

# Office of Professional Responsibility

## CAP Final Determination Report and PREA Compliance Audit Report Alexandria Staging Facility

June 24 - 26, 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>	Sharon Shaver	<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>	New Orleans
<b>.Field Office Director:</b>	Melissa Harper
<b>.ERO PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>.Field Office HQ physical address:</b>	1250 Poydras Street, Suite 325 New Orleans, LA 70113

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

**Basic Information About the Facility**

<b>.Name of facility:</b>	Alexandria Staging Facility
<b>.Physical address:</b>	96 George Thompson Dr. Alexandria, Louisiana 71303
<b>.Telephone number:</b>	318-483-1600
<b>.Facility type:</b>	Staging Facility
<b>.PREA Incorporation Date:</b>	6/19/2015

**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>	318-483-(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>	318-483-(b) (6), (b) (7)(C)

## FINAL DETERMINATION

### SUMMARY OF AUDIT FINDINGS

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

During the audit, the Auditor found Alexandria Staging Facility met 35 standards, had 2 standards that exceeded, had 2 standards that were non-applicable, and had 2 non-compliant standards. As a result of the facility being out of compliance with 2 standards, the facility entered into a 180-day corrective action period which began on August 19, 2025, and ended on February 15, 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 November 7, 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 December 3, 2025. During the final review on December 3, 2025, the Auditor determined that the facility demonstrated compliance with the two standards found non-compliant during the site inspection ending the corrective action period early.

#### **Number of Standards Initially Not Met: 2**

- §115.33 - Detainee education.
- §115.41 - Assessment for risk of victimization and abusiveness.

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

#### **Number of Standards Met: 2**

- §115.33 - Detainee education.
- §115.41 - Assessment for risk of victimization and abusiveness.

#### **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.

### **§115.33 - Detainee education.**

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

#### **Notes:**

(a)(b)(c)(f): ASF policy 10.1.1 states, "During the intake process, ASF shall ensure that the Detainee orientation program notifies and informs Detainees about the Company's zero tolerance policy regarding all forms of Sexual Abuse and Assault and includes instruction on: 1) Prevention and intervention strategies; 2) Definitions and examples of Detainee-on-Detainee Sexual Abuse, Employee on Detainee Sexual Abuse and coercive Sexual Activity; 3) 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; 4) Information about self-protection and indicators of Sexual Abuse; 5) Prohibition against retaliation, including an explanation that reporting Sexual Abuse shall not negatively impact the Detainee's immigration proceedings; and, 6) The right of a Detainee who has been subjected to Sexual Abuse to receive treatment and counseling. At ASF, education shall be provided in formats accessible to all Detainees, including those are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to Detainees who have limited reading skills. ASF shall maintain documentation of Detainee participation in the intake process orientation which shall be retained in their individual files."

During interviews with the A-PA and PSACM the Auditor found that all DOs are trained to conduct intake processing due to the mission of the facility. The Auditor randomly selected two DOs and one Intake Supervisor to interview regarding the intake procedures. During these interviews the Auditor learned that during the intake processing, the DOs administer the PREA Risk Assessment form and provide each detainee with the SAA Information Pamphlet, the ICE National Detainee Handbook in their spoken language, and the facility's handbook in either English or Spanish. These interviews further confirmed that if a detainee spoke a language other than English or Spanish, the education acknowledgement form would be read to the detainee with assistance of an interpreter. If a detainee is deaf or hard of hearing staff will provide the information with the use of the translation line with the phone amplified or by sign language utilizing video relay service (VRS) and detainees who are blind or have low vision can use magnifier optic devices to read the material or a staff member or translation service can read the information to them. If a detainee is determined to have intellectual or mental disability mental health will be asked to assist with ensuring the detainee understands the information provided and has equal opportunity to participate in or benefit from all aspects of the PREA program. At conclusion of the intake the detainee is asked to sign the Detainee Orientation Sign In Sheet. Based on interviews with the two DOs the Auditor concluded that they do not notify or inform detainees verbally about the SAAPI orientation but only provide detainees with written materials. The Auditor reviewed the Detainee Orientation Sign In Sheet which states, "I have received the ICE National Detainee Handbook and SAAPI Pamphlet, in my preferred language, and the local supplement ASF Detainee Handbook in either English or Spanish. If necessary, the local supplement has been translated for me during the orientation. I have been given the opportunity to ask questions, and I understand the policies and procedures of the Alexandria Staging Facility. I have been given instructions on how to use the telephone, and I understand the first call is provided to me as a courtesy." Each DO station had digital access to print the SAA Information pamphlet and the ICE National Detainee Handbook supplement in all available languages, and the supplement ASF Detainee Handbook in English and Spanish, which was observed by the Auditor.

The Auditor reviewed the ICE National Detainee Handbook and confirmed it includes information about reporting sexual abuse and is available and distributed in 19 languages (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K'iche', Mam, Portuguese, Pulaar, Punjabi, Qeqchi, Romanian, Russian, Spanish, Turkish, Vietnamese, and Wolof). The SAA Information pamphlet is available in 17 languages (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Pulaar, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, Uzbek, and Vietnamese). Since the facility does not keep paper copies on hand in all languages of the ICE National Detainee Handbook and the SAA Information pamphlet, the PSACM issued a memorandum to all staff listing the available languages for the ICE National Detainee Handbook and the SAA Information pamphlets. A copy of this memorandum was posted at the Processing Stations for easy reference before the Auditor departed the facility.

The Auditor interviewed 12 detainees and only 3 stated that the facility notified or informed them about the agency's and the facility's zero-tolerance policies for all forms of sexual abuse. The Auditor reviewed detainee files for the detainees that were interviewed, and confirmed all detainees had signed the PREA Risk Assessment and the Orientation Sign In Sheet. The Auditor observed the intake processing of three detainees conducted by two different DOs. Both DOs identified the detainee's preferred language and secured an interpreter by phone before the intake processing began. The DOs began the intake process by asking the detainee questions from the PREA Risk Assessment and then had the detainee sign the assessment form when done. Detainees were told about telephone usage and their one free call. The detainee was asked to sign the Detainee Orientation Sign In Sheet and then provided with intake paperwork which included a printed copy of the ICE National Detainee Handbook, SAA Information pamphlet, and the local supplement ASF Detainee Handbook. These documents were in Spanish, which was the language spoken by the three detainees observed by the Auditor at intake. Collectively, the ICE National Detainee Handbook, SAA Information pamphlet, and the local supplement ASF Detainee Handbook contain the required SA-API information, but none of the information was addressed by staff with the detainee during the intake orientation, nor was there any indication that the staff determined if the detainee could read or understand the written information provided. At no time did staff notify or inform the detainee about the facility's zero tolerance policy regarding all forms of sexual abuse and assault; prevention and intervention strategies; definitions and examples of detainee-on-detainee sexual abuse, employee on detainee sexual abuse and coercive sexual activity; explanation of methods for reporting sexual abuse; prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings; and, the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. Because the facility's orientation lacks notifying and informing detainees about the agency's and the facility's zero-tolerance policies for all forms of sexual abuse including elements (1)-(6) of provision (a), and does not ensure the material is able to be read and understood by the detainee in accordance with provision (b), the facility is out of compliance with provisions (a)(b).

(d)(e): ASF policy 10.1.1 states, "ASF shall post on all housing unit bulletin boards the following notices: 1) The DHS-prescribed sexual assault awareness notice; 2) The name of the PSACM; and 3) The name of local organizations that can assist Detainees who have been victims of Sexual Abuse. Facilities shall make available and distribute the DHS-prescribed "Sexual Assault Awareness Information" pamphlet. Detainee notification, orientation and instruction must be in a language or manner that the detainee understands. The facility shall maintain documentation of detainee participation in the instruction session. The information is communicated orally and in writing, in a language clearly understood by the detainee, upon arrival at the facility." During the site visit, the Auditor observed the DHS-prescribed sexual assault awareness notice, which contained the name of the facility PSACM, the DHS OIG poster, the ICE DRIL poster, and signage for Crisis Intervention Resources for Victims of Sexual Abuse/Assault (including multiple resource information), posted in all units. Each dormitory is equipped with an Orientation/Education Station consisting of a metal binder mounted on the wall containing the ICE Detainee Handbook in English and Spanish, and the SAA Information pamphlet to be used as a resource by detainees. The top three nationalities of the facility population are Mexico, Honduras, and Guatemala.

**Corrective Action:**

Does Not Meet (a)(b): The facility’s orientation does not notify or inform the detainee about the facility’s zero tolerance policy regarding all forms of sexual abuse and assault; prevention and intervention strategies; definitions and examples of detainee-on-detainee sexual abuse, employee on detainee sexual abuse and coercive sexual activity; explanation of methods for reporting sexual abuse; prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee’s immigration proceedings; and, the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. To become compliant, the facility must develop an orientation program that notifies and informs each detainee about the agency’s and the facility’s zero-tolerance policies for all forms of sexual abuse including elements (1)-(6) of standard 115.33 provision (a) beyond presentation of written material to the detainee and provide the Auditor with a transcript of the SAAPI orientation program. Once implemented, signed acknowledgement forms must be provided for 10 detainees who have been processed at intake using the new SAAPI orientation program, with 5 requiring a language other than English or Spanish, or deaf or hard of hearing, blind or have low vision, have intellectual, psychiatric, or speech disabilities, or have limited reading skills. The documentation provided must specify the disability and/or language addressed.

**Corrective Action Taken:**

On November 7, 2025, the Auditor reviewed documents submitted by the facility on the October 3, 2025, submission which included Training Attendance Records forms dated September 25, 2025, September 28, 2025, September 29, 2025, September 30, 2025, for 61 staff. The training subjects noted were 115.33 Educational Materials for the Orientation Program, ASF Detainee Orientation Acknowledgement Procedures, 115.41 Initial Classification Process, Initial Housing Assignment within 12 hours of Admission, Appropriate Procedures for Intake Process. The facility also submitted a copy of the revised Detainee Orientation Acknowledgement Sheet that includes notification to detainees about all elements listed (1-6 in provision (a). On December 3, 2025, the Auditor reviewed documents submitted by the facility including completed Detainee Orientation Acknowledgement Sheets for 10 detainees processed between October 5, 2025-November 3, 2025. The samples included seven detainees who spoke languages other than English or Spanish. The documents confirmed that when a detainee does not speak English, a translator is used, and it is documented on the form by the processing officer. The facility is now compliant with all provisions of this standard.

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

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

**Notes:**

(a)(b)(c)(d)(g): ASF policy 10.1.1 states, “All Detainees shall be assessed during intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house Detainees to prevent Sexual Abuse, taking necessary steps to mitigate any such danger. 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. ASF shall also consider, to the extent that the information is available, the following criteria to assess Detainees for risk of sexual victimization to be completed by Officers: 1) Mental, physical or developmental disability; 2) Age; 3) Physical build and appearance; 4) Previous incarceration or detained; 5) Nature of criminal history; 6) Prior convictions for sex offenses against an adult or child; 7) Whether Detainee self-identified as LGBTI or Gender Nonconforming; 8) Whether Detainee self-identified as having previously experienced sexual victimization; and, 9) 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.” The Auditor reviewed the PREA Risk Assessment tool and confirmed it includes all elements required by provisions (c) and (d) of the standard. The form also documents the arrival date and arrival time, and the date and time the assessment is completed for purposes of ensuring completion of intake within 12

hours. The Auditor reviewed 2 completed risk assessments provided with the PAQ and 12 during the site visit. During the site visit the Auditor observed the intake process for three randomly selected detainees in two separate units. The unit assignment for each detainee is pre-determined based on the detainee's classification level which is known prior to arrival at the facility. This process is compliant with provision (a). While housing assignments are based on the detainee's security classification, bed assignments are based on other known information to include information obtained from the PREA risk assessment. Once detainees are placed on the unit, the assigned DO conducts the intake process with each newly assigned detainee one at a time in the Processing Office located inside the unit. This office is shared with medical staff with a divider partition. The Auditor's observations of the intake process found that the DOs confirmed the required language of the detainee and secured an interpreter by telephone prior to beginning the interviews. The intake interviews were conducted using a dual handset telephone and the DO asked the questions on the initial risk assessment of the detainee and marked the given answer. Once completed, the DO asked the detainee to sign the screening form. There were no other staff or detainees in the Processing Office during the intake processing. Interviews with the two DOs observed by the Auditor conducting intake confirmed that if a prior victim or prior perpetrator or a detainee who scores at-risk for either is identified during the risk screening, the DO will notify the shift supervisor immediately. The intake supervisor/shift supervisor confirmed during her interview that once the shift supervisor is made aware of this information, the detainee will be added to the At-Risk Tracking Log, a review of the current housing assignment will be made to ensure the detainee is housed appropriately; adjustments will be made if it is determined to be necessary. Housing placements for at-risk detainees may include assigning the detainee to a bed closest to the DO's station if assigned to an open bay/dormitory housing; if housed in Alpha or Bravo, the shift supervisor will ensure that potential predators and potential victims are not assigned to the same cell. The shift supervisor also explained that once per shift, the shift supervisor will make copies and scan all risk assessments that score as a victim/abuser to be forwarded to the ASF "PREA Referrals" digital mailbox distributes this information to the PSACM, PA, IHSC-Mental Health. During the site visit the Auditor observed the facility maintained the completed risk assessments in a locked cabinet located in the Intake Supervisor's office confirming that the facility has implemented appropriate controls on the dissemination of responses to the initial risk assessment. Interviews with five random DOs, two Processing Officer/DOs, the Major, and two shift supervisors confirmed that the detainee's own concerns about his physical safety are given serious consideration when making bed assignments. The Auditor interviewed 12 detainees and reviewed the detainee file for each confirming that a risk assessment had been completed during intake; however, based on the date and time of arrival compared to the documented date and time of the PREA Risk Assessment, only 3 of 12 were completed within 12 hours. As a result, the facility was found out of compliance with provision (b).

(e)(f): ASF policy 10.1.1 states, "ASF shall ensure that between 60 and 90 days from the initial assessment at the Facility, staff shall reassess each Detainee's risk for victimization or abusiveness using the PREA Vulnerability Reassessment Questionnaire which is to be completed by Case Managers. The PREA Risk Assessment form is completed initially upon arrival. At any point after the initial intake screening, a Detainee shall be reassessed for risk of victimization or abusiveness when warranted based upon the receipt of additional, relevant information or following an incident or abuse or victimization. Disciplining Detainees for refusing to answer or not providing complete information in response to certain screening questions is prohibited. ASF shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by Employees or other Detainees. Sensitive information shall be limited to need-to-know Employees only for the purpose of treatment, programming, housing and security and management decisions." The facility provided a memorandum with the PAQ stating, "The Alexandria Staging Facility has not had a 60-90-day reassessment required in the audit period." Interviews with the A-PA and PSACM confirmed that no detainee has been housed at the facility long enough to complete a 60-day reassessment as the average length of over the past 12 months is 7 days. The Auditor requested an ageing report for the current population and found that 14 days was the longest duration a detainee had been at the facility. An interview with the Major confirmed that detainees are not disciplined for refusing to answer the risk screening questions or for not disclosing complete information.

**Corrective Action:**

Does Not Meet (b): The Auditor interviewed 12 detainees and reviewed the detainee file for each confirming that a risk assessment had been completed during intake; however, based on the date and time of arrival compared to the documented date and time of the PREA Risk Assessment, only 3 of 12 were completed within 12 hours. To become compliant, the facility must develop procedures that ensure the initial classification process and initial housing assignment be completed within twelve hours of admission to the facility.

**Corrective Action Taken:**

On November 7, 2025, the Auditor reviewed documents submitted by the facility on the October 3, 2025, submission which included Training Attendance Records forms dated September 25, 2025, September 28, 2025, September 29, 2025, September 30, 2025, for 61 staff. The training subjects noted were 115.33 Educational Materials for the Orientation Program, ASF Detainee Orientation Acknowledgement Procedures, 115.41 Initial Classification process, Initial Housing Assignment within 12 hours of admission, Appropriate Procedures for Intake Process. These training documents were uploaded to 115.33, not 115.41, yet were applied to this standard as applicable. On December 3, 2025, the Auditor reviewed documents submitted by the facility including the "GEOtrack LaSalle Processing Center Subject Profile" and SAAPI Risk Assessment for 10 detainees processed between October 5, 2025-November 3, 2025. These documents demonstrated that all detainees were classified and had their SAAPI Risk Assessment conducted within 12 hours of arrival to the facility. The facility is now compliant with all provisions of this standard.

**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.

*Sharon Shaver*

**Auditor's Signature & Date**

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

**Program Manager's Signature & Date**

**(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>	6/24/2025	<b>To:</b>	6/26/2025
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**AUDITOR INFORMATION**

<b>Name of auditor:</b>	Sharon Shaver	<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>	New Orleans
<b>Field Office Director:</b>	Melissa Harper
<b>ERO PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	1250 Poydras Street, Suite 325 New Orleans, LA 70113

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

**Basic Information About the Facility**

<b>Name of facility:</b>	Alexandria Staging Facility
<b>Physical address:</b>	96 George Thompson Dr. Alexandria, Louisiana 71303
<b>Telephone number:</b>	(318) 483-1600
<b>Facility type:</b>	Staging Facility
<b>PREA Incorporation Date:</b>	6/19/2018

**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>	(318) 992-(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>	(318) 992-(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 Alexandria Staging Facility (ASF) was conducted on June 24-26, 2025, by U.S. Department of Justice (DOJ) and DHS Certified PREA Auditor/Assistant Program Manager (APM) Sharon R. Shaver, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by U.S. Immigration and Customs Enforcement (ICE) PREA Program Manager (PM) [REDACTED], also a DOJ and DHS Certified PREA Auditor. The PM's role is to provide oversight for the ICE PREA audit process and liaison with ICE Office of Professional Responsibilities (OPR), External Reviews and Analysis Unit (ERAU) during the audit review process. The purpose of the audit was to assess the facility's compliance with the DHS PREA Standards. ASF is a Dedicated Inter-governmental Service Agreement facility privately operated by the GEO Group and operates under contract with the DHS, Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO). ICE Health Service Corps (IHSC) provides medical and mental health services at ASF. This is the third PREA Audit for the facility and the second under DHS Subpart A standards. The last audit was conducted October 31, 2023-November 2, 2023, which was the facility's first audit under DHS Subpart A standards, at which time they remained out of compliance at the end of the corrective action period. As a result, the GEO Group requested a re-audit of the facility, and the current audit period is June 25, 2024-June 26, 2025.

The facility temporarily houses adult male detainees with custody levels of high, medium and low who are scheduled for deportation. The design capacity for the facility is 400 and the average daily population for the preceding 12 months was 265. The facility reports there were 33,964 detainees booked into the facility in the last 12 months. The current population on the first day of the audit was 243. The top three nationalities of the facility population reported by the facility are from Mexico, Honduras, and Guatemala. The average length of time in custody is seven days. The facility is comprised of one building which includes two multiple occupancy cell units (Alpha, Bravo), three open bay/dorm units (Charlie, Delta, Echo), two temporary holding cells at the rear entrance/exit, and two infirmary beds. The facility does not have segregation cells. The facility does not house juveniles or family detainees. There were no allegations of sexual abuse reported at ASF since the last PREA audit.

On May 27, 2025, the Auditor was notified by the ICE ERAU Inspections and Compliance Specialist (ICS) Team Lead (TL) [REDACTED], that the facility Pre-Audit Questionnaire (PAQ), Agency policies, facility policies, and other supporting documentation had been uploaded to the ICE Audit Management and Reporting System (AMRS) SharePoint. Supporting documentation was organized and placed within folders for ease of auditing. The Auditor reviewed all documentation provided, the Agency website (<https://www.ice.gov/prea>), and the facility website (<http://www.geogroup/prea>). Additional information was requested via Issue Log by the Auditor to the ICE/ERAU/ICS/TL, by email on May 30, 2025, and a response was received on June 10, 2025, with the requested information. The main policy that governs ASF's sexual abuse prevention, intervention and response program is 10.1.1, Sexual Assault and Abuse Prevention and Intervention (SAAPI). IHSC Directive 03-01, Sexual Abuse and Assault Prevention and Intervention governs ASF's healthcare for detainees.

An entrance briefing was held in the administrative conference room on Tuesday, June 24, 2025, at 8:15 a.m. and the ICE/ERAU/ICS/TL, [REDACTED], opened the briefing. In attendance were:

[REDACTED], Acting Project Administrator (A-PA), ASF  
[REDACTED], Major, ASF

(b) (6), (b) (7)(C), PREA Compliance Administrator, ASF  
(b) (6), (b) (7)(C), Compliance Administrator, PSA Compliance Manager (PSACM), ASF  
(b) (6), (b) (7)(C), Assistant Health Services Administrator (AHSA), IHSC  
(b) (6), (b) (7)(C), Nurse Manager, IHSC  
(b) (6), (b) (7)(C), MSLW, Mental Health Practitioner, IHSC  
(b) (6), (b) (7)(C), Deputy Field Office Director (DFOD), ICE/ERO  
(b) (6), (b) (7)(C), Assistant Field Office Director (AFOD), ICE/ERO  
(b) (6), (b) (7)(C), ICS, TL, ICE/ERAU  
Sharon R. Shaver, DOJ/DHS Certified PREA Auditor/APM, Creative Corrections, LLC.

The Auditor introduced herself and then provided an overview of the audit process and the methodology to be used to evaluate and determine compliance with the DHS PREA Standards with those present. The Auditor 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 the review of policy and procedures, observations made during the facility inspection, provided documentation review, and information obtained from both staff and detainee interviews.

A site inspection was conducted by the Auditor, accompanied by key staff from ASF and ICE ERO. All areas of the facility were observed by the Auditor, which included administrative areas, all detainee units, control room, intake seating and processing area, and medical areas. During the site visit, the Auditor observed the unit bathrooms and showers, officer sight lines, and (b) (7)(E). There were no notable blind spots observed. All units were designed with (b) (7)(E) for direct visibility into the units from the intake seating and processing area and corridors. During the site inspection, the Auditor observed PREA information in all units which included the DHS-prescribed Sexual Abuse and Assault Awareness notice with the name of the PSACM, the Detention and Reporting Information Line (DRIL) poster, contact information for DHS Office of Inspector General (OIG), contact information for the consular officials, Rape, Abuse & Incest National Network (RAINN), and State Sexual Abuse Hotline. The information was predominately in English and Spanish, which is the most common languages of the detainee population encountered. (b) (7)(E)

[REDACTED]

As reported on the PAQ and confirmed during the site visit, the facility has 71 security staff, (21 male officers and 50 female officers), 9 food service staff, 3 administration staff, and 1 maintenance worker. There are also 18 ICE/ERO staff and 63 IHSC healthcare staff. The facility utilizes one volunteer for religious services. Security staff work in three shifts 6:00 a.m. to 6:00 p.m., 6:00 p.m. to 6:00 a.m., and 8:00 a.m. to 4:00 p.m. The facility provided the Auditor with staff rosters for interviews and file reviews. A total of 17 staff interviews were conducted during the audit consisting of Facility Administrator (FA) (1), Shift Supervisors (2), Detention Officers (DO) (5), PSACM (1), Training Administrator (1), Human Resources Manager (HRM) (1), Disciplinary/Grievance Officer (1), Facility Investigators (4), PSACM/Investigator (1). In addition, interviews were conducted with three IHSC staff and two ICE/ERO staff. The Auditor interviewed 12 detainees and observed intake processing of 3 detainees. Eleven detainees interviewed were limited English proficient (LEP) and the Auditor conducted the interviews with the use of a language line through Language Line Service Associates (LSA) provided by Creative Corrections, LLC. All interviews were conducted in a private setting.

An exit briefing was conducted on Thursday, June 26, 2025, at 11:00 a.m. The ICE ERAU TL, (b) (6), (b) (7)(C), opened the briefing. In attendance were:

(b) (6), (b) (7)(C) FA, ASF

(b) (6), (b) (7)(C) Acting Project Administrator (A-PA), ASF

(b) (6), (b) (7)(C) Major, ASF

(b) (6), (b) (7)(C) PREA Compliance Administrator, ASF

(b) (6), (b) (7)(C) Compliance Administrator, PSACM, ASF

(b) (6), (b) (7)(C) Assistant Health Services Administrator (AHSA), IHSC

(b) (6), (b) (7)(C) Supervising Detention and Deportation Officer (SDDO) ICE/ERO

(b) (6), (b) (7)(C) Director/Contract Compliance, GEO (by phone)

(b) (6), (b) (7)(C) Manager/Contract Compliance, GEO (by phone)

(b) (6), (b) (7)(C) Section Chief, ICE/ERAU (by phone)

(b) (6), (b) (7)(C) ICS, TL, ICE/ERAU

Sharon R. Shaver, DOJ/DHS Certified PREA Auditor/APM, Creative Corrections, LLC.

The Auditor thanked all staff present for their hospitality and assistance and provided preliminary results of the site visit. The Auditor explained that a final determination could not be made until all information obtained from interviews, additional documentation reviewed during the site visit, and policy reviews were evaluated. The ICE/ERAU/ICS/TL explained the audit report process, timeframes for any corrective action imposed, and the timelines for the final report.

## SUMMARY OF AUDIT FINDINGS

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

### **Number of Standards Exceeded: 2**

- §115. 31 - Staff training.
- §115. 32 - Other training.

### **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. 16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §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. 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. 78 - Disciplinary sanctions for detainees.
- §115. 81 - Medical and mental health assessments; history of sexual abuse.
- §115. 82 - Access to emergency medical and mental health services.
- §115. 83 - Ongoing medical and mental health care for sexual abuse victims and abusers.
- §115. 86 - Sexual abuse incident reviews.
- §115. 87 - Data collection.
- §115. 201 - Scope of audits.

### **Number of Standards Not Met: 2**

- §115. 33 - Detainee education.

- §115. 41 - Assessment for risk of victimization and abusiveness.

**Number of Standards Not Applicable: 2**

- §115. 14 - Juvenile and family detainees.
- §115. 18 - Upgrades to facilities and technologies.

## PROVISIONS

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

### **§115. 11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator.**

**Outcome:** Meets Standard

**Notes:**

(c): ASF policy 10. 1. 1 states, "ASF maintains a zero-tolerance policy for all forms of sexual abuse or assault. Where any requirements of the DHS PREA Standards may conflict with PBNDS 2011, the DHS PREA Standards shall supersede. The DHS Prevention of Sexual Assault Coordinator (PSA Coordinator) shall review and approve ASF's written policy and any subsequent changes." The policy includes definitions of sexual abuse and general PREA definitions. In addition, the policy outlines the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment through, but not limited to, hiring practices, training, unannounced rounds, mandatory reporting, investigations, and support from victim advocates. During the site visit, the Auditor observed the DHS-prescribed Sexual Abuse and Assault Awareness notice posted in all units. Informal interviews with staff and formal interviews with five random DOs confirmed they were knowledgeable about the facility's zero-tolerance policy. During interviews with the AFOD and the FA the auditor confirmed that the ASF policy 10. 1. 1 has been reviewed and approved by the Agency on September 16, 2024.

(d): ASF policy 10. 1. 1 states, "ASF has designated a local PSACM who shall serve as the Facility point of contact for the DHS PSA Coordinator and Corporate PREA Coordinator." An interview with the PSACM confirmed she has sufficient time and authority to oversee the facility's efforts to comply with the facility sexual abuse prevention and intervention policies and procedures. The PSACM confirmed she serves as the facility point of contact for the Agency PSA Coordinator. The Auditor's review of the facility's Organization Chart confirmed that the PSACM is a direct report to the PA.

**Corrective Action:**

No corrective action needed.

### **§115. 13 - Detainee supervision and monitoring.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): ASF policy 10. 1. 1 states, "ASF shall ensure that it maintains sufficient supervision of Detainees, including through appropriate staffing levels and, where applicable, (b) (7)(E) ██████████, to protect Detainees against Sexual Abuse and Assault. ASF shall develop and document comprehensive Detainee supervision guidelines to determine and meet the Facility's Detainee supervision needs and shall review those guidelines at least annually. In determining adequate levels of Detainee supervision and determining the need for (b) (7)(E) ██████████, ASF shall take into consideration: 1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) The physical layout of each Facility; 4) The composition of the Detainee population; 5) The prevalence of substantiated and unsubstantiated incidents of Sexual Abuse; 6) The findings and recommendations of Sexual Abuse incident review reports; 7) Any other relevant factors, including but not limited to the length of time Detainees spend in Facility custody. The "PREA Annual Facility Assessment" (see Attachment B Corporate Policy 5. 1. 2 - D), shall be completed and submitted to the local PSACM and Corporate PREA Coordinator annually as determined by GEO's U. S. Secure Services division. GEO's U. S. Corrections and Detention Division, in consultation with the Corporate PREA Coordinator, shall review all ASF Facility

assessments and take appropriate actions necessary to protect Detainees from Sexual Abuse at ASF. All findings and corrective actions taken shall be documented by the Corporate PREA Coordinator.”

ASF indicated on the PAQ that the facility has 71 security staff, (21 male/50 female), 9 food service staff, 3 administrative staff, and 1 maintenance worker who may have continued contact with detainees. Additional staff include 18 ICE/ERO staff, 61 IHSC medical staff, and 2 mental health staff and one volunteer for religious services. Security staff work three shifts 6:00 a.m. to 6:00 p.m., 6:00 p.m. to 6:00 a.m., and 8:00 a.m. to 4:00 p.m. The Auditor reviewed staffing rosters for ASF staff, ICE/ERO staff, and IHSC staff provided with the PAQ and during the site visit. Interviews with the facility FA, A-PA and PSACM confirmed their knowledge of the required elements of provision (c) of the standard for consideration when determining adequate staffing levels and the need for (b) (7)(E) . The Auditor reviewed ASF’s Annual PREA Facility Assessment, dated September 17, 2024 and for the prior year, September 18, 2023 and confirmed the facility considered all elements required by provision (c) of the standard to determine adequate staffing levels and the need for (b) (7)(E) to include; generally accepted detention and correctional practices, judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee 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 detainees spend in the agency custody annually. Nineteen Post Orders comprise the facility’s comprehensive detainee guidelines, which were provided with the PAQ and reviewed by the Auditor confirming they were reviewed and revised May 21, 2025. The A-PA and PSACM confirmed these are reviewed on an annual basis. During the site visit the Auditor observed adequate staffing within the facility. The A-PA explained during his interview that the (b) (7)(E)

(b) (7)(E)

(d): ASF policy 10. 1. 1 states, “Supervisory staff (intermediate and high-level supervisors) shall conduct and document random unannounced security inspections to identify and deter staff sexual abuse and sexual harassment. These “PREA Unannounced Security Inspections” may be conducted in conjunction with other daily and weekly rounds as required. PREA Unannounced Security Inspections shall be conducted at least once per shift by the Assistant Shift Supervisor and Shift Supervisor. Daily Unannounced Security Inspections through each unit will be conducted by the Chief of Security and the Shift Supervisor documented in the unit logbook as PREA Unannounced Security Inspections in red ink. Other members of the executive team shall make less unannounced visits as schedules allow. Such inspections shall be implemented for night as well as day shifts. Employees are prohibited from alerting others that these security inspections are occurring, unless such announcement is related to the legitimate operational functions of ASF.” Interviews with two security supervisors who conduct unannounced security inspections confirmed their understanding of the purpose of the frequent unannounced security inspections. They both explained their methodology for conducting these inspections which included making sure they are irregular and unpredictable. Random staff interviews confirmed that the supervisors make regular rounds and that the unannounced rounds are documented in the logbooks. The Auditor reviewed a random sample of these logbook entries for all units with documentation provided with the PAQ and during the site inspection. These rounds are made frequently, irregular, and are documented on both day and night shifts.

**Corrective Action:**

No corrective action needed.

**§115. 14 - Juvenile and family detainees.**

**Outcome:** Not Applicable

**Notes:**

(a)(b)(c)(d): A memorandum from the FA provided with the PAQ stated, “The Alexandria Staging Facility does not hold juveniles or families.” Interviews with the facility A-PA, PSACM, and personal observations during the site visit confirmed the facility does not house juveniles or family units. This standard is not applicable.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(b)(d): ASF policy 10. 1. 1 states, “Searches may be necessary to ensure the safety of officers, civilians, and Detainees; to detect and secure evidence of criminal activity; and to promote security, safety, and related interest at Immigration Facilities. Searches shall be performed in the following manner: 1. Cross-gender pat-down searches of male Detainees shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in Exigent Circumstances. 2. Cross-gender pat-down searches of female Detainees, absent Exigent Circumstances are prohibited.” Interviews with five DOs confirmed that cross-gender pat-down searches are not to 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. If a cross-gender pat-down search is conducted, it is documented on the Cross Gender Pat Search log. The Auditor reviewed the Cross Gender Pat Search log and confirmed there were 16 entries documented during the audit period. During the site visit, the Auditor observed pat-down searches of detainees and confirmed the search was performed by staff of the same gender. The 12 detainees interviewed confirmed their pat-down searches were conducted by a male officer.

(c): ASF is a male only facility; therefore, provision (c) is not applicable.

(e)(f): ASF policy 10. 1. 1 states, “All strip searches, visual body cavity searches and cross-gender pat-down searches shall be documented. (See Attachment C – Cross Gender Pat Search Log). 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.” The facility indicated on the PAQ there were no strip searches conducted during the audit period. Interviews with five random DOs confirmed that strip searches, cross-gender strip searches, visual body cavity searches, and cross-gender visual body cavity searches are prohibited; however, if exigent circumstances required a strip search, cross-gender strip search, visual body cavity search, or a cross-gender visual body cavity search to be conducted the search would be documented on the Strip Search log. These interviews further confirmed they had not participated in or observed any strip searches at the facility. Interviews with 12 detainees confirmed they had not been subjected to a strip search or a visual body cavity search while housed at the facility.

(g): ASF policy 10. 1. 1 states, “ASF shall implement policies and procedures which allow Detainees to shower, change clothes, and perform bodily functions without Employees of the opposite gender viewing them, absent Exigent Circumstances or instances when the viewing is incidental to routine cell checks or otherwise appropriate in connection with a medical examination or monitored bowel movement. Employees of the opposite gender shall announce their presence when entering housing units or any areas where Detainees are likely to be showering, performing bodily functions, or changing clothes. PREA announcements are to be documented in the housing unit log. Detainees who are placed on constant observation status by Mental Health Providers shall be provided visual supervision by a Security Staff member of the same gender.” Interviews with five random DOs confirmed opposite gender staff are required to announce their presence when entering a unit. During the site visit, the Auditor observed signage on the doors to remind staff of opposite gender announcement requirements when entering a unit and observed the announcement being made by the female staff when entering the dormitory and in any area where a detainee may be showering or using the restroom. Interviews with 12 detainees

confirmed they have heard female staff announce their presence when entering the unit and that they have privacy when showering, using the toilet, and changing clothes.

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

(i)(j): ASF policy 10. 1. 1 states, “Staff shall not search or physically examine a Detainee for the sole purposes of determining the Detainee’s genital characteristics. If the Detainee’s gender is unknown, it may be determined during conversations with the Detainee, by reviewing medical records, or by learning that information as part of a standard medical examination that all Detainees must undergo as part of intake or other processing procedure conducted in private by a Medical Practitioner. Security Staff shall be trained to conduct pat-down searches, including cross-gender pat-down searches and searches of Transgender and Intersex Detainees in a professional and respectful manner, and in the least intrusive manner possible, including consideration of officer safety.” The Auditor reviewed the facility’s Sexual Abuse and Assault Prevention and Intervention (PREA) training curriculum, Searches training curriculum, and Contraband training curriculum that collectively trains staff that there is a complete ban on searching or physically examining a transgender or intersex detainee or resident for the sole purpose of determining their genital status and in proper procedures for conducting pat-down searches, including cross-gender pat-down searches and searches of transgender and intersex detainees in a professional and respectful manner, and in the least intrusive manner possible, including consideration of officer safety. The Auditor reviewed a sample of signed training rosters dated January 9, 2025, January 16-17, 2025, February 19, 2025, February 25-26, 2025, March 20, 2025, March 25, 2025, April 16, 2025, April 22, 2025, and a computer-generated web-based in-service for Detainee Searches and confirmed all ASF staff have completed the required training. Interviews with five random DOs confirmed their knowledge in performing proper pat-down searches and that they understood searching or physically examining a detainee for the sole purpose of determining their genital status is prohibited.

**Corrective Action:**

No corrective action needed.

**§115. 16 - Accommodating detainees with disabilities and detainees who are limited English proficient.**

**Outcome:** Meets Standard

**Notes:**

(a)(b): ASF policy 10. 1. 1 states, “ASF shall ensure that Detainees with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the Company’s efforts to prevent, detect, and respond to Sexual Abuse and Assault. ASF shall provide written materials to every Detainee in formats or through methods that ensure effective communication with Detainees 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.” Interviews with two DOs, an Intake Sergeant, and the PSACM confirmed that during intake processing, the DO identifies any communication needs that may be necessary, including the detainee’s ability to read, before the orientation begins. This information is obtained from transfer documentation or directly from the detainee. Then the DO covers the PREA education verbally (with use of an interpreter when required) with each detainee and provides a copy of the facility’s local supplement handbook in English or Spanish, a printed copy of the Sexual Abuse and Assault Awareness (SAA) Information pamphlet, and a printed copy of the ICE Detainee Handbook. After providing the orientation material, the DO asks if the detainee understands the information presented and then asks them to sign the acknowledgement form. The SAA Information pamphlet is available and provided in 17 languages Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Pulaar, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, Uzbek, and Vietnamese and the ICE Detainee Handbook is available provided in the following 19 languages Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K’iche’, Mam, Portuguese, Pulaar, Punjabi, Qeqchi, Romanian,

Russian, Spanish, Turkish, Vietnamese, and Wolof. The Intake area had the ICE National Detainee Handbook printed or available on the computer system for printing as needed. These interviews further confirmed that if a detainee spoke a language other than English or Spanish, the education acknowledgement form would be read to the detainee with assistance of an interpreter. If a detainee is deaf or hard of hearing staff will provide the information with the use of the translation line with the phone amplified or by sign language utilizing Video Remote Interpretation Service (VRI) and detainees who are blind or have low vision can use magnifier optic devices to read the material or a staff member or translation service can read the information to them. If a detainee is determined to have an intellectual or mental disability mental health will be contacted to provide assistance ensuring the detainee understands the information provided and has equal opportunity to participate in or benefit from all aspects of the PREA program. The risk screening questions are also asked of the detainee with use of an interpreter when needed. During the site visit, the PSACM issued a memorandum to all staff listing the available languages for the ICE National Detainee Handbook and the SAA Information pamphlets. A copy of this memorandum was posted at each processing station for easy reference prior to the Auditor's departure. The Auditor requested and reviewed the facility's June 1, 2025, Big Language Solutions detailed invoice and confirmed, the service was utilized 247 times, during intake for a total of 3,121 hours and covering Arabic, French, Georgian, Mandarin, Portuguese, Portuguese Brazilian, Romanian, Somali, Spanish, Tamil, Vietnamese language interpreters. The PSACM confirmed the Big Language Solutions contract also provides Video Remote Interpretation (VRI) services, although none were required during the audit period. Interviews with five random DOs and two shift supervisors confirmed they all knew how to access Big Language Solutions when needed. Additionally, IHSC has its own contract for services with Lionbridge and ICE/ERO utilizes the ERO Language Services Resource Flyer. An interview with the AFOD confirmed that if ASF requires accommodation that cannot be met by their contracted services they can obtain ICE/ERO assistance to meet these needs. The Auditor observed the "I Speak..." Language Identification Guide and the ICE Communication Board for the Deaf and Hard of Hearing posted for use as needed. During the site visit, the Auditor observed the intake processing of three separate detainees with the DO utilizing the services of an interpreter during a dual handset telephone. All DOs are trained to conduct intake processing. Each DO telephoned the interpreter line and secured an interpreter for the needed language, then proceeded with delivery of the orientation for the detainee. The SAA Information pamphlet and the PREA information, to include the DHS-prescribed sexual assault awareness notice, the instructions and contact information for OIG, DRIL, and RAINN, available in English and Spanish, was observed posted in all units. Interviews with 12 detainees confirmed that an interpreter was used during the orientation/intake processing as needed. Each dormitory is equipped with an Orientation/Education Station consisting of a metal binder mounted on the wall containing the ICE Detainee Handbook in English and Spanish, and the SAA Information pamphlet to be used as a resource by detainees as well. The top three nationalities of the facility population are Mexico, Honduras, and Guatemala.

(c): ASF policy 10. 1. 1 states, "In matters relating to Sexual Abuse, ASF shall provide in-person or telephonic interpretation services that enable effective, accurate and impartial interpretation, by someone other than another Detainee, unless the Detainee expresses a preference for a Detainee interpreter and the Facility determines that such interpretation is appropriate. Minors, alleged abusers, Detainees who witnessed the alleged abuse, and Detainees who have a significant relationship with the alleged abuser shall not be utilized as interpreters in matters relating to allegations of Sexual Abuse." The Auditor reviewed the Sexual Abuse and Assault Prevention and Intervention (PREA) 2024 training curriculum and confirmed staff are trained to not utilize a detainee for interpretation unless requested by the detainee and approved by the supervisor, which was further confirmed during interviews with five random DOs. An interview with the facility PSACM/Investigator confirmed if the detainee requested another detainee to provide interpretation during an investigation into an allegation of sexual abuse, if approved, it would be documented in the investigative report. She further advised there were no incidents of this nature during the audit period.

**Corrective Action:**

No corrective action needed.

## **§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 Sensitive Compartmented Information (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 Security Executive Agent Directive 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. Additionally, 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 “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. ASF policy 10. 1. 1 states, “ASF is prohibited from hiring or promoting anyone (who will have direct contact with Detainees) who has engaged in Sexual Abuse in a prison, jail, holding Facility, community confinement Facility, Juvenile Facility or other institution who has been convicted of engaging in sexual activity facilitated by force, overt or implied threats of force, or coercion, 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. ASF shall conduct a background investigation to determine whether the candidate for hire is suitable for employment, including a criminal background record 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, ASF shall submit written documentation showing the detailed elements of the Facility's background check for each Employee and the Facility's conclusions. ASF 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, ASF 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".

An interview with the HRM confirmed that before hiring a potential employee they must complete the Electronic Questionnaire for Investigation Processing (e-QIP) and must provide fingerprints. The HRM further explained that background checks are completed by the ICE Personnel Security Unit (PSU) and ICE determines suitability for hiring and must complete a Declaration for Federal Employment. During the process all applicants are informed that false statements on any part of the application process may be grounds for termination or withdrawal of an offer of employment. All potential staff, contractors, and volunteers are required to complete the DHS 6 Code of Federal Regulations Part 115, which asks all questions required by provision (a) of the standard. The Auditor reviewed a sample of this disclosure form for a newly hired employee, one promotion, and one obtained during an Annual Performance Evaluation. Additionally, the Auditor randomly selected six employees for a personnel file review and found their files contained evidence of current background checks and all other required forms. The HRM also explained that the facility provides 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 15 staff names including ICE/ERO (4), IHSC (3), and ASF (8), utilizing the PSU Background Investigation for Employees and Contractors form to confirm background investigations were completed. PSU responded that 10 submitted names had a background investigation completed within the last 5 years, 4 are enrolled in CE, and 1 was pending an updated investigation. During the site visit, the Auditor confirmed during an interview with the HRM and review of personnel records that a recent background check had been completed by the facility and that the DHS reinvestigation was still in process. An interview with the AFOD confirmed that there were promotions within the ICE/ERO unit during the audit period and that their unit is covered under the CE procedures. The Auditor reviewed two volunteer files and confirmed the volunteers had been asked about the prohibited behaviors outlined in provision (a) prior to beginning services at the facility. An interview with the facility PSACM confirmed that the facility does not currently utilize the services of contractors.

**Corrective Action:**

No corrective action needed.

**§115. 18 - Upgrades to facilities and technologies.**

**Outcome:** Not Applicable

**Notes:**

(a)(b): ASF policy 10. 1. 1 states, "ASF shall consider the effect any (new or upgrade) design, acquisition, substantial expansion, or modification of the physical plant might have on our ability to protect Detainees from Sexual Abuse. ASF shall also consider the effect any (new or upgrade) video monitoring system, electronic surveillance system or other monitoring system might have on our ability to protect Detainees from Sexual Abuse." The facility provided a memorandum from the FA stating, "The Alexandria Staging Facility has not designed, modified, acquired, or expanded upon new or existing space, or installed or updated electronic monitoring systems since the last PREA Audit." Interviews with the facility FA, A-PA, and PSACM and personal observations during the site visit confirmed the facility has not designed, modified, acquired, or expanded upon new or existing space, or installed or updated electronic monitoring systems during the audit period; and therefore, standard 115. 18 is not applicable.

**Corrective Action:**

No corrective action needed.

**§115. 21 - Evidence protocols and forensic medical examinations.**

**Outcome:** Meets Standard

**Notes:**

(a) 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.” ASF policy 10. 1. 1. A, Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection states, “ASF 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.” A review of ASF policy 10. 1. 1. A confirms the evidence protocol maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. An interview with a facility PSACM/Investigator confirmed the facility is responsible for conducting administrative investigations and would utilize ASF policy 10. 1. 1. A to maximize the potential for obtaining usable evidence. During interviews with the AFOD and the FA the auditor confirmed that the ASF policy 10. 1. 1 has been reviewed and approved by the Agency on September 16, 2024.

(b)(c)(d): The Auditor reviewed an email correspondence from the PSACM to the Vice President of Survivor Services at Sexual Trauma Awareness and Response (STAR), attempting to enter into an agreement for STAR to provide victim advocate services STAR’s response indicates that advocacy (case management, crisis intervention, safety planning, accompaniments) is available to all survivors that reside in Avoyelles, Catahoula, Concordia, Grant, La Salle, Rapides, Vernon and Winn Parish to include any detainee survivor housed at ASF who presents at St. Francis Cabrini Hospital and requests an advocate during a forensic exam. However, at this time they are unable to enter into a written agreement with ASF. IHSC Directive 03-01 states, “Under no circumstances should IHSC health services staff collect forensic specimens or evidence.” ASF policy 10. 1. 1-A states, “ASF shall offer to all Detainees 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 and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Examinations shall be performed by a Sexual Assault Nurse (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite Qualified Medical Practitioner may perform the examination if a SAFE or SANE is not available.” ASF policy 10. 1. 1-A also states, “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.” However, review of the policy and interviews with the AHSA and Nurse Manager confirmed that IHSC will assist in coordinating community services and resources for all sexual abuse or assault victims, including requests for forensic examinations. The detainee victim would be transported to St. Francis Cabrini Hospital for a SANE exam. The Auditor contacted St. Francis Cabrini Hospital and confirmed the hospital has a Sexual Assault Nurse Examiner (SANE) Unit and services are available. During interviews with the FA, A-PA, PSACM/Investigator, and Major the Auditor confirmed that the victim would be provided with a victim advocate for support during a forensic exam and investigatory interviews if requested.

(e): The facility PSACM/Investigator confirmed all allegations with a criminal are referred to the Rapides Parish Sheriff's Office (RPSO) for an assessment of criminal element. The Auditor reviewed a Mutual Assistance Agreement (MAA) between ASF and the RPSO dated May 25, 2023, which remains in effect unless either party no longer agrees to its contents, which confirms RPSO has agreed to follow the requirements of §115. 21 provisions (a)-(d).

**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): Agency Policy 11062.2 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)." ASF policy 10.1.1-A states, "ASF shall have a policy in place to ensure that all allegations of Sexual Abuse are referred for investigation to a law enforcement Agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. ASF shall document all referrals. The agency shall ensure that the agency and facility protocols required by paragraph (a) of this section include a description of responsibilities of the agency, the facility, and any other investigating entities; and require the documentation and maintenance, for at least five years, of all reports and referrals of allegations of sexual abuse. GEO Corporate shall publish such corporate policy on its website. Each facility protocol shall ensure that all allegations are promptly reported to the agency as described in paragraphs (e) and (f) of this section, and, unless the allegation does not involve potentially criminal behavior, are promptly referred for investigation to an appropriate law enforcement agency with the legal authority to conduct criminal investigations. A facility may separately, and in addition to the above reports and referrals, conduct its own investigation. When a detainee, prisoner, inmate, or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director, and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation. When a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as to the appropriate ICE Field Office Director, and to the local government entity or contractor that owns or operates the facility. If the incident is potentially criminal, the facility shall ensure that it is promptly referred to an appropriate law enforcement agency having jurisdiction for investigation. The agency shall ensure that all allegations of detainee sexual abuse are promptly reported to the PSA Coordinator and to the appropriate offices within the agency and within DHS to ensure appropriate oversight of the investigation. The agency shall ensure that any alleged detainee victim of sexual abuse that is criminal in nature is provided timely access to U nonimmigrant status information." ASF policy 10. 1. 1-A includes a description of responsibilities of the Agency, the facility, and other investigating entities, requires the documentation and maintenance of all investigation reports be maintained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, and requires the files will be retained for no less than ten years. An interview with the A-PA confirmed that all allegations of sexual abuse are reported

to the AFOD, who will then make all additional notifications including the FOD and the OPR and/or DHS OIG as required. This notification procedure was verified during the Auditor's interview with the AFOD. The PSACM/Investigator confirmed that all allegations of sexual abuse are investigated at the facility and are referred immediately to the RPSO for evaluation of criminal behavior. She further explained that an administrative investigation would begin once the RPSO has decided if a criminal investigation will continue or if they decline to investigate. There were no allegations of sexual abuse reported since the last PREA audit. The Auditor reviewed the Agency website (<https://www.ice.gov/prea>) and the facility website (<http://www.geogroup.com/prea>) and confirmed they both contain their respective investigative protocol.

**Corrective Action:**

No corrective action needed.

**§115. 31 - Staff training.**

**Outcome:** Exceeds Standard

**Notes:**

(a)(b)(c): ASF policy 10. 1. 1 states, "All Employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program. See Section F for Volunteer requirements and Section G for Contractor requirements. ASF shall train all Employees who may have contact with Detainees on: 1) Its zero tolerance policy for Sexual Abuse and Assault; 2) 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 of Sexual Abuse; 3) Recognition of situations where Sexual Abuse may occur; 4) The right of Detainees and Employees to be free from Sexual Abuse, and from retaliation for reporting Sexual Abuse and Assault; 5) Definitions and examples of prohibited and illegal sexual behavior; 6) Recognition of physical, behavioral and emotional signs of Sexual Abuse, and methods of preventing and responding to such occurrences; 7) How to detect and respond to signs of threatened and actual Sexual Abuse; 8) How to avoid inappropriate relationships with Detainees; 9) How to communicate effectively and professionally with Detainees, including LGBTI or Gender Non-conforming Detainees; and, 10) The requirement to limit reporting of Sexual Abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes. PREA 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 or electronic verification that they understand the training they have received."

The Auditor reviewed The GEO Group, Inc. Sexual Abuse and Assault Prevention and Intervention (PREA) 2024 training curriculum and the ICE PREA Training for Contractors and Volunteers and found it to be comprehensive, thorough, and it included all elements required by provision (a). The Auditor reviewed a sample of signed training rosters dated January 9, 2025, January 16-17, 2025, February 19, 2025, February 25-26, 2025, March 20, 2025, March 25-26, 2025, April 16, 2025, April 22-23, 2025, and a computer-generated report titled Web-based Inservice "PREA" confirming all ASF staff have completed the required initial PREA training and/or in-service during the audit period, as required. An interview with the Training Administrator confirmed that PREA training is delivered annually and the refresher training is delivered quarterly. She further explained that runs a training deficient roster periodically to identify anyone who has not completed their PREA training timely. Samples of the last two quarterly reports were provided for the Auditor's review. Interviews with five random staff further confirmed that they received PREA training during in-service annually and that they had just received a PREA refresher within the last few months. The facility has exceeded the requirements of (b) which only requires refreshers every two years. The facility also provided a spreadsheet containing all IHSC staff training confirming annual training is completed. The Auditor requested the most current refresher training for the AFOD which was promptly provided.

**Corrective Action:**

No corrective action needed.

**§115. 32 - Other training.**

**Outcome:** Exceeds Standard

**Notes:**

(a)(b)(c): ASF policy 10. 1. 1 states, “All Employees, Contractors and Volunteers shall receive training on GEO’s Sexually Abusive Behavior Prevention and Intervention Program. ASF shall ensure that all volunteers who have contact with detainees 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 to volunteers shall be based on the services they provide and the level of contact they have with detainees, but all volunteers who have contact with detainees shall be notified of GEO’s and the facility’s zero-tolerance policies regarding sexual abuse and informed how to report such incidents. Volunteers who have contact with detainees shall receive annual PREA refresher training. Volunteers shall document through signature or electronic verification that they understand the training they have received.” The Auditor reviewed the ICE Prison Rape Elimination Act (PREA) Training for Contractors and Volunteers curriculum and confirmed it notifies both volunteers and "other" contractors of the ICE and the facility's zero-tolerance policies and how to report an allegation of sexual abuse. An interview with the PSACM confirmed that all volunteers are required to complete PREA training every year. As there is no requirement for recurring training, the facility exceeds this standard. The Auditor reviewed two volunteer files and confirmed both volunteers had received the ICE PREA Training for Contractors and Volunteers which was documented through signature acknowledgment. The facility currently does not have “other” contractors who provide services at ASF.

**Corrective Action:**

No corrective action needed.

**§115. 33 - Detainee education.**

**Outcome:** Does Not Meet Standard

**Notes:**

(a)(b)(c)(f): ASF policy 10. 1. 1 states, “During the intake process, ASF shall ensure that the Detainee Orientation program notifies and informs Detainees about the Company’s zero tolerance policy regarding all forms of Sexual Abuse and Assault and includes instruction on: 1) Prevention and intervention strategies; 2) Definitions and examples of Detainee-on-Detainee Sexual Abuse, Employee on Detainee Sexual Abuse and coercive Sexual Activity; 3) 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; 4) Information about self-protection and indicators of Sexual Abuse; 5) Prohibition against retaliation, including an explanation that reporting Sexual Abuse shall not negatively impact the Detainee’s immigration proceedings; and, 6) The right of a Detainee who has been subjected to Sexual Abuse to receive treatment and counseling. At ASF, education shall be provided in formats accessible to all Detainees, including those are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to Detainees who have limited reading skills. ASF shall maintain documentation of Detainee participation in the intake process orientation which shall be retained in their individual files.”

During interviews with the A-PA and PSACM the Auditor found that all DOs are trained to conduct intake processing due to the mission of the facility. The Auditor randomly selected two DOs and one Intake Supervisor to interview regarding the intake procedures. During these interviews the Auditor learned that during the intake processing, the DOs administer the PREA Risk Assessment form and provide each detainee with the SAA Information Pamphlet, the ICE National Detainee Handbook in their spoken language, and the facility’s handbook in either English or Spanish. These interviews further confirmed that if a detainee spoke a language other than English or Spanish, the education acknowledgement form would be read to the detainee with assistance

of an interpreter. If a detainee is deaf or hard of hearing staff will provide the information with the use of the translation line with the phone amplified or by sign language utilizing Video Remote Interpretation (VRS) and detainees who are blind or have low vision can use magnifier optic devices to read the material or a staff member or translation service can read the information to them. If a detainee is deaf or hard of hearing staff will provide the information with the use of the translation line with the phone amplified or by sign language utilizing Video Remote Interpretation (VRI) and detainees who are blind or have low vision can use magnifier optic devices to read the material or a staff member or translation service can read the information to them. If a detainee is determined to have intellectual or mental disability mental health will be asked to assist with ensuring the detainee understands the information provided and has equal opportunity to participate in or benefit from all aspects of the PREA program. At conclusion of the intake the detainee is asked to sign the Detainee Orientation Sign In Sheet. Based on interviews with the two DOs and observation of three detainee intakes, the Auditor concluded that intake staff do not verbally notify or verbally inform detainees about the SA-API orientation and that they only provide detainees with written materials. The Auditor reviewed the Detainee Orientation Sign In Sheet which states, "I have received the ICE National Detainee Handbook and SA-API Pamphlet, in my preferred language, and the local supplement ASF Detainee Handbook in either English or Spanish. If necessary, the local supplement has been translated for me during the orientation. I have been given the opportunity to ask questions, and I understand the policies and procedures of the Alexandria Staging Facility. I have been given instructions on how to use the telephone, and I understand the first call is provided to me as a courtesy." Each DO station had digital access to print the SAA Information pamphlet and the ICE National Detainee Handbook supplement in all available languages, and the supplement ASF Detainee Handbook in English and Spanish, which was observed by the Auditor.

The Auditor reviewed the ICE National Detainee Handbook and confirmed it includes information about reporting sexual abuse and is available and distributed in 19 languages (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K'iche', Mam, Portuguese, Pulaar, Punjabi, Qeqchi, Romanian, Russian, Spanish, Turkish, Vietnamese, and Wolof). The SAA Information pamphlet is available in 17 languages (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Pulaar, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, Uzbek, and Vietnamese). Since the facility does not keep paper copies on hand in all languages of the ICE National Detainee Handbook and the SAA Information pamphlet, the PSACM issued a memorandum to all staff listing the available languages for the ICE National Detainee Handbook and the SAA Information pamphlets. A copy of this memorandum was posted at the processing stations for easy reference before the Auditor departed the facility.

The Auditor interviewed 12 detainees and 3 stated that the facility notified or informed them about the agency's and the facility's zero-tolerance policies for all forms of sexual abuse. The Auditor reviewed detainee files for the detainees that were interviewed and confirmed all detainees had signed the PREA Risk Assessment and the Orientation sign in sheet. The Auditor observed the intake processing of three detainees conducted by two different DOs. Both DOs identified the detainee's preferred language and secured an interpreter by phone before the intake processing began. The DOs began the intake process by asking the detainee questions from the PREA Risk Assessment and then had the detainee sign the assessment form when done. Detainees were told about telephone usage and their one free call. The detainee was asked to sign the Detainee Orientation sign in sheet and then provided with intake paperwork which included a printed copy of the ICE National Detainee Handbook, SAA Information pamphlet, and the local supplement ASF Detainee Handbook. These documents were in Spanish, which was the language spoken by the three detainees observed by the Auditor at intake. Collectively, the ICE National Detainee Handbook, SAA Information pamphlet and the local supplement ASF Detainee Handbook contain the required SA-API information, but none of the information was addressed by staff with the detainee during the intake orientation, nor was there any indication that the staff determined if the detainee could read or understand the written information provided. At no time did staff notify or inform the detainee about the facility's zero tolerance policy regarding all forms of sexual abuse and assault; prevention and intervention strategies; definitions and examples of detainee-on-detainee sexual abuse, employee on detainee sexual abuse and

coercive sexual activity; explanation of methods for reporting sexual abuse; prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings; and, the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. Because the facility's orientation lacks notifying and informing detainees about the agency's and the facility's zero-tolerance policies for all forms of sexual abuse including elements (1)-(6) of provision (a), and does not ensure the material is able to be read and understood by the detainee in accordance with provision (b), the facility is out of compliance with provisions (a)(b).

(d)(e): ASF policy 10. 1. 1 states, "ASF shall post on all housing unit bulletin boards the following notices: 1) The DHS-prescribed sexual assault awareness notice; 2) The name of the PSACM; and 3) The name of local organizations that can assist Detainees who have been victims of Sexual Abuse. Facilities shall make available and distribute the DHS-prescribed "Sexual Assault Awareness Information" pamphlet. Detainee notification, orientation and instruction must be in a language or manner that the detainee understands. The facility shall maintain documentation of detainee participation in the instruction session. The information is communicated orally and in writing, in a language clearly understood by the detainee, upon arrival at the facility." During the site visit, the Auditor observed the DHS-prescribed sexual assault awareness notice, which contained the name of the facility PSACM, the DHS OIG poster, the ICE DRIL poster, and signage for Crisis Intervention Resources for Victims of Sexual Abuse/Assault (including multiple resource information), posted in all units. Each dormitory is equipped with an Orientation/Education Station consisting of a metal binder mounted on the wall containing the ICE Detainee Handbook in English and Spanish, and the SAA Information pamphlet to be used as a resource by detainees. The top three nationalities of the facility population are Mexico, Honduras, and Guatemala.

#### **Corrective Action:**

Does Not Meet (a)(b): The facility's orientation does not notify or inform the detainee about the facility's zero tolerance policy regarding all forms of sexual abuse and assault; prevention and intervention strategies; definitions and examples of detainee-on-detainee sexual abuse, employee on detainee sexual abuse and coercive sexual activity; explanation of methods for reporting sexual abuse; prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings; and, the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. To become compliant, the facility must develop an orientation program that notifies and informs each detainee about the agency's and the facility's zero-tolerance policies for all forms of sexual abuse including elements (1)-(6) of standard 115. 33 provision (a) beyond presentation of written material to the detainee and provide the Auditor with a transcript of the SAAPI orientation program. Once implemented, signed acknowledgement forms must be provided for 10 detainees who have been processed at intake using the new SAAPI orientation program, with 5 requiring a language other than English or Spanish, or deaf or hard of hearing, blind or have low vision, have intellectual, psychiatric, or speech disabilities, or have limited reading skills. The documentation provided must specify the disability and/or language addressed.

#### **§115. 34 - Specialized training: Investigations.**

**Outcome:** Meets Standard

#### **Notes:**

(a)(b): ASF policy 10. 1. 1 states, "ASF 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 in Section E (1). ASF shall maintain documentation of this specialized training." ASF has two trained investigators authorized to conduct PREA investigations. The Auditor reviewed the National PREA Resource Center's PREA Specialized Training: Investigating Sexual Abuse in a Correctional Setting training curriculum and confirmed the curriculum includes all elements required by the standard. In addition, the Auditor reviewed two Certificates of Completion for the course and training rosters, to confirm that both facility investigators completed general PREA training as required by §115. 31 in addition to the specialized training

required by provisions (a) and (b) of the standard. An interview with the PSACM/Investigator further confirmed she has completed the required training.

**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 states, “All IHSC staff receive training on the Sexual Abuse and Assault Prevention and Intervention (SAAPI) directive, PREA standards, and response protocol during initial orientation and annually thereafter throughout their employment with IHSC. Training includes Definition and examples of prohibited and illegal sexual behavior, recognizing situations where sexual abuse may occur. Detection and treatment of physically or sexually abused and assaulted detainee victims in ICE custody. Appropriate interventions when an incident occurs. Description of how to respond effectively and professionally to detainee victims of sexual abuse and assault, recognizing physical, behavioral, and emotional signs of sexual abuse. Discussion of how to communicate effectively and professionally to bisexual, transgender, intersex (LGBTI), or gender nonconforming detainee victims. Actions that will assist detainee victims to safeguard physical evidence of sexual abuse and assault. Steps for reporting allegations or suspicions of sexual abuse and assault. IHSC staff will not suffer retaliation for reporting abuse or assaults.” .” Information for security staff on how to conduct “cross gender” pat down searches and searches of transgender and intersex detainees in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. How to identify and protect physical evidence with detainee victims, including lesbians and gays, and how to protect physical evidence.” ASF policy 10. 1. 1 states, “IHSC shall train all full-time and part-time Medical and Mental Health Care Practitioners who work regularly in its Facilities 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 in Section E (1) or Contractors in Section G (1) depending upon their status at the Facility. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Forensic 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. IHSC shall maintain documentation of this specialized training.” The Auditor reviewed the IHSC Sexual Abuse and Assault Prevention and Intervention training curriculum and confirmed all training elements are included. Interviews with three ICHS staff (AHSA, Nurse Manager, and an MSLW) confirmed medical and mental health have received specialized training. In addition, the Auditor reviewed a spreadsheet provided for all IHSC staff and confirmed training compliance is tracked on a continuous basis and all staff were current with their general PREA training as required by §115. 31. During interviews with the AFOD and the FA the auditor confirmed that the ASF policy 10. 1. 1 has been reviewed and approved by the Agency on September 16, 2024.

**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)(g): ASF policy 10. 1. 1 states, “All Detainees shall be assessed during intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house Detainees to prevent Sexual Abuse, taking necessary steps to mitigate any such danger. 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. ASF shall also consider, to the extent that the information is available, the following criteria to assess Detainees for risk of sexual victimization to be completed by Officers: 1) Mental, physical or developmental disability; 2) Age; 3) Physical build and appearance; 4) Previous incarceration or detained; 5) Nature of criminal history; 6) Prior convictions for sex offenses against an adult or child; 7) Whether Detainee self-identified as LGBTI or Gender Nonconforming; 8) Whether Detainee self-identified as having previously experienced sexual victimization; and, 9) 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.” The Auditor reviewed the PREA Risk Assessment tool and confirmed it includes all elements required by provisions (c) and (d) of the standard. The form also documents the arrival date and arrival time, and the date and time the assessment is completed for purposes of ensuring completion of intake within 12 hours. The Auditor reviewed 2 completed risk assessments provided with the PAQ and 12 during the site visit. During the site visit the Auditor observed the intake process for three randomly selected detainees in two separate units. The unit assignment for each detainee is pre-determined based on the detainee’s classification level which is known prior to arrival at the facility. This process is compliant with provision (a). While housing assignments are based on the detainee’s security classification, bed assignments are based on other known information to include information obtained from the PREA risk assessment. Once detainees are placed on the unit, the assigned DO conducts the intake process with each newly assigned detainee one at a time in the processing office located inside the unit. This office is shared with medical staff with a divider partition. The Auditor’s observations of the intake process found that the DOs confirmed the required language of the detainee and secured an interpreter by telephone prior to beginning the interviews. The intake interviews were conducted using a dual handset telephone and the DO asked the questions on the initial risk assessment of the detainee and marked the given answer. Once completed, the DO asked the detainee to sign the screening form. There were no other staff or detainees in the processing office during the intake processing. Interviews with the two DOs observed by the Auditor conducting intake confirmed that if a prior victim or prior perpetrator or a detainee who scores at-risk for either is identified during the risk screening, the DO will notify the shift supervisor immediately. The intake supervisor/shift supervisor confirmed during her interview that once the shift supervisor is made aware of this information, the detainee will be added to the At-Risk Tracking Log, a review of the current housing assignment will be made to ensure the detainee is housed appropriately; adjustments will be made if it is determined to be necessary. Housing placements for at-risk detainees may include assigning the detainee to a bed closest to the DO’s station if assigned to an open bay/dormitory housing; if housed in Alpha or Bravo, the shift supervisor will ensure that potential predators and potential victims are not assigned to the same cell. The shift supervisor also explained that once per shift, the shift supervisor will make copies and scan all risk assessments that score as a victim/abuser to be forwarded to the ASF “PREA Referrals” digital mailbox distributes this information to the PSACM, PA, IHSC-Mental Health. During the site visit the Auditor observed the facility maintained the completed risk assessments in a locked cabinet located in the Intake Supervisor's office confirming that the facility has implemented appropriate controls on the dissemination of responses to the initial risk assessment. Interviews with five random DOs, two Processing Officer/DOs, the Major, and two shift supervisors confirmed that the detainee’s own concerns about his physical safety are given serious consideration when making bed assignments. The Auditor interviewed 12 detainees and reviewed the detainee file for each confirming that a risk assessment had been completed during intake; however, based on the date and time of arrival compared to the documented date and time of the PREA Risk Assessment, only 3 of 12 were completed within 12 hours. As a result, the facility was found out of compliance with provision (b)

(e)(f): ASF policy 10. 1. 1 states, “ASF shall ensure that between 60 and 90 days from the initial assessment at the Facility, staff shall reassess each Detainee’s risk for victimization or abusiveness using the PREA Vulnerability Reassessment Questionnaire which is to be completed by Case Managers. The PREA Risk Assessment form is completed initially upon arrival. At any point after the initial intake screening, a Detainee shall be reassessed for risk of victimization or abusiveness when warranted based upon the receipt of additional, relevant information or following an incident or abuse or victimization. Disciplining Detainees for refusing to

answer or not providing complete information in response to certain screening questions is prohibited. ASF shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by Employees or other Detainees. Sensitive information shall be limited to need-to-know Employees only for the purpose of treatment, programming, housing and security and management decisions.” The facility provided a memorandum with the PAQ stating, “The Alexandria Staging Facility has not had a 60–90-day reassessment required in the audit period.” Interviews with the A-PA and PSACM confirmed that no detainee has been housed at the facility long enough to complete a 60-day reassessment as the average length of over the past 12 months is 7 days. The Auditor requested an ageing report for the current population and found that 14 days was the longest duration a detainee had been at the facility. An interview with the Major confirmed that detainees are not disciplined for refusing to answer the risk screening questions or for not disclosing complete information.

**Corrective Action:**

Does Not Meet (b): The Auditor interviewed 12 detainees and reviewed the detainee file for each confirming that a risk assessment had been completed during intake; however, based on the date and time of arrival compared to the documented date and time of the PREA Risk Assessment, 3 out of 12 were completed within 12 hours. To become compliant, the facility must develop procedures that ensure the initial classification process and initial housing assignment be completed within twelve hours of admission to the facility.

**§115. 42 - Use of assessment information.**

**Outcome:** Meets Standard

**Notes:**

(a): ASF policy 10. 1. 1 states, “Screening information from standard Section C (1) shall be used to inform assignment of Detainees to housing, recreation, and other activities. ASF shall make individualized determinations about how to ensure the safety of each Detainee.” On day one of the site visit there were 243 detainees admitted at the time of the Auditor’s arrival. By the afternoon it was reported that 244 new incoming detainees and 198 outgoing detainees. During the site visit, the Auditor observed the intake process for three detainees. Personal observations and interviews with two DOs and the Intake Supervisor confirmed that the unit assignment of incoming detainees is pre-determined based on the detainee’s classification level which is known prior to arrival at the facility. This process is compliant with provision (a). While housing assignments are based on the detainee’s security classification, bed assignments are based on other known information to include information obtained from the PREA risk assessment. Once detainees are placed on their predetermined unit, the assigned DO conducts the intake process with each newly assigned detainee one at a time in the processing office located inside the unit. Interviews with the two DOs observed by the Auditor conducting intake confirmed that if a prior victim or prior perpetrator or a detainee who scores at-risk for either is identified during the risk screening, the DO will notify the shift supervisor immediately. The intake supervisor/shift supervisor confirmed during her interview that once the shift supervisor is made aware of this information, the detainee will be added to the At-Risk Tracking Log, a review of the current housing assignment will be made to ensure the detainee is housed appropriately; adjustments will be made if it is determined to be necessary. Housing placements for at-risk detainees may include assigning the detainee to a bed closest to the DO’s station if assigned to an open bay/dormitory housing; if housed in Alpha or Bravo, the shift supervisor will ensure that potential predators and potential victims are not assigned to the same cell. The shift supervisor also explained that once per shift, the shift supervisor will make copies and scan all risk assessments that score as a victim/abuser to be forwarded to the ASF “PREA Referrals” digital mailbox distributes this information to the PSACM, PA, IHSC-Mental Health. It should also be noted that the facility attempts, when bed space allows, to consolidate the existing assigned detainees in a single unit to vacate a unit for the new arrivals to keep the populations separated and the new arrivals together. An interview with the FA informed the Auditor that due to the mission of the facility, detainees are only at the facility until their flights are arranged; therefore, there is no recreation, work, or educational programming.

(b)(c): ASF policy 10. 1. 1 states, “When making assessments and housing decisions for Transgender and Intersex Detainees, ASF shall consider the Detainee’s gender self-identification and an assessment of the effects of placement on the Detainee’s health and safety. A Medical or Mental Health Practitioner shall be consulted as soon as practicable on these assessments and placement decisions which shall not be based solely on the identity documents or physical anatomy of the Detainee. The Detainee’s self-identification of his/her gender and self-assessment of safety needs shall always be taken into consideration as well. Housing and programming assignments for each Transgender and Intersex Detainee shall be reassessed at least twice each year to determine any threats to safety experienced by the Detainee. This assessment is completed by the PREA PSA Compliance Manager. Serious consideration shall be given to the individual’s own views with respect to his/her own safety. When operationally feasible, Transgender and Intersex Detainees shall be given an opportunity to shower separately from other Detainees.” Interviews with the FA, A-PA, PSACM, and the AFOD confirmed the facility does not house transgender detainees. Known transgender detainees are not brought to the facility and if a detainee indicates they are transgender, the detainee would be transferred to another ICE facility within close proximity.

**Corrective Action:**

No corrective action needed.

**§115. 43 - Protective custody.**

**Outcome:** Meets Standard

**Notes:**

(a): ASF policy 10. 1. 1 states, “ASF does not have a Special Management Unit. In those instances when necessary, CLIPC’s Special Management Unit would be utilized.” The facility provided a memorandum from the FA stating, “ASF does not have a special management unit to house protective custody/administrative segregation detainees. If the need does arise for protective custody/administrative segregation management, the detainee is transferred to the Central Louisiana ICE Processing Center (CLIPC) in Jena, LA.” Interviews with the A-PA, PSACM, and personal observations by the Auditor during the site visit further confirmed the facility has no segregation unit and does not segregate detainees for any purpose.

(b)(c)(d)(e): An interview with the FA and A-PA explained that the use of cell restriction to protect detainees vulnerable to sexual abuse or assault would only be used until the Agency could arrange a transfer to another facility which would usually occur within hours of placement. The AFOD would be notified immediately who would make any other notifications. An interview with the AFOD confirmed that once notified he would arrange transport to another facility only after reasonable efforts have been made to provide safe housing at ASF. The A-PA explained that the detainee would not be restricted from access to services available to the remainder of the population to the maximum extent practicable.

**Corrective Action:**

No corrective action needed.

**§115. 51 - Detainee reporting.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): ASF policy 10. 1. 1 states, “ASF shall provide multiple ways for Detainees to privately report Sexual Abuse and Assault, retaliation for reporting Sexual Abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. ASF shall provide contact information to Detainees for relevant consular officials and officials, the DHS Office of Inspector General or, as appropriate, another designated office, to confidentially and, if desired, anonymously, report these incidents. ASF shall provide Detainees 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 reports of Sexual

Abuse to Facility or GEO officials, allowing the Detainee to remain anonymous upon request. ASF shall provide Detainees contact information on how to report Sexual Abuse or Assault to the Facility PSACM. Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports. 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.”

The Auditor observed signage in English and Spanish on the unit bulletin boards and near the phone banks for contacting consular officials by speed dial, the DHS OIG, DRIL, the designated facility PREA Hotline to confidentially and if desired anonymously report an incident of sexual abuse. This signage was also posted at the front and rear entry of the facility and in common areas including the intake seating area. Interviews with PSACM and five DOs confirmed that detainees are provided with multiple ways to report sexual abuse, retaliation and any staff neglect of responsibilities that may have contributed to an incident of sexual abuse. In addition, the five DOs confirmed that all reports received verbally, in writing, anonymously and from third parties must be promptly reported and documented. Detainees can report to the facility by calling the PREA Hotline from the detainee phones. During the site visit, the Auditor tested the phone numbers provided to the detainees for contacting DHS OIG, DRIL, RAINN, State Sexual Abuse Hotline, and the PREA Hotline. During the Auditor’s first attempt at placing a call using the instructions posted were confusing and did not include every step to making a successful call. After the Auditor met with the PSACM and discussed these concerns, new signage was drafted that included simplified instructions for placing free calls. Prior to the conclusion of the site visit, the Auditor completed a successful test call to all numbers using the updated instructions which were posted. Each representative that the Auditor spoke to explained how they would handle the information had it been an actual report of sexual abuse and explained that the caller could remain anonymous is requested. The most immediate response received was from the test call placed to the PREA Hotline, which was received by Talton, the phone service provider, and was immediately forwarded to the FA, A-PA, and PSACM/Investigator via email and phone notification. These notifications were received prior to the Auditor returning to the administration area after placing the call. These dialing instructions are provided in English and Spanish and can be translated into other languages if the facility has a change in the composition of detainee population. After the test calls were successfully placed, the new signage was posted on each unit near the telephone banks replacing the old signage

An interview with the PSACM confirmed that she regularly tests the telephone system to ensure they are working properly and that the published numbers for contacting resources are able to be completed. She also explained that due to the mission of the facility, no PINs are issued to detainees for using the telephone. All calls to outside numbers displayed on signage throughout the facility are free, unmonitored, and unrecorded. This was further confirmed with a copy of an email correspondence between GEO and Talton. The telephone dialing instructions include a generic PIN number that can be used by any detainee.

**Corrective Action:**

No corrective action needed.

**§115. 52 - Grievances.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): ASF policy 11. 1. 1 states, “ ASF shall permit a Detainee for file a formal grievance related to Sexual Abuse at any time during, after, or in lieu of lodging an informal grievance or complaint; ASF shall not impose a time limit on when a Detainee may submit a grievance regarding allegation of Sexual Abuse; ASF shall implement written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to Detainee health, safety, or welfare related to Sexual Abuse; ASF shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. To prepare a grievance, a Detainee may obtain assistance from other Detainee, the housing officer or other facility staff, family members, or legal

representatives. Staff shall take reasonable steps to expedite requests for assistance from these other parties. ASF 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. ASF 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. The PSA Compliance Manager shall receive copies of all grievances related to Sexual Abuse or Sexual Activity for monitoring purposes." ASF Revised Supplement to the National Detainee Handbook states, "An emergency grievance involves an immediate threat to a detainee's welfare or safety. The facility shall permit a detainee to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. All ASF staff are trained to appropriately respond to emergency grievances in an expeditious manner. Once the receiving employee approached by a detainee determines that the detainee is in fact raising an issue requiring urgent attention, emergency grievance procedures shall apply, and the employee will act immediately. Translation Services will be available upon request. The protocol for emergency grievance procedures shall bring the matter to the attention of the Facility Project Administrator, even if it is later determined that it is not a true emergency, and the grievance is subsequently routed through normal, non-emergency channels. Detainees may present an emergency grievance directly to the Shift Supervisor who will in turn implement the emergency grievance procedures and notify the Facility Project Administrator." During the site visit, the Auditor observed grievance forms and the grievance boxes in areas accessible to the detainees. An interview with the Grievance Officer confirmed grievance forms and locked grievance boxes are located in common areas of the facility and grievances are picked up daily. This interview also confirmed that no time limits are imposed on grievances alleging sexual abuse and detainees can request the assistance of another detainee, staff, family, legal representative, or any other person. All grievances related to sexual abuse are considered emergency grievances and for all grievances related to sexual abuse the detainee would be issued notification within five days indicating the grievance is closed and referred to the PREA Investigator for investigation. The Grievance Officer further explained that if a detainee appeals the response, the appeal will be addressed within five days. Once the investigation is concluded, the grievance, the investigation report, and the grievance response would be forwarded to the ICE AFOD. The Auditor's review of the PREA allegation spreadsheet and interviews with the Grievance Officer and A-PA confirmed there have been no sexual abuse allegations reported through the grievance system during the audit period.

**Corrective Action:**

No corrective action needed.

**§115. 53 - Detainee access to outside confidential support services.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): ASF policy 10. 1. 1 states, "ASF 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. ASF shall make available to Detainees information about local organizations that can assist Detainees 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, ASF shall make available the same information about national organizations. ASF shall enable reasonable communication between Detainees and these organizations as well as inform Detainees (prior to giving them access) of the extent to which ASF policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. ASF is required to maintain or attempt to enter into agreements with community service providers to provide Detainees 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. ASF shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements." An interview with the PSACM confirmed that attempts have been made each year to secure an agreement with STAR unsuccessfully. The Auditor reviewed email correspondence from

the PSACM to the Vice President of Survivor Services at STAR, which indicated that STAR is small and does not have the capabilities to fulfill an MOU agreement with ASF. The Auditor reviewed the ASF Supplement to the Detainee Handbook 2025 and confirmed detainees are provided telephone numbers for crisis intervention resources including the National Domestic Violence Hotline, State of Louisiana LaFASA Sexual Assault hotline and Wellspring Alliance. During the site visit, the Auditor observed contact information for RAINN and the State Sexual Abuse Hotline posted in all the units and in the intake seating area. Interview with the A-PA confirmed that due to the mission of the facility and short stay of detainees the facility does not assign PIN numbers to the detainees; therefore, all calls made from the detainee phones utilizing the speed dial numbers are unmonitored and unrecorded.

**Corrective Action:**

No corrective action needed.

**§115. 54 - Third-party reporting.**

**Outcome:** Meets Standard

**Notes:**

ASF policy 10. 1. 1 states, “ASF shall post publicly GEO’s third-party reporting procedures. In addition, GEO shall post on its public website its methods of receiving third-party reports of Sexual Abuse or Assault on behalf of Detainees” The Auditor reviewed the GEO website (<http://www.geogroup/prea>) and confirmed the website advises the public how to report allegations of sexual abuse/sexual harassment of someone in a GEO facility and contact information is provided for the GEO Corporate PREA Office. The Auditor submitted a systems test of the reporting system on GEO’s website and received a response from The GEO Group’s Office of Professional Responsibility in less than eight hours.

**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 detainees 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.” ASF policy 10. 1. 1 states, “Employees are required to immediately report, in accordance with Agency policy, any of the following: 1) 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; 2) Retaliation against Detainees or Employees who reported such an incident or participated in an investigation about such incident; and, 3) 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 Detainees 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, ASF shall report to designated State or local services Agencies under applicable mandatory reporting laws.” ASF policy 10. 1. 1 further states, “Contractors are required to immediately report any of the following: 1) 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; 2) Retaliation against Detainees or Employees who reported such an incident; and, 3) Any Employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, Contractors shall not reveal any information related to a Sexual Abuse report to anyone. Volunteers are required to immediately report any of the following: 1) 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; 2) Retaliation against Detainees or Employees who reported such an incident; and 3) Any Employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, Volunteers shall not reveal any information related to a Sexual Abuse report to anyone.”

The Auditor reviewed the GEO Group, Inc. Sexual Abuse and Assault Prevention & Intervention 2025 employee training slides and confirmed instruction is given that “All staff, contract personnel and volunteers shall be considered mandatory reporters and have an affirmative duty to report all allegations or knowledge of sexual abuse, harassment or sexual contact that takes place within any GEO facility.” Instruction is also given on the requirement to immediately report knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether it is a GEO facility or program; retaliation against individuals in a GEO facility or program or employees who reported such an incident; and, any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. GEO Employees may report sexual abuse or sexual harassment information to the Chief of Security or facility management privately if requested. They may also report sexual abuse or sexual harassment directly to the Employee Hotline, which is an independent, professional service, available 24 hours per day, 7 days a week on the Internet at <http://www.reportlineweb.com/geogroup> or at the toll-free phone number (866) 568-5425. Employees may also contact the Corporate PREA Coordinator directly at (561) 999-5827. This reporting information for employees is available on the GEO public website, included in ASF policy 10. 1. 1, and employees are informed of these reporting options during PREA training. Interviews with five random DOs confirmed they were knowledgeable regarding their responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation, or staff failure to perform their duties immediately after becoming aware. These interviews also confirmed that they were aware that information regarding sexual abuse allegations must be kept in confidence and shared with only those who need-to-know; additionally, they were aware of the private reporting options outside their chain of command which are available to employees. An interview with the facility A-PA confirmed the facility would not house a juvenile detainee and if the facility received an allegation of sexual abuse that involved a vulnerable adult a report would be made to the FOD and Adult Protective Services and/or the Elderly Protective Services. There were no allegations of sexual abuse reported since the last PREA audit.

**Corrective Action:**

No corrective action needed.

**§115. 62 - Protection duties.**

**Outcome:** Meets Standard

**Notes:**

ASF policy 10. 1. 1 states, “When an Employee or ASF staff member has reasonable belief that a Detainee is subject to substantial risk of imminent Sexual Abuse, he or she shall take immediate action to protect the Detainee.” The Auditor reviewed the GEO Group, Inc. Sexual Abuse and Assault Prevention & Intervention 2025 employee training slides and confirmed instruction is given that “If it comes to your attention that a resident is at a “substantial risk”, of “imminent sexual abuse”, you must take immediate action to protect the resident.”

Interviews with the FA, A-PA, PSACM, Major, and five random DOs confirmed that if they become aware a detainee is at substantial risk of imminent sexual abuse the detainee would be immediately separated from the alleged abuser and an investigation would be initiated.

**Corrective Action:**

No corrective action needed.

**§115. 63 - Reporting to other confinement facilities.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): ASF policy 10. 1. 1 states, “In the event that a Detainee alleges that Sexual Abuse occurred while confined at another Facility, Staff shall document those allegations and the Facility Administrator or Chief of Security (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. ASF shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PSACM. If ASF receives notification of alleged abuse from another facility, ASF will ensure that the allegation is investigated in accordance with PREA standards and reported to the appropriate ICE Field Office Director.” The Auditor reviewed a memorandum to the file which states, “The Alexandria Staging Facility has not made notification of reporting a sexual abuse that occurred at another confinement facility in the year preceding this audit. In the event that a detainee alleges that sexual abuse occurred while confined at another facility, staff shall document those allegations and the facility administrator or chief of security (in the absence of the facility administrator where the allegation was made shall contact the facility administrator or designee where the abuse occurred and notify the ICE Field Office as soon as possible, but no later than 72 hours after receiving the notification.” An interview with the A-PA confirmed that if the facility received notification from another facility a detainee reported he was sexually abused while housed at ASF, the allegation would immediately be referred for an investigation and a notification would be made to the ICE FOD. The A-PA also confirmed, if an allegation was received that a detainee was sexually abused while confined in another facility, she would notify the head of the facility within 72 hours; however, the notification is usually immediate. In addition, the facility A-PA explained that the notification would be made by phone and followed up with an email for documentation purposes. A review of the PREA Allegations Spreadsheet confirmed the facility received no sexual abuse allegations occurring at another facility, nor did another facility report an allegation that occurred at ASF since the last PREA audit.

**Corrective Action:**

No corrective action needed.

**§115. 64 - Responder duties.**

**Outcome:** Meets Standard

**Notes:**

(a)(b): ASF policy 10. 1. 1 states, “Upon learning of an allegation that a Detainee was Sexually Abused, or if the Employee sees abuse, the first Security Staff member to respond to the report shall: Separate the alleged victim and abuser; Immediately notify the on duty security supervisor and remain on the scene until relieved by responding personnel; Preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence, request the alleged victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; and If the sexual abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does 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 victim and 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 member 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 staff 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. Apart from reporting to designated supervisors, Employees shall not reveal any information related to the incident to anyone other than to staff involved with investigating the alleged incident.” The Auditor reviewed the GEO Group, Inc. Sexual Abuse and Assault Prevention & Intervention 2025 employee training slides and confirmed instruction is given for employees to follow protocols consistent with the requirements outlined in this standard. During interviews with five random DOs and three IHSC staff the Auditor confirmed all were knowledgeable of their first responder duties and responsibilities. The Auditor interviewed three IHSC staff, who are non-security first responders and confirmed they were also aware of their responsibilities should they be the first responder to an incident of sexual abuse. The facility had no sexual abuse allegations since the last PREA audit.

**Corrective Action:**

No corrective action needed.

**§115. 65 - Coordinated response.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): ASF policy 10. 1. 1 states, “ASF shall develop written Facility plans 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 and Assault. ASF shall use a coordinated, multidisciplinary team approach to responding to Sexual Abuse and Assault. The PSACM 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, the sending Facility shall, as permitted by law, inform the receiving Facility of the incident and the victim’s potential need for medical or social services, unless the victim requests otherwise. Facilities shall utilize the “Notification of PREA Incident” form (See Attachment A of GEO Corporate Policy 5. 1. 2 - D).” The Auditor’s review of the ASF PREA Coordinated Response, Rev. 1/24/25 confirmed procedures are outlined to coordinate actions taken by the first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The coordinated responseThe coordinatedresponse establishes that 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; and, if the victim of sexual abuse is transferred to a non-DHS facility, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services, unless the victim requests otherwise. Interviews with AHSA and the PSACM confirmed there were no incidents requiring notification related to provisions (c)(d) since the last PREA audit.

**Corrective Action:**

No corrective action needed.

**§115. 66 - Protection of detainees from contact with alleged abusers.**

**Outcome:** Meets Standard

**Notes:**

ASF policy 10. 1. 1 states, “Employees, Contractors and Volunteers suspected of perpetrating Sexual Abuse shall be removed from all duties requiring Detainee contact pending the outcome of an investigation. ASF shall not

enter into or renew any collective bargaining agreement or other agreement that limits ASF's ability to remove alleged Employee sexual abusers from contact with any Detainee pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted." Interviews with the HRM, and FA, confirmed that if a staff member were suspected of perpetrating sexual abuse, the staff member would be immediately removed from detainee contact, and depending on the circumstances, a staff member could be placed on administrative leave pending the outcome of the investigation. These interviews also confirmed that a volunteer would be removed from facility access and detainee contact during the investigation. The facility does not currently use the services of contractors.

**Corrective Action:**

No corrective action needed.

**§115. 67 - Agency protection against retaliation.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): ASF policy 10. 1. 1 states, "Employees, Contractors, and Volunteers, and Detainees shall not retaliate against any person, including a Detainee, who reports, complains about, or participates in an investigation into an allegation of Sexual Abuse, or for participating in Sexual Activity as a result of force, coercion, threats, or fear of force." ASF policies 10. 1. 1 and 10. 1. 1-A state, "ASF shall employ multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or Detainee abusers from contact with victims, and emotional support services for victims or staff who fear retaliation for reporting Sexual Abuse or Assault or for cooperating with investigations." ASF policy 10. 1. 1 states, "ASF's PSACM or Mental Health personnel shall be responsible for monitoring retaliation. A Mental Health staff member or the PSACM shall meet weekly 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 (see Attachment E)", to include corrective actions taken to address the issue. For at least 90 days following a report of Sexual Abuse, ASF shall monitor the conduct and treatment of Individuals in a GEO Program or Employees who reported the Sexual Abuse to see if there are changes that may suggest possible retaliation by Detainees or staff and shall act promptly to remedy such retaliation. Items to be monitored for Detainees include disciplinary reports and housing or program changes. Items to be monitored for Employees include negative performance reviews and Employee reassignments which shall be monitored by the Human Resources Department, or an Investigator as designated by the Facility Administrator utilizing the Employee Protection from Retaliation Log. If any other individual expresses a fear of retaliation, the Staff shall take appropriate measures to protect that individual as well. Completed Logs shall be retained in the investigative file of the corresponding PREA incident." An interview with the A-PA confirmed the PSACM is responsible for retaliation monitoring of detainee victims of sexual abuse and witnesses who participate in an investigation. The PSACM explained during her interview that detainee monitoring would begin within the week after the allegation is made and would continue until the allegation is determined to be unfounded or up to 90 days or longer if needed. The facility provided a blank DHS PREA/SAAPI Retaliation Monitoring Form that would be used to document retaliation monitoring occurring at the facility and which was newly implemented in April 2025. Prior to implementation of the DHS PREA/SAAPI Retaliation Monitoring Form the GEO Protection from Retaliation Log, Attachment E was used to document monitoring, as indicated in the facility's Policy 10. 1. 1. The PSACM also explained that monitoring would include review of disciplinary reports, housing changes, or program changes. Retaliation monitoring for staff members would be conducted by the HRM or A-PA as confirmed during their interviews; activities to be monitored would be negative performance reviews and employee reassignments. There were no incidents of sexual abuse or retaliation reported since the last PREA audit.

**Corrective Action:**

No corrective action needed.

**§115. 68 - Post-allegation protective custody.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): ASF policy 10. 1. 1 states, “ASF shall take care to place Detainee 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. (See Section J1). Detainee 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. A Detainee 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 as a result of the Sexual Abuse. ASF shall notify the appropriate ICE Enforcement and Removal Operations Field Office Director whenever a Detainee victim has been held in administrative restriction for 72 hours.” The facility provided a memorandum from the FA with the PAQ stating, “The Alexandria Staging Facility has not demonstrated the use of segregated housing to protect a detainee of sexual abuse. If the need arises for a detainee to be housed in administrative segregation the detainee would be immediately transferred to the Central Louisiana ICE Processing Center (CLIPC).” The A-PA explained that the facility would temporarily restrict a detainee victim of sexual abuse from other detainees by confining them to a cell in Alpha or Bravo unit, and only until the Agency could arrange a transfer to another facility which would usually occur within hours of placement. The PA or FA would notify the AFOD who would provide all other notifications, including to the FOD would immediately be notified to arrange transport and if the facility determines the detainee victim could continue to house at ASF a reassessment would be conducted prior to placing the detainee back into general population; an interview with the AFOD further confirmed these procedures as explained by the A-PA.

**Corrective Action:**

No corrective action needed.

**§115. 71 - Criminal and administrative investigations.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): ASF has developed written procedures for guiding sexual abuse investigations, through policy 10. 1. 1-A, Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection. ASF policy 10. 1. 1-A states, “An administrative or criminal investigation shall be completed for all allegations of Sexual Abuse. The Facility Administrator and contracting agencies shall be notified prior to investigating all allegations of Sexual Abuse. Specific procedures not listed in this policy which are required by contractual obligations shall be followed. Where any requirements of the DHS PREA Standards may conflict with PBNDS 2011, the DHS PREA Standards shall supersede. Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available (b) (7)(E) ; Interviewing alleged victims, suspected perpetrators, and witnesses; Reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator; Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual’s status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph; An effort to determine whether actions or failures to act at the facility contributed to the abuse; and Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years. When ASF conducts its own investigations into allegations of Sexual Abuse, it shall do so promptly, thoroughly, and objectively for allegations, including third-party and anonymous reports. ASF shall use investigators who have received specialized training in Sexual Abuse investigations. The specialized training shall include techniques for interviewing Sexual Abuse victims, proper use of Miranda and Garrity warnings, Sexual Abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. When outside agencies investigate Sexual Abuse, ASF shall cooperate with outside

investigators and shall endeavor to remain informed about the progress of the investigation. Facilities shall request copies of completed investigative reports. Upon receipt, the investigative report will be forwarded to the Corporate PREA Director for review and closure. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as Detainee or staff. 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." ASF policy 10. 1. 1-A further states, "An investigative report shall be written for all investigations of allegations of Sexual Abuse. ASF shall utilize the investigative report template (See attachment A) for all PREA investigations unless another format is required by the contracting agency. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of Sexual Abuse involving the suspected perpetrator. 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." Additionally, ASF policy 10. 1. 1-A states, "investigative reports shall include attached copies of all documentary evidence where feasible."

An interview with the PSACM/Investigator confirmed that either herself or the other trained investigator will complete an administrative investigation on all allegations as soon as RPSO and the ICE OPR indicate an investigation can begin. She explained that she would remain in constant contact with the RPSO throughout the investigation. She further confirmed that a sexual abuse investigation would continue even if the victim or the abuser (staff or detainee) is no longer assigned to the facility. During the interview, the PSACM/Investigator explained the administrative investigation procedures including preservation of evidence, conducting interviews with victims, perpetrators, and witnesses, making credibility assessments, and procedures for documenting the reports and was found to be knowledgeable of these procedures. The Auditor confirmed the two facility investigators are qualified to conduct administrative sexual abuse investigations based on the compliance evaluation noted in §115. 34. During interviews with the AFOD and the FA the auditor confirmed that the ASF policy 10. 1. 1 has been reviewed and approved by the Agency on September 16, 2024. Information provided in the PAQ and interviews with the FA, A-PA, and PSACM confirmed the facility had no sexual abuse allegations since the last PREA audit.

**Corrective Action:**

No corrective action needed.

**§115. 72 - Evidentiary standard for administrative investigations.**

**Outcome:** Meets Standard

**Notes:**

Agency Policy 11062. 2 states, "The OPR shall conduct either an OPR review or investigation, in accordance with OPR policies and procedures. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse." ASF policy 10. 1. 1-A states, "Facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of Sexual Abuse are Substantiated." An interview with the PSACM/Investigator confirmed the standard used by the facility for substantiating sexual abuse is a preponderance of the evidence. Information provided with the PAQ and interviews with the FA, A-PA, and PSACM the facility had no sexual abuse allegations since the last PREA audit.

**Corrective Action:**

No corrective action needed.

**§115. 73 - Reporting to detainees.**

**Outcome:** Meets Standard

**Notes:**

ASF policy 10. 1. 1-A 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 victim of Sexual Abuse in writing, whether the allegation has been: Substantiated, Unsubstantiated, or Unfounded.” The PSACM confirmed during her interview that the detainee victim would be notified of the results of the investigation once concluded using the Notification of Outcome of Allegation form, attachment D, and a copy would be retained in the investigation file. Based on information provided with the PAQ and interviews with the FA, A-PA, and PSACM, the facility had no sexual abuse allegations since the last PREA audit.

**Corrective Action:**

No corrective action needed.

**§115. 76 - Disciplinary sanctions for staff.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): ASF policy 10. 1. 1-A 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 by an Employee, Contractor, or Volunteer. ASF 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. ASF 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.” During interviews with the FA and HRM, the Auditor confirmed that staff are subject to disciplinary action up to and including termination for violations of the Agency and facility policies regarding sexual abuse and that the incident would be reported to law enforcement if criminal and any applicable licensing bodies. Interviews with five random DOs confirmed that they were all aware they would be terminated if they violated the facility sexual abuse policies. Based on information provided with the PAQ and interviews with the FA, A-PA, and PSACM there were no allegations of sexual abuse reported and no violations of PREA policies by staff since the last PREA audit. During interviews with the AFOD and the FA the auditor confirmed that the ASF policy 10. 1. 1 has been reviewed and approved by the Agency on September 16, 2024.

**Corrective Action:**

No corrective action needed.

**§115. 77 - Corrective action for contractors and volunteers.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): ASF policy 10. 1. 1-A states, “Any contractor or volunteer who has engaged in Sexual Abuse shall be prohibited from contact with Detainees. ASF 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 contact pending the outcome of an investigation. ASF shall take appropriate remedial measures and shall consider

whether to prohibit further contact with Detainees by Contractors or Volunteers who have not engaged in Sexual Abuse but have violated other provisions within these standards.” During interviews with the HRM and the PSACM, the Auditor confirmed that any contractors or volunteers suspected of perpetrating sexual abuse would be removed from all duties involving detainee contact and law enforcement would be notified. These interviews further confirmed that the incident would be reported to the contractor’s employer and any applicable licensing bodies. Based on information provided with the PAQ and interviews with the FA, A-PA, and PSACM there were no allegations of sexual abuse reported and no violations of PREA policies by a volunteer or contractor since the last PREA audit.

**Corrective Action:**

No corrective action needed.

**§115. 78 - Disciplinary sanctions for detainees.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): ASF policy 10. 1. 1-A states, “ASF shall subject a Detainee to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the Detainee engaged in Sexual Abuse. 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 to conform with rules and regulations in the future. ASF shall have a Detainee disciplinary system with progressive levels of reviews, appeals, procedures, and documentation procedure. The disciplinary process shall consider whether a Detainee’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. ASF shall not discipline a Detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. 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 PSACM shall receive copies of all disciplinary reports regarding Sexual Activity and Sexual Abuse for monitoring purposes.” During interviews with the Disciplinary Officer, PSACM, and A-PA the Auditor confirmed that while ASF policy 10. 1. 1-A and the facility handbook outline disciplinary procedures that are compliant with this standard, the facility does not have the ability to discipline a detainee due to the nature of the facility’s mission. The average length of stay for detainees at ASF is seven days, which is not enough time to allow for disciplinary processing. The FA and A-PA explained that if a detainee is charged with an infraction resulting from a SA-API investigation, in coordination with ICE, the detainee would be transferred to Central Louisiana ICE Processing Center and where the charges would be processed in accordance with the established disciplinary procedures. These interviews also confirmed that detainees are not disciplined for sexual contact with staff unless there is a finding that the staff member did not consent or for reporting an allegation in good faith even if the investigation is not substantiated. Based on information provided with the PAQ and interviews with the FA, A-PA, and PSACM, there were no sexual abuse allegations reported since the last PREA audit.

**Corrective Action:**

No corrective action needed.

**§115. 81 - Medical and mental health assessments; history of sexual abuse.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): ASF policy 10. 1. 1 states, “If during the intake assessment, persons tasked with screening determine that a Detainee is at risk for either sexual victimization or abusiveness, or if the Detainee has experienced prior victimization or perpetrated sexual abuse, the Detainee shall be 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 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 shall receive a mental health evaluation no later than 72 hours after the referral. Information related to sexual victimization or abusiveness in an institutional setting is limited only to Medical and Mental Health Practitioners and other Employees as necessary to inform treatment plans, security and management decisions or otherwise required by Federal, State, or local law.” During interviews with the A-PA and PSACM the Auditor found that because of the mission of the facility, all DOs are trained to conduct intake processing. The Auditor selected two DOs and one Intake Supervisor to interview regarding the intake procedures. These interviews confirmed that if, during the risk screening, a detainee discloses he has experienced sexual abuse or has perpetrated sexual abuse, DO will contact the Intake Supervisor who will review and sign the assessment, scan the risk assessment, and immediately send email notification to medical and mental health for a referral and the A-FA, PSACM, and Major will be copied. The Intake Supervisor also explained that the detainee will be added to the At-Risk Log. IHSC medical staff are present 24 hours per day, 7 days per week and all new intakes are screened by medical staff within 24 hours. The Auditor reviewed an IHSC Mental Health Referral Template for PREA and IHSC Mental Health Referral Follow-up Template for PREA that was provided with the PAQ to demonstrate how medical staff documents the referrals to mental health. The facility also provided a completed SAAPI Risk Assessment for a detainee who had a criminal history of sex offense with the appropriate referral to mental health documented. Interviews with the AHSA, Nurse Manager, and MSLW confirmed that when they receive referral notifications from facility staff by email that a detainee disclosed prior victimization or has perpetrated sexual abuse, they will bring the detainee to medical to schedule a medical or mental health follow-up as needed. The MSLW displayed various digital records for the Auditor, demonstrating that mental health referrals for follow-up are made by both medical staff and intake processing staff, and that mental health meets with the detainees generally within 24 hours not more than 72 hours. She also explained during her interview that frequently the detainee has departed from the facility before a follow-up meeting can be held. The Auditor reviewed 12 detainee files for detainees present during the site visit and identified 1 detainee who had reported prior sexual victimization and also had a sex offense charge. Review of the risk screening instrument confirmed that the appropriate mental health referral was completed by the processing officer and intake supervisor and the MSLW confirmed within digital records that the detainee had been seen by mental health within 24 hours. The Auditor also interviewed the detainee and confirmed that he had been seen by medical within 24 hours of arrival and had met with mental health shortly after. An interview with the PSACM confirmed that she is responsible for monitoring completion of medical and mental health referrals made based on the risk assessment pursuant to 115. 41, and the accuracy of the At-Risk Log that is maintained by the shift supervisor. The Auditor reviewed the current At-Risk Log and found the one detainee listed who was interviewed.

**Corrective Action:**

No corrective action needed.

**§115. 82 - Access to emergency medical and mental health services.**

**Outcome:** Meets Standard

**Notes:**

(a)(b): IHSC Directive 03-01 states, “Victims of sexual abuse and sexual assault, with current or a history of sexual abuse or assault, have unimpeded access to immediate medial and behavioral health services. IHSC provides access to emergency medical and behavioral health services, and ongoing care, for detained noncitizens and residents (hereinafter known as patients) who are victims of sexual abuse or assault, and when deemed appropriate by mental health practitioners, detained noncitizen abusers. IHSC provides treatment services to patients without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. IHSC recognizes the trauma related to sexual abuse and assault, and integrates trauma-informed approaches to detect, prevent, intervene, and reduce these events.” IHSC Directive identifies responsibilities to include, “provide emergency medical services to detainees who are victims of sexual abuse or assault; perform pregnancy tests; provide emergency contraception; test for sexually transmitted infections and provides treatment and prophylaxis as medically necessary.” IHSC Directive 03-01 also

establishes that the Behavioral Health Provider (BHP) performs an immediate mental health assessment for reported sexual abuse or assault; mental health assessments on known, suspected, or alleged sexual abusers or aggressors. ASF policy 10. 1. 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 and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

Interviews with the AHSA and Nurse Manager confirmed that a detainee who reports sexual abuse would be immediately seen by medical staff to address any emergency medical needs, and the detainee would be transported to the St. Francis Cabrini Hospital SANE unit, if needed. These interviews also confirmed that the hospital would provide emergency medical treatment, including emergency contraception and sexually transmitted infections prophylaxis and medical staff would continue follow-up care once the detainee is returned to the facility. The AHSA confirmed during her interview that these services are provided at no financial cost to the detainee and that services would be provided regardless of whether the detainee named the abuser or cooperated with the investigation. She further explained that all healthcare provided to detainees meets or exceeds professionally accepted standards of care. Based on interviews with the FA, A-PA, PSACM, and AHSA, the facility had no allegations of sexual abuse since the last PREA audit; therefore, no emergency medical treatment and crisis intervention services to demonstrate.

**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)(d)(e)(f): IHSC Directive 03-01 states, “Victims of sexual abuse and sexual assault, with current or a history of sexual abuse or assault, have unimpeded access to immediate medical and behavioral health services. IHSC provides access to emergency medical and behavioral health services, and ongoing care, for detained noncitizens and residents (hereinafter known as patients) who are victims of sexual abuse or assault, and when deemed appropriate by mental health practitioners, detained noncitizen abusers. IHSC provides treatment services to patients without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. IHSC recognizes the trauma related to sexual abuse and assault, and integrates trauma-informed approaches to detect, prevent, intervene, and reduce these events.” IHSC Directive further identifies medical staff responsibilities to include, providing emergency medical and mental health services to detainees who are victims of sexual abuse or assault; performing pregnancy tests; providing emergency contraception; testing for sexually transmitted infections and providing treatment and prophylaxis as medically necessary.” IHSC Directive 03-01 also establishes that BHPs prepare treatment plans and make referrals for continued care following transfers, placement in other facilities, or release from custody.” ASF policy 10. 1. 1 states, “ASF 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 and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.” Interviews

with the AHSA, Nurse Manager, and MSLW confirmed that IHSC staff would continue follow-up care prescribed by the physician once the detainee is returned to the facility after emergency medical treatment or treatment needs as prescribed related to a prior incident. Services provided are consistent with community level care, at no financial cost to the detainee, and are provided regardless of whether the detainee names the abuser or cooperates with the investigation. These interviews further confirmed that all healthcare provided meets or exceeds professionally accepted standards of care.

(g): IHSC Directive 03-01 also establishes that the BHP conducts a mental health evaluation of all abusers within 60 days upon learning of such history and offers treatment when appropriate. An interview with the IHSC MSLW confirmed that if the detainee abuser is willing to participate, a mental health evaluation would be completed and offered treatment, as deemed appropriate. There would be no financial cost to the detainee for the evaluation or treatment services. The IHSC MSLW also explained that a known detainee abuser would not be at the facility long enough to benefit from these services. The average length of stay for detainees at ASF is seven days.

**Corrective Action:**

No corrective action needed.

**§115. 86 - Sexual abuse incident reviews.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): ASF policy 10. 1. 1 states, “Designated Staff shall conduct a Sexual Abuse incident review at the conclusion of every Sexual Abuse investigation in which the allegation has been determined substantiated or unsubstantiated. Such review shall occur within 30 days of the conclusion of the investigation. The review team shall consist of upper-level management officials, the local PSA Manager, Medical and Mental Health Practitioners. The Corporate PREA Coordinator may attend via telephone or in person. A “PREA After Action Review Report” (see Attachment F) of the team’s findings shall be completed and submitted to the local PSA Manager and Corporate PREA Coordinator no later than 10 working days after the review. ASF shall implement the recommendations for improvement or document its reasons for not doing so. Annually, ASF 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 there have not been any reports of Sexual Abuse during the annual reporting period, then ASF shall prepare a negative report. ASF shall document the review utilizing the “DHS Annual Review of Sexual Abuse Incidents” form. (See Attachment G of Corporate Policy 5. 1. 2 - D). The results and findings of the annual review shall be provided to the Facility Administrator, Field Office Director, or his/her designee, GEO Corporate PREA Coordinator, and the agency PSA Coordinator upon completion.” The PSACM confirmed during her interview that the review team consists of upper-level management and allows for input from the security line supervisors, investigator, and medical and mental health practitioners. She further explained that an incident review would be conducted on all closed investigations and documented on the Sexual Abuse or Assault Incident Review form, within 30 days of the conclusion of the investigation. Based on information provided with the PAQ and interviews with the FA, A-PA, and PSACM, the facility had no sexual abuse allegations since the last PREA audit. The Auditor reviewed a blank Sexual Abuse or Assault Incident Review form and confirmed the form included all elements required by provision (b) of the standard. The Auditor reviewed an email indicating the 2024 Annual Review of Sexual Abuse Investigations was provided to the FA, FOD designee, and the agency PSA Coordinator.

**Corrective Action:**

No corrective action needed.

**§115. 87 - Data collection.**

**Outcome:** Meets Standard

**Notes:**

(a): ASF policy 10. 1. 1 states, “ASF shall collect and retain data related to Sexual Abuse as directed by the Corporate PREA Coordinator. ASF shall maintain in a secure area all case records associated with claims of Sexual Abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling in accordance with the PREA standards and applicable agency policies and established schedules.” IHSC Directive states, “IHSC secures paper records in a locked cabinet or room when not under the direct control of an officer or employee with a need for the paper record to perform their duties.” The PSACM confirmed during her interview that both paper files and electronic files of case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment are maintained securely and consistent with the requirements of this standard in her office. The Auditor was unable to observe the storage location as the PSACM’s office is offsite at a nearby facility. The AHSA confirmed during her interview that the IHSC maintains medical and mental health records electronically and the information is securely stored with password access. Paper records are kept under control of the staff member until scanned and then destroyed.

**Corrective Action:**

No corrective action needed.

**§115. 201 - Scope of audits.**

**Outcome:** Meets Standard

**Notes:**

(d)(e)(i)(j): The Auditor was allowed access to the entire facility and able to revisit areas of the facility as needed during the site visit. The Auditor was provided with and allowed to view all relevant documentation as requested. The facility staff were extremely responsive to the requests of the Auditor and promptly provided the documentation requested. Formal interviews with staff and detainees were conducted in a private setting. The Auditor observed the Audit Notices were posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. The Auditor received no correspondence from staff, detainee, or any other party.

**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.

*Sharon Shaver*

7/27/2025

**Auditor's Signature & Date**

7/28/2025

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

**Program Manager's Signature & Date**

7/27/2025

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

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



U.S. Immigration  
and Customs  
Enforcement

# **Office of Professional Responsibility**

