainee was LEP or had a disability that required translation or interpretation and documented the use of appropriate translator/interpreter during the orientation. The 115.16 training curriculum further stated that if printed copies were not available at the time of a detainee's PREA education/assessment, the staff assigned to provide PREA education/assessment to detainees would print copies of these items from two digital locations and the facility's orientation video would be played on a loop in the holding cells. The training curriculum clarified that BIG Language Translator services would provide over-the-phone interpretation or visual translation services for detainees who spoke a specialized language (other than English or Spanish) or had special needs such as deaf or hard of hearing, blind or have limited sight, or intellectual, psychiatric, speech disability, or limited reading skills and should and the detainee have such disabilities or limitations which did not require specialized translation services, facility staff would read education materials at a pace and volume the detainee could understand. The facility submitted a signed roster and individual training acknowledgements indicating 28 staff were trained on the new procedures for detainee orientation between April 1, 2026 and April 6, 2026. The facility submitted detainee orientation documentation that included a completed New Arrival Orientation Form, Subject Profile, and SA-API Risk Assessment for 12 detainees arriving between April 1, 2026, and April 14, 2026, demonstrating the detainees were provided meaningful access to all aspects of the agency's and facility's efforts to prevent, detect, and respond to sexual abuse to detainees who are limited English proficient, and included clear documentation of interpreter use. One detainee was identified as partially blind, and the Orientation was documented that staff read the educational material. The facility has demonstrated full compliance with 115.16.

### **§115.33 - Detainee education.**

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

**Notes:**

(a)(b)(c)(d)(e)(f): MPC 10.1 states, "During the intake process, the detainee(s) orientation program notifies and informs the detainee(s) about GEO's zero-tolerance policy regarding all forms of sexual abuse and assault and includes instruction on: Prevention and intervention strategies; Definitions and examples of detainee(s)-on detainee(s) sexual abuse, employee on detainee(s) sexual abuse, and coercive sexual activity; Explanation of methods for reporting sexual abuse, including to any employee, including an employee other than immediate point-of contact line officer (i.e., the PSA compliance manager or mental health staff), the DHS Office of Inspector General, and the Joint Intake Center; Information about self-protection and indicators of sexual abuse; Prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee(s)'s immigration proceedings; and The right of a detainee(s) who has been subjected to sexual abuse to receive treatment and counseling. Detainee(s) orientation shall be provided in formats accessible to all detainee(s), including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainee(s) who have limited reading skills. MPC shall maintain documentation of detainee(s) participation in the intake process orientation which shall be retained in their individual files. MPC shall post on all housing unit bulletin boards the following notices: The DHS-prescribed sexual assault awareness notice; The name of the PSA Compliance Manager; and the name of local organizations that can assist detainee(s) who have been victims of Sexual abuse. MPC shall make available and distribute the DHS-prescribed "Sexual Assault Awareness Information" pamphlet." During the onsite audit the Auditors observed the DHS-prescribed Sexual Assault Awareness Notice with PSACM's name and number, information for DHS OIG, reporting numbers for DRIL, and poster for the SAAFE House in common areas of the facility and detainee housing units. The Lead Auditor observed an intake process (b) (7)(E) and observed that detainees were not given the ICE National Detainee or MPC handbook and only signed pages within a pre-made detainee folder. The facility had a video playing on television sets in English and Spanish. Review of the detainee tablet confirmed the ICE Detainee National Handbook was available in 17 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K'iche', Portuguese, Pulaar, Punjabi, Romanian, Russian, Spanish, Turkish, Vietnamese, and Wolof. During the onsite review the two additional ICE National Detainee Handbooks were loaded (Mam and Q'eqchi'). Review of 30 detainee files confirmed all detainees signed they had received the ICE National Detainee Handbook and MPC facility handbook, received a SAAPI pamphlet, and watched the video. Detainee file reviews additionally confirmed translation was provided through BIG Language Line or a staff translator. Interviews with 29 detainees confirmed 18 detainees did not receive the ICE National Detainee Handbook or MPC facility handbook, or SAAPI pamphlet, 6 reported they received the ICE National Detainee Handbook and MPC facility handbook or SAAPI pamphlet, 1 detainee reported only the facility handbook was received, 1 detainee reported only the ICE National Detainee Handbook was received, and 3 of the 29 detainees stated the facility handed out handbooks the week before the onsite audit. Intake staff was unable to provide the Auditor evidence that the ICE National Detainee Handbooks, in all languages, were available for distribution. Nor were there SAAPI pamphlets available for distribution.

**Corrective Action:**

Does Not Meet (a)(b)(c)(e): MPC's detainee education is not compliant with the requirements of this standard. Review of an intake (b) (7)(E) and interviews with Intake staff and detainees confirmed that the required educational materials are not being provided. To become compliant the facility must establish and implement a detainee education process that adheres to all elements of provision (a), is provided to visually impaired or otherwise disabled and available to LEP detainees, ensure the detainee education is documented accurately, and distribute the SAAPI pamphlet. Once developed, the facility must provide to the Auditor the established detainee education process for review. Once approved, the applicable staff must be trained on the new process, and documentation of training completion, including the referenced training material, must be provided to the Auditor for compliance

review. Once the process is implemented, the facility must provide to the Auditor confirmation that 10 detainees have received PREA education using the newly implemented process.

**Corrective Action Taken:**

The Auditor reviewed documentation presented by the facility on December 19, 2025, January 28, 2026, March 4, 2026, March 26, and May 4, 2026, presented by the facility. The facility provided a revised process on providing detainees with PREA education materials including the ICE National Detainee handbook, supplement to the detainee handbook, SAA Information Pamphlet, and facility orientation video scripts. The facility also submitted 115.33 training curriculum which outlined the new orientation process to provide education materials to detainees during their PREA assessment by intake and case management staff. The PREA orientation/education materials would be provided in the detainee's language during a detainee's PREA education/assessment and documented on the New Arrival Orientation Form which recorded if a detainee was LEP or had a disability that required translation or interpretation and documented the use of appropriate translator/interpreter during the orientation. The 115.33 training curriculum further stated that if printed copies were not available at the time of a detainee's PREA education/assessment, the staff assigned to provide PREA education/assessment to detainees would print copies of these items from two digital locations and the facility's orientation video would be played on a loop in the holding cells. The training curriculum clarified that BIG Language Translator services would provide over-the-phone interpretation or visual translation services for detainees who speak a specialized language (other than English or Spanish) or have special needs such as deaf or hard of hearing, blind or have limited sight, or may have intellectual, psychiatric, speech disability, or limited reading skills and should and the detainee have such disabilities or limitations which did not require specialized translation services, facility staff would read education materials at a pace and volume the detainee could understand. The facility submitted detainee orientation documentation that included a completed New Arrival Orientation Form, Subject Profile, and SAAP Risk Assessment for 12 detainees arriving between April 1, 2026, and April 14, 2026, demonstrating the detainees were provided meaningful access to all aspects of the agency's and facility's efforts to prevent, detect, and respond to sexual abuse to detainees who were limited English proficient or otherwise disabled, and included clear documentation of interpreter use. One detainee was identified as partially blind, and the Orientation was documented that staff read the educational material. The facility submitted a signed roster and individual training acknowledgements indicating 28 staff were trained on the new procedures for detainee orientation between April 1, 2026 and April 6, 2026. The facility has demonstrated full compliance with 115.33.

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

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

**Notes:**

(a)(b)(c)(d)(e)(f)(g): MPC 10.1 states, "All detainee(s) shall be assessed during intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainee(s) to prevent taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the facility. MPC shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment. In addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records (e.g., medical files or, 213/216 remand, etc.) that can assist them with risk assessment. MPC shall also consider, to the extent that the information is available, the following criteria to assess detainee(s) for risk of sexual victimization: Mental, physical or developmental disability; Age; Physical build and appearance; Previous incarceration or detained; Nature of criminal history; Prior convictions for sex offenses against an adult or child; Whether detainee(s) has self-identified as LGBTI or Gender Nonconforming; Whether detainee(s) self-identified as having previously experienced sexual victimization; and, Own concerns about his/her physical safety. The intake screening shall also consider prior acts

of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the Facility, in assessing the risk of being sexually abusive. Classification staff shall reassess each detainee(s)'s risk of victimization or abusiveness between 60 and 90 days from the date of initial assessment at the facility, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization. Disciplining detainee(s) for refusing to answer or not providing complete information in response to certain screening questions is prohibited. Sensitive information shall be limited to need-to-know Employees only for the purpose of treatment, programming, housing and security and management decisions." The Lead Auditor observed a detainee intake process (b) (7)(E) Detainees entered the facility, received a pat down search, and were put in a holding cell to await processing for paperwork, clothing change, property, initial risk assessment, and medical intake. Detainees were called to a desk and given a risk assessment in this area. Should a detainee require interpretation services intake staff would utilize the telephone to access the interpreter service. Onsite observation and review of provided (b) (7)(E) confirmed this area is not private and other detainees or staff could hear responses to the risk assessment questions. Review of 30 detainee files confirmed the intake process was completed within 12 hours of admission to the facility. Review of files additionally confirmed a reassessment was conducted between 60 and 90 days from the date of the initial assessment as required. Interviews with intake staff and the PSACM further confirmed assessments are completed at the required time frames and detainees are not disciplined for failure to answer any of the questions in the assessment. Interviews with intake staff confirmed housing decisions were determined prior to arrival, but information from the risk assessment or medical could adjust the housing assignment. Review of 11 investigation files confirmed a reassessment was completed on each detainee after an allegation was made.

**Corrective Action:**

Does not meet (g): The facility is not implementing appropriate controls on the dissemination of responses to the risk assessment questions by completing the assessment in this area. To become compliant, the facility must establish and implement a procedure to assess detainees upon entry into the facility so that responses to the risk assessment questions remain private. The facility must provide the established procedures to the Auditor for compliance review. Once approved, the facility must train applicable staff on the new procedures and provide documentation of training completion along with the materials used in the training. Once implemented, the facility must provide the Auditor with documentation of 10 detainee intakes conducted in private during the CAP period.

**Corrective Action Taken:**

On December 19, 2025, January 28, 2026, March 4, 2026, March 25, 2026, and May 4, 2026, the Auditor reviewed documentation submitted by the facility. The facility provided a proposed CAP which included a sample product for a noise cancelling device. The proposed CAP stated when conducting the PREA assessment with detainees, the staff conducting the assessment would ensure privacy screens were in place and verify a sound masking (white noise machine) was in place and powered prior to conducting the PREA assessment. The facility provided photographs of staff utilizing the noise cancelling devices during 10 detainee risk assessments along with the detainees' corresponding risk screening assessments, verifying that appropriate controls on the dissemination of responses to detainee risk assessment questions were in place by facility staff when completing the detainee assessments. The facility submitted a signed staff roster and individual training acknowledgements indicating 28 staff were trained in the new process between April 1, 2026 and April 6, 2026. The facility has demonstrated full compliance with 115.41.

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

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

**Notes:**

(a)(b)(c)(d)(e)(f): MPC 10.1 states, "MPC shall subject a detainee(s) to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee(s) engaged in Sexual Abuse.

At all steps in the disciplinary process any sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the detainee(s) to conform to rules and regulations in the future. MPC shall have a detainee(s) disciplinary system with progressive levels of reviews, appeals, procedures, and documentation procedure. The disciplinary process shall consider whether a detainee(s)'s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. MPC shall not discipline a detainee(s) for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of Sexual Abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The PSA Compliance Manager shall receive copies of all disciplinary reports regarding Sexual Activity and Sexual Abuse for monitoring purposes." Review of the facility detainee handbook confirmed offenses are listed as Greatest, High, High Moderate, and Low Moderate. Sanctions imposed for the infraction are progressive and appear to be commensurate with the prohibited act. The Auditor reviewed 11 investigation files. One substantiated staff-on-detainee allegation resulted in detainee discipline for engaging in a relationship with a staff member and the detainee received sanctions for the incident. The detainee's mental disability or illness was considered when the sanctions were imposed. Provision (e) prohibits disciplining a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact; therefore, the facility is out of compliance. There were no detainee-on-detainee investigation files that were substantiated for the Auditor to review. Interview with the DHO confirmed the disciplinary process is progressive with increasing penalties and several layers of appeals. The interview additionally confirmed a detainee's mental disability or illness would be considered prior to determining any sanctions and reports made in good faith are not disciplined.

**Corrective Action:**

Does Not Meet (e): MPC disciplined a detainee for engaging with a relationship with a staff member and placed him in segregation for 59 days plus loss of commissary, vending machines, field recreation, tablet, and telephone privileges. The facility identified the noncompliance and provided additional training for staff prior to the onsite audit. To become compliant with this standard the facility must provide documentation of five staff on detainee PREA allegations and any resulting detainee disciplinary action (if applicable) during the CAP period.

**Corrective Action Taken:**

On March 26, 2026, and May 4, 2026, the Auditor reviewed documentation provided by the facility. The facility provided a Statement of Fact document, dated April 13, 2026, indicating that during the CAP period the Montgomery Processing Center had no occurrence of staff on detainee PREA allegations or any resulting detainee disciplinary action (if applicable). Based on the facility's self-initiated corrective action plan during the audit period and no occurrence of staff on detainee PREA allegations during the CAP period, the facility met all provisions of this standard and is fully compliant with 115.78.

**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.

*Jodi Upshaw*

5/11/2026

**Auditor's Signature & Date**

5/26/2026

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

**Program Manager's Signature & Date**

5/22/2026

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

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

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



**Homeland  
Security**

**AUDIT DATES**

<b>From:</b>	8/26/2025	<b>To:</b>	8/28/2025
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**AUDITOR INFORMATION**

<b>Name of auditor:</b>	Jodi Upshaw	<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	(409) 866-(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 #:</b>	(409) 866-(b) (6), (b) (7)(C)

**AGENCY INFORMATION**

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

<b>Name of Field Office:</b>	Houston
<b>Field Office Director:</b>	Bret Bradford
<b>ERO PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	126 Northpoint Drive Houston, TX 77060

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

**Basic Information About the Facility**

<b>Name of facility:</b>	Montgomery ICE Processing Center
<b>Physical address:</b>	806 Hilbig Rd Conroe, Texas 77301
<b>Telephone number:</b>	936-521-4900
<b>Facility type:</b>	Contract Detention Facility
<b>PREA Incorporation Date:</b>	4/12/2017

**Facility Leadership**

<b>Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Facility Administrator
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	936-521-(b) (6), (b) (7)(C)
<b>Name of PSA Compliance Manager:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	PSA Compliance Manager
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	936-521-(b) (6), (b) (7)(C)

## NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Montgomery ICE Processing Center (MIPC), also known as the Montgomery Processing Center (MPC), was conducted on August 26 – 28, 2025, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditors, Jodi Upshaw, Lead Auditor, (b) (6), (b) (7)(C), Program Manager (PM), Support Auditor, and (b) (6), (b) (7)(C), Support Auditor, all employed by Creative Corrections, LLC. The Auditors were provided guidance and review during the audit report writing and review process by ICE PREA PM (b) (6), (b) (7)(C) and Assistant Program Manager (APM) (b) (6), (b) (7)(C), both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA auditing process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. MPC is operated by GEO Group (GEO) and is located in Conroe, TX. This is the facility's third PREA audit. The current audit period is August 28, 2024 – August 28, 2025. The facility refers to the facility as MPC in policy and forms and for this report the Auditor will use MPC for continuity.

Approximately four weeks prior to the onsite audit, the ERAU Team Lead (TL) (b) (6), (b) (7)(C) provided the Auditor with the Agency policies, facility's policies, and other pertinent documents through the ICE Audit Management and Review System (AMRS) SharePoint. Supporting documentation was organized and placed within folders for ease of auditing. The main policy that governs MPC's PREA Program is 10.1 Sexual Abuse/Assault Prevention and Intervention Programs. Supporting documentation and the policy were reviewed by the Lead Auditor. The Lead Auditor reviewed the Agency website (<https://www.ice.gov/prea>) and the facility website (<https://www.geogroup.com/prea>). No correspondence was received from any detainee, outside individual, or staff member prior to the onsite audit.

MPC houses low, medium, and high custody level male and female detainees who are pending immigration reviews such as asylum decisions and expedited removal. The facility does not house juveniles or family units. The facility reported 10,394 detainees have been booked into the facility in the last 12 months. The average length of time in custody is 30 days. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities processed through MPC are from El Salvador, Honduras, and Mexico. On the first day of the audit the facility reported 1106 male detainees, and 117 female detainees were housed at the facility. The facility is comprised of 19 housing units (17 male and 2 female). One female unit has double occupancy cells with a toilet and sink located in the cells and a common shower area that contains single occupancy showers. Within this unit are four double occupancy cells with a toilet and sink in each cell that houses female segregation. The other female housing unit is an open bay/dormitory unit with single stall toilets and single occupancy showers. There are 15 male housing units that are open bay/dormitory style units with 10 single stall toilets and 10 single stall showers. One unit has six cells with an occupancy of eight detainees with a single occupancy shower and single stall toilets within each cell. One unit is male segregation with single or double occupancy cells and a toilet/sink area in the cell. There are 26 medical observation/mental health watch cells which include 6 negative pressure cells located within the medical unit.

The entry briefing was held in the Facility Administrator's (FA) conference room on August 26, 2025. The ICE/OPR/ERAU TL opened the briefing. In attendance were:

- (b) (6), (b) (7)(C) PREA Compliance Manager (PCM), GEO
- (b) (6), (b) (7)(C) Assistant Facility Administrator (AFA), MPC
- (b) (6), (b) (7)(C) PSA Compliance Manager (PSACM), MPC

(b) (6), (b) (7)(C) Food Service Compliance Officer (FSCO), MPC  
(b) (6), (b) (7)(C) Training Administrator (TA), MPC  
(b) (6), (b) (7)(C) Classification Manager (CM), MPC  
(b) (6), (b) (7)(C) Intelligence Officer (IO), MPC  
(b) (6), (b) (7)(C) Health Services Administrator (HSA), ICE Health Services Corp (IHSC)  
(b) (6), (b) (7)(C) Clinical Director (CD), IHSC  
(b) (6), (b) (7)(C) Assistant Field Officer Director (AFOD), ICE ERO  
(b) (6), (b) (7)(C) Supervisory Detention and Deportation Officer (SDDO), ICE ERO  
(b) (6), (b) (7)(C) Assistant Contracting Representative (ACOR)/Deportation Officer, ICE ERO  
(b) (6), (b) (7)(C) Section Chief, ICS, ICE OPR/ERAU  
(b) (6), (b) (7)(C) TL, ICS, ICE OPR/ERAU  
(b) (6), (b) (7)(C) Program Manager (PM), Certified Auditor, Creative Corrections, LLC  
Jodi Upshaw, Certified Auditor, Creative Corrections, LLC  
(b) (6), (b) (7)(C) Certified Auditor, Creative Corrections, LLC

The Lead Auditor introduced herself and then provided an overview of the audit process and the methodology to be used to assess PREA Compliance with those present. The Auditor further explained the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. She further explained compliance with the PREA standards will be determined based on review of policy and procedures, observations made during the facility inspection, provided documentation review, and information obtained from staff and detainee interviews.

An onsite review commenced on August 26, 2025, and included observations of the sally port, intake area, medical unit, housing units, segregation unit, food service, laundry, gymnasium, library, recreation areas, and visitation. In addition, the Auditors observed the control center and administrative offices. During the onsite audit, the Auditors made visual observations of bathrooms and shower areas, (b) (7)(E) noted sight lines, potential blind spots, and the number of staff assigned in all areas of the facility. Housing units have a common seating area, telephones, toilet area with sinks, and a shower area. The Auditors observed PREA information in all common areas of the facility, and within the detainee housing areas which included the audit notice, the DHS-prescribed Sexual Assault Awareness Notice with facility contact name and number, DHS Office of Inspector General (OIG) poster, Detainee Reporting Information Line (DRIL) poster, Consular numbers, Rape Crisis Center of San Antonio, The Montgomery County Women’s Center, and the Sexual Assault and Abuse Free Environment (SAAFE) House posting. The posters were predominately in English and Spanish. During the onsite audit, the Auditors tested the numbers provided for DRIL, OPR, OIG, SAAFE, the Montgomery Women’s Center, and the facility PREA Hotline and confirmed they were in good working order. The Lead Auditor was able to observe a detainee intake process (b) (7)(E). Detainees were brought into the facility from the sally port and pat-down searches were conducted. Once the pat-down searches were conducted, detainees were placed in a holding cell. Detainees were brought out to the intake desk and signed prefilled paperwork, took a photograph for their facility identification card, and verified personal property that was being held by the facility. Detainees were classified before arrival.

(b) (7)(E)  
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MPC employs 315 detention officers (123 male and 192 female) with the remaining staff consisting of administrative, management, food service, and support staff. There are 91 medical and 6 mental health staff

employed by IHSC, federal General Service (GS), and contractors. The facility utilizes volunteers for religious services. The Auditors conducted 19 MPC staff interviews which consisted of the FA, PSACM/Investigator/Incident Review Team member/Retaliation Monitor, Grievance Officer (GO), Disciplinary Hearing Officer (DHO), Intake staff (2), Human Resources Manager (HRM), Training Officer (TO), Segregation Supervisor, Classification staff (2), Noncustodial staff (2), Staff member who Conducts Unannounced Rounds, Food Service staff, and random Detention Officers (DO) (4). The Auditors additionally interviewed the AFOD, a Keefe contractor, IHSC medical and mental health staff (2), and an advocate from SAAFE House. The support Auditors interviewed 21 male and 8 female randomly selected detainees, which included 2 detainees who reported prior sexual victimization, 4 transgender, 3 detainees who identified as gay or bisexual, 1 detainee who reported a sexual abuse incident, and 2 disabled detainees. Of the 29 detainees interviewed, 22 were interviewed with the limited English proficiency (LEP) interview protocol, utilizing Language Line Service Associates (LSA) provided by Creative Corrections, LLC. The facility PAQ reported there are two facility investigators who conduct PREA investigations. The Lead Auditor reviewed 11 investigation files for allegations made during the audit period.

On August 28, 2025, an exit briefing was held in the FA's conference room. The ICE/OPR/ERAU TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C) PCM, GEO  
(b) (6), (b) (7)(C) AFA, MPC  
(b) (6), (b) (7)(C) PSACM, MPC  
(b) (6), (b) (7)(C) FSCO, MPC  
(b) (6), (b) (7)(C) SDDO, ICE ERO  
(b) (6), (b) (7)(C) ACOR/Deportation Officer, ICE ERO  
(b) (6), (b) (7)(C) TL, ICS, ICE OPR/ERAU  
Jodi Upshaw, Certified Auditor, Creative Corrections, LLC  
(b) (6), (b) (7)(C) Certified Auditor, Creative Corrections, LLC

The Auditor informed those in attendance that final compliance determinations could not be made until a review of documentation, site review notes, and interviews were compiled. The Auditor thanked those in attendance for cooperation during the audit.

## SUMMARY OF AUDIT FINDINGS

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

**Number of Standards Exceeded: 0**

**Number of Standards Met: 35**

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator.
- §115.13 - Detainee supervision and monitoring.
- §115.15 - Limits to cross-gender viewing and searches.
- §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.
- §115.31 - Staff training.
- §115.32 - Other training.
- §115.34 - Specialized training: Investigations.
- §115.35 - Specialized training: Medical and mental health care.
- §115.42 - Use of assessment information.
- §115.43 - Protective custody.
- §115.51 - Detainee reporting.
- §115.52 - Grievances.
- §115.53 - Detainee access to outside confidential support services.
- §115.54 - Third-party reporting.
- §115.61 - Staff reporting duties.
- §115.62 - Protection duties.
- §115.63 - Reporting to other confinement facilities.
- §115.64 - Responder duties.
- §115.65 - 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.
- §115.81 - 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**

- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.33 - Detainee education.
- §115.41 - Assessment for risk of victimization and abusiveness.

- §115.78 - Disciplinary sanctions for detainees.

**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.

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

**Outcome:** Meets Standard

**Notes:**

(c): MPC 10.1 states, “MPC shall articulate and adhere to a zero-tolerance policy towards all forms of sexual abuse and assault and outlining MPC’s approach to preventing, detecting, and responding to such conduct.” During the onsite audit, the Auditors observed the DHS ICE Zero Tolerance for Sexual Abuse poster in the intake area, all housing units, the medical unit, and other common areas of the facility. Interviews with 19 MPC staff confirmed all were aware of the facility and agency zero-tolerance policy toward all forms of sexual abuse. The facility provided confirmation MPC 10.1 has been reviewed and approved by the agency.

(d): MPC 10.1 states, “The Facility Administrator shall designate a local PSA Compliance Manager who shall serve as the facility point of contact for the DHS PSA Coordinator and the Corporate PREA Coordinator.” The Auditor reviewed the organizational chart and observed the PSACM reports directly to the FA. Interview with the PSACM confirmed she is the point of contact for the Agency PSA Coordinator. In addition, the PSACM confirmed she has sufficient time and the authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): MPC 10.1 states, “MPC shall ensure that it maintains sufficient supervision of detainee(s), including through appropriate staffing levels and, where applicable, (b) (7)(E) , to protect detainee(s) against sexual abuse. MPC shall develop and document comprehensive detainee(s) supervision guidelines to determine and meet the detainee(s) supervision needs. These guidelines are reviewed at least annually. In determining adequate levels of detainee(s) supervision (b) (7)(E) , the facility shall take into consideration: Generally accepted detention and correctional practices; Any judicial findings of inadequacy; The physical layout of each facility; The composition of the detainee(s) population; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; The findings and recommendations of sexual abuse incident review reports; and Any other relevant factors, including but not limited to the length of time detainee(s) spend in custody.” According to the PAQ, MPC employs a total of 315 security staff, consisting of 123 males and 192 females, that may have recurring contact with detainees. The remaining staff consists of support personnel in administration, maintenance, and food service. Facility staffing also includes 91 medical and 6 mental health staff employed by IHSC, federal General Service (GS), and contractors. DOs work three 8-hour shifts: 5:00 a.m. - 1:30 p.m., 1:00 p.m. - 9:30 p.m., and 9:00 p.m. - 5:30 a.m. The Auditors observed appropriate staffing levels in the booking/intake area, medical unit, and housing units during the onsite audit. (b) (7)(E)

(b) (7)(E)

. The facility has developed comprehensive detainee supervision guidelines through facility Post Orders and GEO policies. The facility provided a list of Post Orders signed by the FA confirming policies and post orders are reviewed on an annual basis. The facility provided an Annual PREA Facility Assessment – Adult Prisons and Jails signed on September 11, 2024. The completed assessment took into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, the physical layout of the facility, composition of detainee population, review of substantiated and unsubstantiated incidents, the findings and recommendations of prior sexual abuse incident review reports and other relevant factors. During the onsite audit, the Auditors observed random post orders and confirmed the post orders were updated yearly. Interviews with the FA and PSACM confirmed that appropriate staffing levels are determined as part of an annual staffing plan review, the comprehensive detainee supervision guidelines and the annual PREA Facility Assessment.

(d): MPC 10.1 states, “MPC has implemented a policy and practice requiring department heads, facility management staff and supervisors to conduct and document unannounced security inspections within their respective areas to identify and deter sexual abuse of detainee(s). Employees are prohibited from alerting others that these security inspections are occurring, unless such announcement is related to the legitimate operational functions of facility.” During the onsite audit the Auditors randomly checked post logbooks and confirmed unannounced rounds were being conducted on day and night shifts. The Lead Auditor interviewed a supervisor who conducted unannounced rounds and confirmed the staff member could articulate these rounds were different than the required daily safety and sanitation inspections. Interviews with four DOs additionally confirmed supervisors conduct rounds randomly and they understand they are prohibited from alerting others these rounds are occurring.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Not Applicable

**Notes:**

(a)(b)(c)(d): According to the PAQ and interviews with the FA, PSACM, and four DOs, MPC does not house juvenile or family units; therefore, the standard is not applicable.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(b)(c)(d): MPC 10.1 states, “Cross-gender pat-down searches of male detainee(s) 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. MPC shall not permit cross-gender pat-down searches of female detainee(s), absent exigent circumstances. MPC shall document all strip searches, visual body cavity searches and cross gender pat-down searches.” The facility provided a memorandum which stated there have been no cross-gender pat-down searches conducted during the review period and blank Cross Gender Pat Search and Strip Search Logs. During the onsite audit, the Lead Auditor observed an intake (b) (7)(E) and confirmed searches were conducted professionally and respectfully by staff of the same gender as the detainee being searched. Interviews with the PSACM and four random DOs confirmed MPC does not conduct cross gender pat searches and these type searches are prohibited. Staff further confirmed these searches could be conducted only in an emergency situation and should one occur, it would need to be documented. Interviews with 29 detainees further confirmed

they had been pat searched upon entry into the facility in a professional and respectful manner by a staff member of the same gender.

(e)(f): MPC 10.1 states, “Cross-gender strip searches or cross-gender visual body cavity searches shall not be conducted except in exigent circumstances, including consideration of officer safety, or when performed by Medical Practitioners. MPC shall document all strip searches, visual body cavity searches, and cross-gender pat-down searches.” The facility provided a Strip Search log that documented a strip search of two male detainees performed by male staff members. Interviews with four DOs confirmed cross-gender strip searches are not authorized at MPC. Interviews with 29 detainees also confirmed they had not been strip searched by someone of the opposite gender while housed at MPC. MPC does not house juveniles.

(g): MPC 10.1 states, “MPC shall allow detainee(s) to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances, or instances when the viewing is incidental to routine cell checks or otherwise appropriate in connection with a medical examination or monitored bowel movement. Employees of the opposite gender shall announce their presence when entering an area where detainee(s) are likely to be showering, performing bodily functions, or changing clothes.” During the onsite audit, the Auditors observed opposite gender staff making gender announcements adequately when entering a housing unit. Interviews with four DOs confirmed they were aware of the requirement to announce their presence when entering a housing unit of the opposite gender. During interviews with 29 detainees, 13 stated opposite gender staff announce their presence. The other 16 stated opposite gender don’t announce, they don’t understand due to a language barrier, or they don’t hear the announcement due to cell location. Based on observations made onsite and interviews with staff, the Auditor finds substantial compliance with this provision.

(h): MPC is not designated as a Family Residential Center; therefore, provision (h) is not applicable.

(i)(j): MPC 10.1 states, “MPC shall not search or physically examine a transgender or intersex detainee(s) solely to determine their genital status. If the genital status is unknown, it may be determined during private conversations with the detainee(s), by reviewing medical records, or by learning that information as part of a standard medical examination that all detainee(s) must undergo as part of intake or other processing procedure conducted in private by a medical practitioner. Security staff shall be trained to conduct pat-down searches, including cross-gender pat-down searches and searches of transgender and intersex detainee(s) in a professional and respectful manner, and in the least intrusive manner possible, including consideration of officer safety.” The Auditor reviewed MPC’s Cross-Gender Viewing and Searches curriculum and confirmed it includes instruction on pat down searches, visual searches, steps to perform a body cavity search, and transgender and intersex search considerations. The facility additionally provided documentation confirming staff had completed the training. The Auditors reviewed 11 staff training files and confirmed all had received training in the proper procedures for conducting pat-down searches, including cross-gender pat-down searches, and searches of transgender and intersex detainees. Interviews with four DOs confirmed they would not search or physically examine a transgender or intersex detainee for the sole purpose of determining their genital status and it is prohibited at MPC. Interviews further confirmed the detention officers had received cross-gender pat-down search training to include conducting a pat-search of a transgender or intersex detainee. Interviews with two medical staff confirmed there have not been any detainees housed at MPC where the gender was unknown. Interviews with four detainees who identified as transgender disclosed during interviews that they experienced no searches that appeared to be to determine genital status.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Does Not Meet Standard

**Notes:**

(a)(b)(c): MPC 10.1 states, “MPC shall ensure that detainee(s) with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the facility’s efforts to prevent, detect, and respond to sexual abuse and assault. MPC shall provide written materials to every detainee(s) in formats or through methods that ensure effective communication with detainee(s) with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. Methods to ensure effective communication shall include, when necessary, access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation. In matters relating to sexual abuse, the agency or the facility shall provide in-person or telephonic interpretation services that enable effective, accurate and impartial interpretation, by someone other than another detainee(s), unless the detainee expresses a preference for another detainee(s) to provide interpretation and the agency determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, alleged abusers, detainee(s) who witnessed the alleged abuse, and detainee(s) who have significant relationship with the alleged abuser is not appropriate in matters relating to sexual abuse. Any use of these interpreters under these type circumstances shall be justified and fully documented in the written investigative report.” During the onsite audit the Auditors observed the DHS-prescribed Sexual Assault Awareness Notice with facility contact name and number, DRIL posters, and ERO Language Services resource flyers and the posted in English and Spanish. The ICE National Detainee Handbook is available on detainee tablets in 17 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K’iche’, Portuguese, Pulaar, Punjabi, Romanian, Russian, Spanish, Turkish, Vietnamese, and Wolof. Interview with Intake staff confirmed that MPC utilizes BIG Language Solutions for interpretation services. Intake staff have access to a TTY machine they could utilize as needed. Should a detainee have a cognitive disability, intake staff stated they would speak slower or communicate with the detainee using words the detainee could understand. Staff also confirmed information could be given to detainees with visual disabilities by reading material or in the case of hearing disabilities by providing written material. Interviews with four DOs confirmed they would not allow a detainee to interpret for another for allegations of sexual abuse but would under limited circumstances, if requested by the detainee and if the agency deems it appropriate. Twenty-nine detainees were interviewed, of which 22 were interviewed under the LEP protocol. During interviews with these 22 detainees, 17 stated they did not receive the ICE National Detainee Handbook or MPC facility handbook, 1 received the facility handbook, but not the ICE National Detainee Handbook, and 4 stated they received the ICE National Detainee Handbook and MPC facility handbook. Two hearing impaired detainees were interviewed; however, one had hearing aids, and the other was able to hear enough to be adequately interviewed with out accommodation. Review of the same 22 LEP detainee files confirmed the detainees signed for the ICE National Detainee Handbook and MPC facility handbook at intake. During the onsite review the Lead Auditor asked an Intake staff member to show her the ICE National Detainee Handbooks. The staff member couldn’t find them at first and then opened a desk drawer, removed some paperwork and found a random selection of ICE National Detainee Handbooks (less than 6). The handbooks did not include English or Spanish. The Lead Auditor observed a detainee tablet and noticed the National Detainee Handbook was uploaded in 17 languages and the 2 additional languages were loaded during the onsite review. There were no SAAPI pamphlets available for distribution. The Lead Auditor observed an intake (b) (7)(E) and did not observe detainees receiving the ICE National Detainee Handbook or MPC facility handbook upon intake.

**Corrective Action:**

Does Not Meet (b): The facility is not compliant with ensuring meaningful access to all aspects of the agency’s and facility’s efforts to prevent, detect, and respond to sexual abuse to LEP detainees. Intake forms indicated detainees signed for an ICE National Detainee Handbook and MPC facility handbook; however, interview with an Intake staff member and detainees confirmed the information was not available and was not distributed. Observation of an intake (b) (7)(E) further confirmed this information was not distributed. To become compliant the facility must develop a procedure and practice that ensures LEP detainees have access and equal opportunity to the Agency’s and facility’s efforts to prevent, detect, and respond to sexual abuse. The facility

must train applicable staff on this newly established procedure, provide the training curriculum, and provide documentation of training completion to the Auditor. The facility must additionally submit to the Auditor documentation for 10 detainees who received meaningful access to all aspects of the agency's and facility's efforts to prevent, detect, and respond to sexual abuse during the CAP period who speak languages other than English or Spanish to confirm the new procedure has been implemented. If applicable, the submitted files should include a sampling of detainees who are deaf or hard of hearing, blind or have limited sight, or may have intellectual, psychiatric, or a speech disability.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): In accordance with DHS Directive, Instruction Number 121-01-007, Revision #02, Personnel Security Vetting Program, issued August 10, 2024, and replacing ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, the following procedures are implemented under the Personnel Security Vetting Program. "All individuals with access to DHS IT systems or sensitive information and/or with unescorted access to DHS-owned/controlled facilities undergo a background investigation with a favorable determination. All covered individuals are investigated commensurate with their position risk/sensitivity level, which are set in accordance with the U.S. Office of Personnel Management (OPM) position risk/sensitivity designation guidance/tool or successor process. The Department of Defense (DOD) grants clearances to DHS contractor employees. DHS grants clearances to state, local, tribal, and private sector (SLTPS) and Classified Critical Infrastructure Protection Program (CCIPP) participants and consultants. DHS determines eligibility for access to SCI for contractor employees. Continuous Evaluation (CE) is a personnel security investigative process to review the background of individuals who have been determined eligible for access to classified information or to hold a sensitive position at any time during the period of eligibility. In accordance with SEAD 6, "Continuous Evaluation," and subsequent Implementation Guidelines, DHS is participating in a federally authorized CE program. CE is intended to be a component of the forthcoming continuous vetting concept. Additional CE checks may be run if deemed necessary. The primary objective for the DHS CE program is to develop an automated solution for continuous data checks on the eligible DHS population that delivers only the relevant derogatory information not previously adjudicated by personnel security. CE record checks supplement existing investigative processes by transforming personnel security investigations from periodic snapshots to ongoing reviews that bridge information gaps within the reinvestigation cycle. The Unit Chief of OPR Personnel Security Operations (PSD) informed Auditors who attended virtual training in September 2024, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity." Additionally, in an email provided by the Personnel Security Division (PSD) Unit Chief, dated September 30, 2024, Auditors were informed that, "during federal staff promotions, Office of Human Capital (OHC) notifies the PSD the individual has selected the tentative job offer and PSD then collects the "PREA Questionnaire", form DHS 6 CFR 115, as part of the vetting process." The Auditor reviewed the "PREA Questionnaire" and confirmed it includes asking the applicant about 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. MPC 10.1 states, "MPC is prohibited from hiring or promoting anyone (who will have direct contact with detainee(s) who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, or other institution who has been convicted of engaging in sexual activity facilitated by

force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. MPC shall conduct a background investigation to determine whether the candidate for hire is suitable for employment with the facility, including a criminal background records check and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees. Background investigations, including criminal background records checks shall be repeated for all employees at least every five years. Upon request, MPC shall submit written documentation showing the detailed elements of the facility's background check for each employee and the facility's conclusions. MPC shall also impose upon employees a continuing affirmative duty to disclose any such conduct as part of its hiring and promotional processes, and during annual performance reviews for current employees. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of employment, as appropriate. Unless prohibited by law, facilities shall provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.”

The Auditor submitted a DHS Background Investigation for Federal Employees and Contractors, Promotional Background for Federal Employees form to the PSD for review. The form included ICE staff, GEO staff, and contractor names. The returned form indicated all had current backgrounds except for one GEO staff member did not have a record of investigation; however, the background was confirmed as complete by verification of the staff file. The Lead Auditor reviewed 11 staff (which included 3 promotions during the audit period), 1 contractor, and 2 volunteer files and confirmed MPC is asking new hires or staff selected for promotion if they have engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution; if the applicant 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 if the applicant has been civilly or administratively adjudicated to have engaged in such activity. Review of staff files confirmed initial backgrounds and backgrounds conducted as part of the promotion process were completed and documented as required of provision (c). Review of one contractor and two volunteer files confirmed background checks were documented. Interview with the HRM confirmed new hires must complete a background investigation successfully prior to hire, and the PREA-related questions are included in the employment documents, along with the statement that material omissions or false information shall be grounds for termination or the withdrawal of an offer of employment. Background investigations are also completed on staff members as part of the promotion or transfer process. Backgrounds are completed on contractors and volunteers annually. The HRM stated, if an applicant disclosed prior institutional experience, the GEO system would send requests for information to the prior institutions. Should an applicant disclose prior GEO experience she would research the GEO computer system as this information is entered upon a staff member’s resignation or termination. The HRM further confirmed MPC would share any lawful relevant information on substantiated allegations of sexual abuse involving a former employee applying to a different institutional employer.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Not Applicable

**Notes:**

(a)(b): A review of the PAQ and interviews conducted with the FA and PSACM confirmed the facility has not acquired a new facility or made a substantial expansion to the existing facility (b) (7)(E) during the audit period. Therefore, subsections (a) and (b) of the standard are not applicable.

**Corrective Action:**

No corrective action needed.

**§115.21 - Evidence protocols and forensic medical examinations.****Outcome:** Meets Standard**Notes:**

(a)(b)(c)(d)(e): The Agency's policy 11062.2 Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency's evidence and investigation protocols. Per policy 11062.2, "when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (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 Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted." MPC 10.1 states, "MPC is responsible for investigating allegations of Sexual Abuse and is required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for juveniles where applicable, and developed in coordination with the Department of Homeland Security (DHS). MPC shall offer to all detainee(s) who experience Sexual abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim's consent and without cost to the detainee(s) and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The outside or internal victim advocate shall provide emotional support, crisis intervention, information, and referrals. Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite Qualified Medical Practitioner may perform the examination if a SAFE or SANE is not available. As requested by the victim, the presence of his or her outside or internal victim advocate, including any available victim advocacy services offered by a hospital conducting the forensic exam, shall be allowed for support during a forensic exam and investigatory interviews. If the incident is "potentially criminal," and involves coercion, force, threats or intimidation, the facility should promptly contact the local law enforcement." The Lead Auditor was provided with documentation that ICE has reviewed facility policy. The Lead Auditor reviewed email threads between MPC, SAAFE House, and the Montgomery Women's Center requesting a signed Memorandum of Understanding (MOU). The email further states that the facility has been in communication with both advocacy groups for a number of years and is requesting a formalized agreement. The Lead Auditor additionally reviewed an MOU between MPC and the Conroe Police Department (CPD) requesting CPD follow requirements of provisions (a) through (d) of the standard. Review of 11 investigation files confirmed that all detainees were offered victim advocacy services after an allegation and that a uniform evidence protocol was followed to the extent required by the incident. One investigation file indicated the need for a SAFE/SANE examination, which was conducted. Interviews with medical staff confirmed that detainees would be sent to HCA Conroe for a SAFE/SANE examination if needed. Interview with the PSACM/Investigator confirmed that the CPD would conduct criminal investigations with MPC conducting administrative investigations. The interview further confirmed MPC follows a uniform evidence protocol that has been developed in coordination with DHS and is developmentally appropriate for juveniles.

**Corrective Action:**

No corrective action needed.

**§115.22 - Policies to ensure investigation of allegations and appropriate agency oversight.****Outcome:** Meets Standard**Notes:**

(a)(b)(c)(d)(e)(f): The Agency provided policy 11062.2, which states in part, “when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary. b) Notify ERO’s Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding “Protocol on Reporting and Tracking of Assaults” (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG).” MPC 10.1 states, “An investigative report shall be written for all investigations of allegations of Sexual abuse. MPC shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years. Allegations of sexual abuse that involve potentially criminal behavior or that include penetration or touching, of the genitalia, anus, groin, breast, inner thigh, or buttocks either directly or through the clothing, shall be referred to outside law enforcement agencies. Ensure that the Facility Administrator, ICE Field Office, PSA Compliance Manager, Facility investigator, Corporate PREA Coordinator, and other designated individuals are notified within two (2) hours of the occurrence. If the incident is "potentially criminal," and involves coercion, force, threats or intimidation, the facility should promptly contact the local law enforcement having jurisdiction for investigation.” A review of Agency policy and MPC 10.1 confirm there is established protocol to ensure all allegations of sexual abuse are investigated by the agency or facility or referred to an appropriate investigative authority. The Auditor reviewed the Agency website (<https://www.ice.gov/prea>) and the facility’s website, (<https://www.geogroup.com/prea>) confirming the Agency website includes the Agency’s investigative protocol and the facility website contains the facility’s protocols. Review of 11 investigation files confirmed MPC notifies CPD for every allegation and CPD will issue a case number then decline the case or investigate potential criminal cases. Interviews with the FA and PSACM/Investigator confirmed that all allegations of sexual abuse would be referred for investigation and that such records will be maintained for at least five years. Interviews further indicated that when a staff member, contractor or volunteer is the perpetrator of detainee sexual abuse, the facility will notify ICE and the appropriate investigative authority unless the allegation does not involve potentially criminal behavior. Interview with the AFOD confirmed notification would be made to the JIC and ICE OPR or DHS OIG. Review of 11 investigation files confirmed all notifications were made appropriately and promptly.

**Corrective Action:**

No corrective action needed.

**§115.31 - Staff training.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): MPC 10.1 states, “All employees, contractors and volunteers shall receive training on GEO’s Sexually Abusive Behavior Prevention and Intervention Program. MPC shall train all employees who may have contact with detainee(s) on: Its zero-tolerance policy for sexual abuse and assault; How to fulfill their responsibilities under agency sexual abuse and assault prevention, detection, reporting and response policies and procedures, to include procedures for reporting knowledge or suspicions or information of sexual abuse; Recognition of situations where sexual abuse may occur; The right of detainee(s) and employees to be free from sexual abuse, and from retaliation for reporting sexual abuse and assault; Definitions and examples of prohibited and illegal sexual behavior; Recognition of physical, behavioral and emotional signs of sexual abuse, and methods of preventing and responding to such occurrences; ways to prevent such occurrences; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with detainee(s); How to communicate effectively and professionally with detainee(s), including LGBTI or Gender Non-conforming

detainee(s); and, The requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the detainee(s)-victim's welfare and for law enforcement or investigative purposes. SAPPI [sic] refresher training shall be conducted each year thereafter for all employees. Refresher training shall include updates to Sexual abuse and Assault policies. Employees shall document through signature on the PREA Basic Training Acknowledgment Form that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-Service SAAPI Training." The Auditor reviewed MPC's PREA training slides and confirmed the training contains all elements of provision (a). Review of 11 staff files confirmed all had received initial PREA training upon hire and received refresher training every year. Interview with the TO confirmed staff are provided initial PREA training upon hire. Annually, MPC staff receive PREA training. The Auditor requested two certifications of completion for ICE ERO Officers and received them onsite. Interviews with four DOs confirmed they had received training upon initial hire and thereafter received annual training.

**Corrective Action:**

No corrective action needed.

**§115.32 - Other training.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): MPC 10.1 states, "All Employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program. MPC shall ensure that all volunteers and contractors who have contact with detainee(s) are trained on their responsibilities under GEO's Sexual abuse and Assault prevention, detection, and response policies and procedures. The level and type of training provided shall be based on the services they provide and the level of contact they have with detainee(s), but all who have contact with detainee(s) shall be notified of GEO's and MPC's zero tolerance policies regarding Sexual abuse and informed how to report such incidents. Volunteers and contractors who have contact with detainee(s) shall receive annual SAAPI refresher training. Volunteers and contractors shall document through signature on the PREA Basic Training Acknowledgment Form that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-Service SAAPI Training." The Lead Auditor reviewed MPC Volunteer Orientation checklist, PREA training acknowledgements, and sign-in logs with a statement on the bottom stating MPC has a zero-tolerance policy and contractors and volunteers have a duty to report. The Auditor additionally reviewed one contractor file and two volunteer files and confirmed the facility has maintained written documentation that contractors and volunteers who have contact with detainees have completed the required training. Interview with the TO confirmed provides annual training for staff online through the Learning Management system and training for staff, contractors and volunteers completion is documented in the staff training file. There were no volunteers onsite during the audit for the Auditor to interview. Interview with the IHSC/Health Services Administrator confirmed medical and mental health PREA training is received prior to detainee contact and through medical annually.

**Corrective Action:**

No corrective action needed.

**§115.33 - Detainee education.**

**Outcome:** Does Not Meet Standard

**Notes:**

(a)(b)(c)(d)(e)(f): MPC 10.1 states, "During the intake process, the detainee(s) orientation program notifies and informs the detainee(s) about GEO's zero-tolerance policy regarding all forms of sexual abuse and assault and includes instruction on: Prevention and intervention strategies; Definitions and examples of detainee(s)-on detainee(s) sexual abuse, employee on detainee(s) sexual abuse, and coercive sexual activity; Explanation of methods for reporting sexual abuse, including to any employee, including an employee other than immediate

point-of contact line officer (i.e., the PSA compliance manager or mental health staff), the DHS Office of Inspector General, and the Joint Intake Center; Information about self-protection and indicators of sexual abuse; Prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee(s)'s immigration proceedings; and The right of a detainee(s) who has been subjected to sexual abuse to receive treatment and counseling. Detainee(s) orientation shall be provided in formats accessible to all detainee(s), including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainee(s) who have limited reading skills. MPC shall maintain documentation of detainee(s) participation in the intake process orientation which shall be retained in their individual files. MPC shall post on all housing unit bulletin boards the following notices: The DHS-prescribed sexual assault awareness notice; The name of the PSA Compliance Manager; and the name of local organizations that can assist detainee(s) who have been victims of Sexual abuse. MPC shall make available and distribute the DHS-prescribed "Sexual Assault Awareness Information" pamphlet." During the onsite audit the Auditors observed the DHS-prescribed Sexual Assault Awareness Notice with PSACM's name and number, information for DHS OIG, reporting numbers for DRIL, and poster for the SAAFE House in common areas of the facility and detainee housing units. The Lead Auditor observed an intake process (b) (7)(E) and observed that detainees were not given the ICE National Detainee or MPC handbook and only signed pages within a pre-made detainee folder. The facility had a video playing on television sets in English and Spanish. Review of the detainee tablet confirmed the ICE Detainee National Handbook was available in 17 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K'iche', Portuguese, Pulaar, Punjabi, Romanian, Russian, Spanish, Turkish, Vietnamese, and Wolof. During the onsite review the two additional ICE National Detainee Handbooks were loaded (Mam and Q'eqchi'). Review of 30 detainee files confirmed all detainees signed they had received the ICE National Detainee Handbook and MPC facility handbook, received a SAAPI pamphlet, and watched the video. Detainee file reviews additionally confirmed translation was provided through BIG Language Line or a staff translator. Interviews with 29 detainees confirmed 18 detainees did not receive the ICE National Detainee Handbook or MPC facility handbook, or SAAPI pamphlet, 6 reported they received the ICE National Detainee Handbook and MPC facility handbook or SAAPI pamphlet, 1 detainee reported only the facility handbook was received, 1 detainee reported only the ICE National Detainee Handbook was received, and 3 of the 29 detainees stated the facility handed out handbooks the week before the onsite audit. Intake staff was unable to provide the Auditor evidence that the ICE National Detainee Handbooks, in all languages, were available for distribution. Nor were there SAAPI pamphlets available for distribution.

#### **Corrective Action:**

Does Not Meet (a)(b)(c)(e): MPC's detainee education is not compliant with the requirements of this standard. Review of an intake (b) (7)(E) and interviews with Intake staff and detainees confirmed that the required educational materials are not being provided. To become compliant the facility must establish and implement a detainee education process that adheres to all elements of provision (a), is provided to visually impaired or otherwise disabled and available to LEP detainees, ensure the detainee education is documented accurately, and distribute the SAAPI pamphlet. Once developed, the facility must provide to the Auditor the established detainee education process for review. Once approved, the applicable staff must be trained on the new process, and documentation of training completion, including the referenced training material, must be provided to the Auditor for compliance review. Once the process is implemented, the facility must provide to the Auditor confirmation that 10 detainees have received PREA education using the newly implemented process.

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

**Outcome:** Meets Standard

#### **Notes:**

(a)(b): 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, which covers in depth investigative techniques, evidence collections, and covers all aspects to

conduct 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; LGBTI, and disabled detainee(s); and an overall view of the investigative process. The Agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirement. MPC 10.1 states, "Facility investigators shall be trained in conducting investigations on Sexual abuse and effective cross-agency coordination. All investigations into alleged Sexual abuse must be conducted by qualified investigators. Investigators shall receive this specialized training in addition to the general training mandated for Employees. MPC shall maintain documentation of this specialized training." The facility provided training slides for the PRC PREA Specialized Training: Investigating Sexual Abuse in Correctional Settings "Effective Cross-Agency Coordination" from ICE ERO, PREA Sexual Assault Investigation Training slides and certificates of completion for an investigator. Review of 11 investigation files confirmed the investigator who completed the 11 investigations during the audit period had completed the specialized training and generalized training required under §115.31.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): IHSC Directive 03-01 Sexual Abuse and Assault Prevention and Intervention states, "Training must include: Definitions and examples of prohibited and illegal sexual behavior, recognizing situations where sexual abuse or assault may occur; Prevention, detection, response, and treatment of physically or sexually abused and assaulted patients in ICE custody; Appropriate interventions when a sexual abuse or assault occurs; Recognition of the physical, behavioral, and emotional signs and ways to prevent and respond to such occurrences; Description of how to respond effectively and professionally to a victim of sexual abuse or assault; How to recognize the physical, behavioral, and emotional signs of sexual abuse or assault; Discussion of how to communicate effectively and professionally with bisexual, transgender, intersex, lesbian, gay, or gender nonconforming patients; Instructions on how to identify and protect/safeguard physical evidence with patients of sexual abuse or assaults; Steps for reporting allegations or suspicious of sexual abuse and assault. IHSC staff do not suffer retaliation for reporting abuse or assaults; Appropriate response to allegations or suspicions of sexual assault involving patients with mental or physical disabilities; How to avoid inappropriate relationships with patients; Limitations on reporting of sexual abuse and assault to personnel with a need-to-know to make decisions concerning the patient's welfare, and for law enforcement and investigative purposes; and Staff disciplinary actions for patient sexual abuse or assault." MPC 10.1 states, "IHSC will be responsible for training all full-time and part-time Medical and Mental Health Care Practitioners who work regularly at MPC on certain topic areas, including detecting signs of Sexual abuse and Assault, preserving physical evidence of Sexual abuse, responding professionally to victims of Sexual abuse and proper reporting of allegations or suspicions of Sexual abuse and Assault. Medical and Mental health Care Practitioners shall receive this specialized training in addition to the general training mandated for Employees or Contractors Section depending upon their status at the Facility. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. IHSC shall maintain documentation of this specialized training." MPC medical and mental health staff are employed by IHSC, GS, or contracted. Specialized medical and mental health training is conducted by the medical department annually. Review of training curriculum and completion transcripts confirm staff have received the required training. Interviews with medical and mental health staff confirmed PREA training is received upon hire and annually thereafter. The facility provided documentation that the agency had reviewed and approved MPC 10.1.

**Corrective Action:**

No corrective action needed.

**§115.41 - Assessment for risk of victimization and abusiveness.****Outcome:** Does Not Meet Standard**Notes:**

(a)(b)(c)(d)(e)(f)(g): MPC 10.1 states, "All detainee(s) shall be assessed during intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainee(s) to prevent taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the facility. MPC shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment. In addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records (e.g., medical files or, 213/216 remand, etc.) that can assist them with risk assessment. MPC shall also consider, to the extent that the information is available, the following criteria to assess detainee(s) for risk of sexual victimization: Mental, physical or developmental disability; Age; Physical build and appearance; Previous incarceration or detained; Nature of criminal history; Prior convictions for sex offenses against an adult or child; Whether detainee(s) has self-identified as LGBTI or Gender Nonconforming; Whether detainee(s) self-identified as having previously experienced sexual victimization; and, Own concerns about his/her physical safety. The intake screening shall also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the Facility, in assessing the risk of being sexually abusive. Classification staff shall reassess each detainee(s)'s risk of victimization or abusiveness between 60 and 90 days from the date of initial assessment at the facility, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization. Disciplining detainee(s) for refusing to answer or not providing complete information in response to certain screening questions is prohibited. Sensitive information shall be limited to need-to-know Employees only for the purpose of treatment, programming, housing and security and management decisions." The Lead Auditor observed a detainee intake process (b) (7)(E) █. Detainees entered the facility, received a pat down search, and were put in a holding cell to await processing for paperwork, clothing change, property, initial risk assessment, and medical intake. Detainees were called to a desk and given a risk assessment in this area. Should a detainee require interpretation services intake staff would utilize the telephone to access the interpreter service. Onsite observation and review (b) (7)(E) █ confirmed this area is not private and other detainees or staff could hear responses to the risk assessment questions. Review of 30 detainee files confirmed the intake process was completed within 12 hours of admission to the facility. Review of files additionally confirmed a reassessment was conducted between 60 and 90 days from the date of the initial assessment as required. Interviews with intake staff and the PSACM further confirmed assessments are completed at the required time frames and detainees are not disciplined for failure to answer any of the questions in the assessment. Interviews with intake staff confirmed housing decisions were determined prior to arrival, but information from the risk assessment or medical could adjust the housing assignment. Review of 11 investigation files confirmed a reassessment was completed on each detainee after an allegation was made.

**Corrective Action:**

Does not meet (g): The facility is not implementing appropriate controls on the dissemination of responses to the risk assessment questions by completing the assessment in this area. To become compliant, the facility must establish and implement a procedure to assess detainees upon entry into the facility so that responses to the risk assessment questions remain private. The facility must provide the established procedures to the Auditor for compliance review. Once approved, the facility must train applicable staff on the new procedures and provide documentation of training completion along with the materials used in the training. Once implemented, the facility must provide the Auditor with documentation of 10 detainee intakes conducted in private during the CAP period.

**§115.42 - Use of assessment information.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): MPC 10.1 states, "Screening information shall be used to inform assignment of detainee(s) to housing, recreation, and other activities, and voluntary work. The facility shall make individualized determinations about how to ensure the safety of each detainee(s). The PSA Compliance Manager will maintain an "at risk" log of potential victims and potential abusers determined from the initial PREA Risk Screening Assessment. The "at risk" log will be kept current and include current housing locations. Note: Following a reported allegation of sexual abuse, the PREA compliance manager will ensure 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 may be removed from the "at risk" log. The PSA compliance manager will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. When making assessments and housing decisions for transgender and intersex detainee(s), the facility shall consider the detainee(s)'s gender self-identification and an assessment of the effects of placement on the detainee(s)'s health and safety. Housing and programming assignments for each transgender and intersex detainee(s) shall be reassessed at least twice each year to determine any threats to safety experienced by the detainee(s). When operationally feasible, transgender, and intersex detainees shall be given an opportunity to shower separately from other detainee(s)." The facility provided the Lead Auditor with a PREA tracking log identifying potential victims, aggressors, and detainees considered at risk. Interviews with Intake and the PSACM confirmed should a detainee identify as transgender they would be housed in medical or administrative housing until a transport could be arranged for a different facility. Interviews with Classification and the PSACM further confirmed that housing assignments and voluntary work assignments take into consideration information from the PREA tracking log which is compiled based on information collected during risk screening. Interviews with four detention officers confirmed transgender and intersex detainees would be allowed to shower separately, if requested. Interviews with four detainees who identified as transgender confirmed they were able to shower in private.

**Corrective Action:**

No corrective action needed.

**§115.43 - Protective custody.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e): MPC 10.1 states, "Use of administrative restriction to protect detainee(s) vulnerable to sexual abuse or assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing option exists, as a last resort. MPC must document detailed reasons for placement of an individual in administrative restriction on the basis of a vulnerability to Sexual abuse or assault. MPC may assign detainee(s) vulnerable to Sexual abuse or assault to administrative restriction for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If restricted housing is used to protect vulnerable detainee(s), they shall have access to programs, visitation, counsel, and other services available to the general population to the maximum extent practicable. A supervisory staff member shall conduct a review within 72 hours of the detainee(s) placement in administrative restriction to determine whether restriction is still warranted; and, A supervisory staff member shall conduct, at a minimum; an identical review after the detainee(s) has spent seven (7) days in administrative restriction, and every week thereafter for the first 30 days, and every 10 days thereafter. MPC shall notify the appropriate ICE Field Office Director no later than 72 hours after the initial placement in administrative restriction on the basis of a vulnerability to sexual abuse or assault for review and approval of the placement."

MPC has written procedures developed governing the management of the facility's administrative segregation unit which also documents detailed reasons for placement in administrative segregation on the basis of vulnerability to sexual abuse or assault. The Lead Auditor reviewed documentation which confirmed ICE has reviewed this policy. MPC did not have any detainees housed in segregation due to being vulnerable to sexual abuse or assault during the onsite audit. Review of 11 investigation files confirmed no detainees were housed in segregation due to vulnerability. Interviews with the FA and Staff who supervise detainees in segregation confirmed detainees would not be held in administrative segregation longer than 30 days unless circumstances warranted the placement and that detainees would have access to programs, visitation, counsel, and other services available to general population. The FA further confirmed that notification would be made to ICE by telephone and documented via email should a detainee be placed in administrative segregation based on vulnerability to sexual abuse or assault.

**Corrective Action:**

No corrective action needed.

**§115.51 - Detainee reporting.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): MPC 10.1 states, "MPC shall provide multiple ways for detainee(s) to privately report sexual abuse and assault, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. MPC shall provide contact information to detainee(s) for relevant consular officials, the DHS Office of Inspector General or, as appropriate, another designated office, to confidentially and, if desired, anonymously, report these incidents. MPC shall provide detainee(s) contact information on how to report sexual abuse or assault to a public or private entity or office that is not part of GEO (i.e., contracting agency ICE) and that is able to receive and immediately forward detainee(s) reports of sexual abuse to Facility or GEO officials, allowing the detainee(s) to remain anonymous upon request. MPC shall provide detainee(s) contact information on how to report sexual abuse or assault to the Facility PSA Compliance Manager. Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports." MPC has written procedures developed governing the management of the facility's administrative segregation unit which also documents detailed reasons for placement in administrative segregation on the basis of vulnerability to sexual abuse or assault. During the onsite audit, the Auditors observed the DHS OIG, OPR, DRIL, and Consular numbers, and SAAFE House signage on the housing unit walls. The Auditors were able to test telephone numbers for the OIG, DRIL, and SAAFE House, which were all successful. Review of 11 investigation files confirmed all allegations that were made verbally to a staff member were documented. Interviews with four random DOs confirmed they would accept reports made verbally, in writing, anonymously and from third parties, and they would promptly document verbal reports. Interviews with 29 detainees confirmed all were aware of at least one reporting method including by reporting to a staff member, DRIL or DHS OIG.

**Corrective Action:**

No corrective action needed.

**§115.52 - Grievances.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): MPC 10.1 states, "MPC grievance policies shall include the following procedures regarding sexual abuse grievances. MPC shall permit a detainee(s) to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. MPC shall not impose a time limit on when a detainee(s) may submit a grievance regarding allegation of Sexual abuse. MPC shall implement written

procedures for identifying and handling time sensitive grievances that involve an immediate threat to detainee(s) health, safety or welfare related to sexual abuse. MPC staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. MPC shall issue a decision on the grievance within five (5) days of receipt and shall respond to an appeal of the grievance decision within 30 days. MPC shall send all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process. To prepare a grievance, a detainee(s) may obtain assistance from another detainee(s), the housing officer or other facility staff, family members, or legal representatives. Staff shall take reasonable steps to expedite requests for assistance from other parties.”

The facility handbook includes information to detainees on how to file informal, formal, and emergency grievances, the timelines associated with these grievances, the appeal process, information that they may file formal grievances at any time, or in lieu of lodging an informal grievance or complaint, and notifies the detainee they may obtain assistance from another detainee, staff, family, or legal representatives to complete the grievance. The Lead Auditor observed an investigation file that was initiated by a grievance involving a PREA allegation. The facility immediately responded back to the detainee and the allegations were then investigated. Interview with the GO confirmed detainees are allowed to file a grievance at any time and there is no time limit imposed for such grievances. The interview further confirmed that in addition to another detainee or staff member, detainees may utilize family members or legal representatives for assistance in preparing a grievance. The GO was knowledgeable about issuing a decision within 5 days and responding to an appeal within 30 days. The interview additionally confirmed grievances are sent to ICE upon completion. Interviews with four DOs confirmed that time-sensitive grievances would be immediately processed, and should the grievance involve a medical issue, it would be forwarded to medical. Staff members were also knowledgeable about allowing family, other detainees, or legal representatives to assist the detainee in preparing the grievance.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): MPC 10.1 states, “MPC shall utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to most appropriately address victim's needs. MPC shall make available to detainee(s) information about local organizations that can assist detainee(s) who have been victims of sexual abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available). If local providers are not available, MPC shall make available the same information about national organizations. MPC shall enable reasonable communication between detainee(s) and these organizations as well as inform detainee(s) (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. MPC will maintain or attempt to enter into agreements with community service providers to provide detainee(s) with confidential emotional support services related to the sexual abuse while in custody, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime. MPC shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements.” During the onsite audit, the Auditors observed the SAAFE House posting on the walls in the housing units with a telephone number and address. The posters were in English and Spanish. The Auditor reviewed an email thread from the PSACM to SAAFE House asking for a formalized agreement of advocacy services they currently provide. Interview with the PSACM confirmed the SAAFE House would be utilized to provide support services to detainees. Interviews with 29 detainees could not confirm any knowledge about outside confidential support services. Only one detainee interviewed stated, “they thought they had seen something about that on a poster.” The Auditor finds the facility has made information available to

detainees about a local organization by postings for SAAFE House in the housing units and common areas of the facility and listing the information in the facility handbook. Information about the extent communications will be monitored is posted by all housing unit telephones and in a recorded message when the telephone is utilized.

**Corrective Action:**

No corrective action needed.

**§115.54 - Third-party reporting.**

**Outcome:** Meets Standard

**Notes:**

MPC 10.1 states, “The MPC shall post publicly GEO’s third-party reporting procedures. GEO shall post on its public website its methods of receiving third-party reports of sexual abuse or assault on behalf of detainee(s).” A review of the ICE web page ([www.ice.gov/prea](http://www.ice.gov/prea)) and GEO website (<https://www.geogroup.com/prea>) confirmed it provides instructions for the public to report incidents of sexual abuse on behalf of any detainee. A Support Auditor tested MPC’s third party reporting system and confirmed a response was received. MPC had one investigation file where the report was received by a third party, which confirms the facility has an established method of receiving third party reports.

**Corrective Action:**

No corrective action needed.

**§115.61 - Staff reporting duties.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): The Agency’s policy 11062.2 mandates, “All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainee(s) or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” In addition, ICE Directive 11062.2 states, “If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state or local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section.” MPC 10.1 states, “Employees are required to immediately report, in accordance with agency policy, any of the following: Knowledge, suspicion, or information regarding an incident of sexual abuse or assault that occurred in a facility whether or not it is a GEO facility; Retaliation against detainee(s) or employees who reported such an incident or participated in an investigation about such incident; and Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainee(s) or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions. Employees reporting sexual abuse shall be afforded the opportunity to report such information to the chief of security or upper-level executive privately if requested and may also utilize the employee hotline or contact the corporate PREA coordinator directly to privately report these type incidents. Allegations of sexual abuse in which the alleged victim is under the age of 18 or considered a vulnerable adult under state or local vulnerable person’s statute, the facility shall report to designated state or local services agencies under applicable mandatory reporting laws.” There were five investigation files where a detainee reported an allegation to a staff member. Review of the documents confirmed the allegation was promptly reported and documented. Interviews with four DOs confirmed they were knowledgeable regarding their responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse,

retaliation or staff neglect that may have contributed to the abuse and that they could make a report of sexual abuse outside the chain of command by utilizing the DHS PREA hotline number or GEO hotline number. Interviews further confirmed they would not reveal any information regarding an allegation of sexual abuse to anyone other than to the extent necessary and only to those with a need to know. Interview with the FA confirmed if a detainee victim was under 18 or considered a vulnerable adult under state law, the allegation would be reported to ICE and the designated State or local services agency. The facility does not house juveniles. The Auditor was provided with documentation of the agency's review and approval of the facility policy.

**Corrective Action:**

No corrective action needed.

**§115.62 - Protection duties.**

**Outcome:** Meets Standard

**Notes:**

MPC 10.1 states, "When an employee or facility staff member has reasonable belief that a detainee(s) is subject to substantial risk of imminent sexual abuse, he or she shall take immediate action to protect the detainee(s)." Review of 11 investigation files confirmed that upon notification of an allegation, staff members took immediate action to provide safety to the detainee. Interviews with the FA, PSACM, and four DOs confirmed that should they become aware that a detainee is subject to a substantial risk of imminent sexual abuse, the detainee would be removed from the situation immediately.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): MPC 10.1 states, "In the event that a detainee(s) alleges that sexual abuse occurred while confined at another Facility, the Facility shall document those allegations and the Facility Administrator or Assistant Facility Administrator (in the absence of the Facility Administrator) where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred and notify the ICE Field Office as soon as possible, but no later than 72 hours after receiving the notification. The Facility shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Any Facility that receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA standards and reported to the appropriate ICE Field Office Director." Review of 11 investigation files confirmed no detainees were transferred to MPC or transferred from MPC to another facility that reported an allegation. There was one detainee who reported an allegation that occurred at the Houston County Sheriff's Office (HCSO) prior to being transferred to MPC. The facility submitted an email notifying HCSO of the incident, which was completed within 72 hours. Interviews with the FA and PSACM confirmed that should a detainee be transferred and MPC is notified of an allegation that happened at their facility, the ICE FOD would be notified, and an investigation would be initiated.

**Corrective Action:**

No corrective action needed.

**§115.64 - Responder duties.**

**Outcome:** Meets Standard

**Notes:**

(a)(b): MPC 10.1 states, "Upon learning of an allegation that a detainee(s) was sexually abused, or if the employee sees the abuse, the first security staff member to respond to the report shall: Separate the alleged victim

and abuser; Immediately notify the on-duty security supervisor and remain on the scene until relieved by responding personnel; Preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence; If the sexual abuse occurred within 96 hours, or a time period that still allows for the collection of physical evidence, request that the alleged victim and ensure the abuser do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; The alleged abuser should be placed (separately) in a dry cell, or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; until the forensic examination can be performed; A security staff of the same sex shall be placed outside the cell or area for direct observation to ensure these actions are not performed; If the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify security staff.” Review of 11 investigation files confirmed all first responders initiated an appropriate response consistent with the requirements of this standard. Review of training curriculum for initial and additional PREA training confirmed instruction is given that the victim should be requested not to take action to destroy evidence and staff should ensure the alleged perpetrator does not take actions to destroy physical evidence. Interview with two non-custody staff members confirmed they would ask the victim not to take action to destroy evidence and report the incident to custody staff immediately. Interviews with four DOs confirmed they could articulate they should request the victim and ensure the perpetrator not take action to destroy evidence.

**Corrective Action:**

No corrective action needed.

**§115.65 - Coordinated response.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): MPC 10.1 states, “MPC has developed a written facility plan to coordinate the actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse. MPC shall use a coordinated, multidisciplinary team approach to responding to sexual abuse. The PSA compliance manager shall be a required participant and the corporate PREA coordinator may be consulted as part of this coordinated response. If the victim of Sexual Abuse is transferred between DHS Immigration Detention Facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services. If the victim of sexual abuse is transferred to a non-DHS facility, MPC 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.” MPC has a facility coordinated response plan. Review of this plan confirms it coordinates actions by staff first responders, medical and mental health practitioners, investigators, and facility leadership. Interviews with the FA and PSACM confirmed the facility would use this plan as guidance when responding to an incident of sexual abuse. The FA further confirmed that should a detainee be transferred to another DHS facility, MPC would inform the receiving facility of the detainee’s need for potential medical or social services and further confirmed that should a detainee be transferred to a non-DHS facility, they would provide the same information unless the detainee requested otherwise.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

MPC 10.1 states, “Employees, contractors and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee(s) contact pending the outcome of an investigation. Separation orders requiring

"no contact" shall be documented by facility management via email or memorandum within 24 hours of the reported allegation. The email or memorandum shall be printed and maintained as part of the related investigation file. MPC shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged employee sexual abusers from contact with any detainee(s) pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted." Review of 11 investigation files revealed there were five that involved an accusation against a staff member. In each allegation a no-contact order was issued until the investigation was completed. Interview with the FA confirmed staff, contractors, and volunteers would be removed from contact with detainees until an investigation was concluded. Staff would be located to a post that does not have detainee contact and volunteers or contractors would not be allowed to enter the facility until the investigation process was complete.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): Agency policy 11062.2 mandates, "ICE employees shall not retaliate against any person, including a detainee(s), who reports, complains about, or participates in an investigation into an allegation of sexual abuse or assault, or for participating in sexual activity as a result of force, coercion, threats, or fear of force." MPC 10.1 states, "Employees, contractors, volunteers, and detainee(s) shall not retaliate against any person, including a detainee(s), who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force. MPC shall employ multiple protection measures, such as housing changes, removal of alleged staff abusers from contact with victims, and emotional support services for detainee(s), and employees who fear retaliation for reporting sexual abuse or for cooperating with investigations. The facility PSA Compliance Manager or in his/her absence, the facility PREA Investigator shall be responsible for monitoring detainee(s) retaliation. The PSA Compliance Manager shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. Any issues discussed shall be noted on the "Protection from Retaliation Log, to include corrective actions taken to address the issue. For at least 90 days following a report of sexual abuse, MPC shall monitor the conduct and treatment of detainee(s) who reported the sexual abuse to see if there are changes that may suggest possible retaliation by detainee(s) or staff and shall act promptly to remedy such retaliation. Items to be monitored for detainee(s) include disciplinary reports and housing or program changes. For at least 90 days following a report of staff sexual misconduct (abuse or harassment) by another employee, the Human Resources staff or Facility Investigator as designated by the Facility Administrator shall monitor the conduct and treatment of the employee who reported the staff sexual misconduct (abuse or harassment) or employee witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Items to be monitored for employees include negative performance reviews and employee reassignments. Completed Monitoring Logs shall be retained in the investigative file of the corresponding SAPPI incident." The Auditor reviewed 11 investigation files and confirmed that retaliation monitoring was conducted in each case. There were no staff retaliation monitoring to review. Detainee retaliation monitoring was initiated within one week of the allegation being reported. Monitoring was conducted on the designed GEO form and monitored disciplinary reports, program changes, housing changes, performance evaluations and review of staff reassignments with a block to add comments and boxes for the victim and monitor to sign. Interview with the PSACM/Retaliation Monitor confirmed multiple protection measures are employed, and monitoring would continue for 90 days unless circumstances indicate additional monitoring. There was one detainee housed at MPC who reported an allegation and was still being monitored for retaliation. The interview confirmed the detainee was contacted by a staff member weekly to discuss any issues.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): MPC 10.1 states, “MPC shall take care to place detainee(s) victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible (e.g., protective custody), subject to the requirements of 115.43. Detainee(s) victims shall not be held for longer than five (5) days in any type of administrative restriction, except in unusual circumstances or at the request of the detainee(s). A detainee(s) victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a proper reassessment, taking into consideration any increased vulnerability of the detainee(s) as a result of the sexual abuse. MPC shall notify the appropriate ICE Enforcement and Removal Operations Field Office Director whenever a detainee(s) victim has been held in administrative restriction for 72 hours.” During the onsite audit the Auditors observed the segregation units, but no detainee victims were housed there by the facility due to protective measures related to an allegation. Review of 11 investigation files confirmed one allegation resulted in a detainee requesting protective custody after the incident. Reviews were conducted pursuant to 115.43. Although the detainee was housed in protective custody longer than five days, it was due to his request and documented thoroughly. Interviews with the PSACM and staff that supervise detainees in segregation confirmed detainee victims would not be held any longer than five days in any administrative segregation except in an unusual circumstance or at the request of the detainee. The PSACM further confirmed a reassessment would be completed prior to a detainee’s return to general population. Interview with the Assistant Superintendent confirmed if a detainee was placed in administrative segregation due to an incident of sexual abuse, a notification would immediately be made to the ICE FOD.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(e)(f): MPC 10.1 states, “When MPC conducts its own investigations into allegations of sexual abuse, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. An administrative investigation shall be completed for all allegations of sexual abuse regardless of whether a criminal investigation is completed. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence (b) (7)(E) ; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. MPC shall not require a detainee(s) who alleges Sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Administrative investigations shall: Include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. MPC shall retain all written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. When outside agencies investigate sexual abuse, MPC shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.” Review of 11 investigation files confirmed all were prompt, thorough, objective, and conducted by a qualified investigator. There were no allegations that resulted in criminal investigation. Interview with the PSACM/Investigator confirmed that should an allegation result in a

criminal investigation, an administrative investigation would always be completed at the conclusion and in consultation with the appropriate investigative office within DHS. The interview further confirmed that should the alleged victim or abuser leave the facility or control of the facility, the investigation would continue until it was finished. Should a criminal investigation need to be conducted, MPC will remain informed through telephone calls, emails or in person updates with the Montgomery County Sheriff's Office. Interview with the PSACM confirmed that the facility utilizes MPC 10.1 for administrative investigation procedures. Review of this policy confirmed that it includes the coordination and proper sequencing of administrative and criminal investigation.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

ICE Policy 11062.2 states, "Administrative investigations impose no standard higher than the preponderance of the evidence to substantiate an allegation of sexual abuse or assault." Additionally, the ICE OPR Investigations Incidents of Sexual Abuse and Assault training required for investigators includes the evidentiary standard for administrative investigations. MPC 10.1 states, "Evidentiary standard for administrative investigations (§115.72) shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated." Interview with the PSACM/Investigator confirmed there is no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse are substantiated. Review of 11 investigation files confirmed that no standard higher than a preponderance of evidence was utilized to determine the outcome.

**Corrective Action:**

No corrective action needed.

**§115.73 - Reporting to detainees.**

**Outcome:** Meets Standard

**Notes:**

MPC 10.1 states, "At the conclusion of all investigations conducted by facility investigators, the facility investigator or staff member designated by the Facility Administrator shall inform the detainee(s) victim of sexual abuse in writing, whether the allegation has been: substantiated, unsubstantiated, or unfounded. The detainee(s) shall receive the original completed "Notification of Outcome of Allegation" form in a timely manner and a copy of the form shall be retained as part of the investigation file." The Auditor reviewed 11 investigation files and submitted the Notification of PREA Investigation Result to Detainee form to the TL. Review of the returned form and investigation files confirmed all detainees were notified of the results of the investigation. Interview with the PSACM/Investigator confirmed results of an investigation would be provided to the detainee if still housed at MPC and if the detainee was transferred notification would be given to ICE/ERO and they would notify the detainee of the outcome of the investigation.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): MPC 10.1 states, "Staff shall be subject to disciplinary or adverse action up to and including removal from their position and the Federal service for substantiated allegations of Sexual Abuse or for violating

agency or facility Sexual Abuse policies. The Agency shall review and approve facility policies and procedures regarding disciplinary or adverse actions for staff and shall ensure that the facility policy and procedures specify disciplinary or adverse actions for staff, up to and including removal from their position and from the Federal service for staff, when there is a substantiated allegation of Sexual Abuse, or when there has been a violation of agency sexual abuse rules, policies, or standards. Removal from their position and from the Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in Sexual Abuse, as defined under the definition of Sexual Abuse of a detainee(s) by an employee, contractor, or volunteer. MPC shall report all removals or resignations in lieu of removal for violations of Agency or facility Sexual Abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal. MPC shall make reasonable efforts to report removals or resignations in lieu of removal for violations of Agency or facility Sexual Abuse policies to any relevant licensing bodies, to the extent known.” The Auditor reviewed 11 investigation files and 5 involved a staff member. Only two resulted in substantiated findings; however, staff resigned before disciplinary actions could be taken. The facility provided documents to confirm the agency has reviewed and approved the facility’s policy. Interview with the FA and HRM confirmed staff are subject to disciplinary action that includes termination for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies. The FA further confirmed that removals or resignations are reported to law enforcement unless the incident is clearly not criminal, and efforts will be made to report these types of incidents to the appropriate licensing bodies.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): MPC 10.1 states, “Any contractor or volunteer who has engaged in Sexual Abuse shall be prohibited from contact with detainee(s). MPC 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. Contractors and volunteers suspected of perpetrating Sexual Abuse shall be removed from all duties requiring detainee(s) contact pending the outcome of an investigation. MPC shall take appropriate remedial measures, and shall consider whether to prohibit further contact with Detainee(s) by Contractors or Volunteers who have not engaged in Sexual Abuse, but have violated other provisions within these standards.” The Auditor reviewed 11 investigation files, but none involved a contractor or volunteer. Interview with the FA confirmed any contractor or volunteer suspected of engaging in or suspected of perpetrating sexual abuse would be removed from detainee contact immediately pending the outcome of an investigation. He further confirmed efforts would be made to notify any licensing body as required and law enforcement would be notified immediately unless there was clear evidence the incident was not criminal. The interview further confirmed that should a contractor or volunteer violate other PREA related provisions MPC would review the incident to determine if further detainee contact should be prohibited.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Does Not Meet Standard

**Notes:**

(a)(b)(c)(d)(e)(f): MPC 10.1 states, “MPC shall subject a detainee(s) to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee(s) engaged in Sexual Abuse. At all steps in the disciplinary process any sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the detainee(s) to conform to rules and regulations in the

future. MPC shall have a detainee(s) disciplinary system with progressive levels of reviews, appeals, procedures, and documentation procedure. The disciplinary process shall consider whether a detainee(s)'s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. MPC shall not discipline a detainee(s) for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of Sexual Abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The PSA Compliance Manager shall receive copies of all disciplinary reports regarding Sexual Activity and Sexual Abuse for monitoring purposes." Review of the facility detainee handbook confirmed offenses are listed as Greatest, High, High Moderate, and Low Moderate. Sanctions imposed for the infraction are progressive and appear to be commensurate with the prohibited act. The Auditor reviewed 11 investigation files. One substantiated staff-on-detainee allegation resulted in detainee discipline for engaging in a relationship with a staff member and the detainee received sanctions for the incident. The detainee's mental disability or illness was considered when the sanctions were imposed. Provision (e) prohibits disciplining a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact; therefore, the facility is out of compliance. There were no detainee-on-detainee investigation files that were substantiated for the Auditor to review. Interview with the DHO confirmed the disciplinary process is progressive with increasing penalties and several layers of appeals. The interview additionally confirmed a detainee's mental disability or illness would be considered prior to determining any sanctions and reports made in good faith are not disciplined.

**Corrective Action:**

Does Not Meet (e): MPC disciplined a detainee for engaging with a relationship with a staff member and placed him in segregation for 59 days plus loss of commissary, vending machines, field recreation, tablet, and telephone privileges. The facility identified the noncompliance and provided additional training for staff prior to the onsite audit. To become compliant with this standard the facility must provide documentation of five staff on detainee PREA allegations and any resulting detainee disciplinary action (if applicable) during the CAP period.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): MPC 10.1 states, "If during the intake assessment, persons tasked with screening determine that a detainee(s) is at risk for either sexual victimization or abusiveness, or if the detainee(s) has experienced prior victimization or perpetrated sexual abuse, the detainee(s) shall be referred to a qualified medical and/or mental health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the detainee(s) shall receive a health evaluation no later than two (2) working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee(s) shall receive a mental health evaluation no later than 72 hours after the referral." Review of 30 detainee files confirmed if the detainee's risk assessment indicated prior victimization or history of sexual abusiveness a block would be checked to indicate a referral was made to medical/mental health. During detainee file reviews, two files indicated a detainee's prior victimization, and documents confirmed that all detainees were provided with a referral to mental health. Interviews with Intake staff confirmed, should a detainee disclose prior victimization or is identified as a potential abuser from the risk screening form, an email is sent to the medical unit for scheduling for a mental health encounter. Interviews with medical staff confirmed prior sexual victimization and abusiveness questions are additionally asked as part of the medical intake process. Should a detainee disclose prior victimization or abusiveness, a referral is placed in the system to mental health. Medical evaluations would be conducted within 48 hours. Interview with mental health staff confirmed that if a referral is received, the detainee would be seen within 72 hours. Interviews with two detainees who reported previous sexual victimization on the risk screening form could not recall being referred to mental health; however, the Lead Auditor obtained additional documentation from mental health to confirm referrals had been made and detainees were seen.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b): MPC 10.1 states, "Victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by medical and mental health practitioners. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. All services shall be provided without financial cost to the victim regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. No attempt will be made by medical staff to clean or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim's medical condition. Medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Victims/Abusers shall either be transported to a local community facility for examination by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) or one shall be brought into the facility to conduct the examination. All refusals of medical services shall be documented." Interview with the HSA confirmed emergency medical treatment would be provided for detainees at the community hospital, HCA Conroe, and the SAFE/SANE examination would be performed there. Emergency medical treatment would be provided at no cost to the detainee and provided whether or not the detainee cooperates with the investigation. Interviews with medical and mental health staff confirmed any treatment plans would be continued at the facility and follow-up care would be provided to include any sexually transmitted infections, prophylaxis, emergency contraception and crisis intervention in accordance with professionally accepted standards of care.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(e)(f)(g): MPC 10.1 states, "MPC shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of sexual abuse while in immigration detention. The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community. Victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services. Victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. MPC shall attempt to conduct a mental health evaluation on all known detainee(s)-on-detainee(s) abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by mental health practitioners. Note: "known abusers" are those abusers in which a SAAPI investigation determined either [sic] administratively substantiated by outside law enforcement. All refusals for mental health services shall be documented." Review of 11 investigation files confirmed all victims were offered advocacy services and received a referral to mental health following the allegation. Interview with medical staff confirmed victim treatment plans would be continued at the facility should a detainee need to be transported for a SAFE/SANE

examination. The interview further confirmed mental health evaluations would be conducted on known detainee-on-detainee abusers within 60 days. Medical and mental health staff confirmed during interviews the care detainees receive while in custody is consistent with or better than care received in the community. Staff additionally confirmed treatment would be provided without cost whether or not the victim names the abuser or cooperates with the investigation.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): MPC 10.1 states, “MPC will conduct an incident review 30 days from the closure of the investigation report. MPC shall implement the recommendations for improvement, or document its reasons for not doing so. Annually, MPC shall conduct a review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility will prepare a negative report. MPC shall document the review utilizing the "DHS Annual Review of Sexual Abuse Incidents" form. The results and finding shall be provided to the Facility Administrator, Field Office Director, or his/her designee and corporate PREA Coordinator upon completion.” Review of 11 investigation files confirmed a sexual abuse incident review was completed within 30 days after the conclusion of an investigation. Interview with the PSACM confirmed a review would be conducted on all allegations. The facility provided documentation showing they completed a 2024 PREA annual report that was forwarded to the SDDO, , Field Office Director and Agency PSA Coordinator.

**Corrective Action:**

No corrective action needed.

**§115.87 - Data collection.**

**Outcome:** Meets Standard

**Notes:**

(a): MPC 10.1 states, “MPC shall maintain in a secure area all case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee(s) information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling in accordance with the PREA standards and applicable agency policies and established schedules.” The Lead Auditor observed a locked file cabinet in the PSACM/Investigator’s office where all investigation records associated with allegations of sexual abuse are maintained. This office is additionally secured behind a locked office door.

**Corrective Action:**

No corrective action needed.

**§115.201 - Scope of audits.**

**Outcome:** Meets Standard

**Notes:**

(d)(e)(i)(j): During all stages of the audit, including the onsite audit, the Auditors were able to review available memorandums and other documentation required to make an assessment with MPC’s PREA compliance. Interviews with staff and detainees were conducted in private while onsite. The Auditors observed the notification of audit posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. No detainees, outside entity, or staff correspondence was received prior to the onsite audit or during the post audit review.

**Corrective Action:**

No corrective action needed.

**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.

*Jodi Upshaw*

9/28/2025

**Auditor's Signature & Date**

11/17/2025

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

**Program Manager's Signature & Date**

11/17/2025

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

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



U.S. Immigration  
and Customs  
Enforcement

# **Office of Professional Responsibility**

