Office of Professional Responsibility

CAP Final Determination Report and PREA Compliance Audit Report

South Louisiana ICE Processing Center

April 8 - 10, 2025

U.S. Immigration and Customs Enforcement

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

Homeland Security

AUDITOR INFORMATION			
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AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	New Orleans		
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Field Office HQ physical address:	1250 Poydras Street, Suite 325 New Orleans, LA 70113		
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	South Louisiana ICE Processing Center		
Physical address:	3843 Stagg Avenue Basile, Louisiana 70515		
Telephone number:			
Facility type:	Dedicated Inter-governmental Service Agreement		
PREA Incorporation Date:	4/23/2019		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Facility Administrator
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Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PSA Compliance Manager
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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 South Louisiana ICE Processing Center met 33 standards, had 3 standards that exceeded, had 1 standard that was non-applicable, and had 4 non-compliant standards. As a result of the facility being out of compliance with 4 standards, the facility entered into a 180-day corrective action period which began on June 23, 2025, and ended on December 20, 2025. 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.

Number of Standards Initially Not Met: 4

- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.33 - Detainee education.
- §115.51 - Detainee reporting.
- §115.53 - Detainee access to outside confidential support services.

Number of Standards Exceeded: 0

Number of Standards Met: 4

- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.33 - Detainee education.
- §115.51 - Detainee reporting.
- §115.53 - Detainee access to outside confidential support services.

Number of Standards Not Met: 0

PROVISIONS

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

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

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

Notes:

(a)(b): SLIPC policy 10.1.1 states, "SLIPC 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. SLIPC 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." SLIPC policy 10.1.1 further states, "The facility shall provide communication assistance to with disabilities and who are limited in their English proficiency (LEP). The facility will provide disabilities with effective communication, which may include the provision of auxiliary aids, such as readers, materials in Braille, audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunications devices for deaf persons (TTYs), interpreters and note takers, as needed. The facility will also provide detainees who are LEP with language assistance, including bilingual staff or professional interpretation and translation services, to provide them with meaningful access to its programs and activities." Interviews with the PSA Compliance Manager and Intake Lieutenant indicated reasonable accommodations are made to ensure detainees receive notification, orientation, and instruction on the facility's sexual abuse prevention and response, to include but not limited to, the use of a teletypewriters (TTY) or Telecommunication device for the deaf (TDD) phone, video remote interpreting via I-pad, hearing aid/amplifier, and an ICE Effective Communication card for those detainees who are deaf or hard of hearing, utilizing the facility language line or staff interpreter to interpret the information to detainees who have limited reading skills or are LEP, reading the information to detainees who are blind or have limited sight, and seeking assistance from medical or mental health staff for detainees who have intellectual, psychiatric, or other disabilities. An interview with the Intake Lieutenant indicated, during intake, each detainee is provided an ICE National Detainee Handbook, the SLIPC Detainee Handbook, and a Detainee Education for Intake Staff Script, to provide detainees who are LEP the information included in the facility PREA video which is only available in English and Spanish. An interview with the Intake Lieutenant further indicated Intake staff will prepare detainee boxes, labelled with the detainee's name prior to the detainee's arrival, which contain uniforms, intimate clothing, shower shoes, both the ICE National Detainee Handbook and the SLIPC Detainee Handbook, and the Detainee Education for Intake Staff Script. In addition, in an interview with the Intake Lieutenant indicated if the detainee received the ICE National Detainee Handbook, SLIPC Detainee Handbook, and a Detainee Education for Intake Staff Script handbooks in a language other than the detainee's their preferred language, the detainee could exchange the ICE National Detainee Handbook, SLIPC Detainee Handbook, and a Detainee Education for Intake Staff Script which they received in the box for ones in their preferred language. During the on-site audit the Auditor further observed the ICE National Detainee Handbook, the SLIPC Detainee Handbook and the Detainee Education for Intake Staff Script and confirmed they were available in 17 different languages to include English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese and Wolof. In addition, during the on-site audit, the Auditor observed the DHS-prescribed Sexual Abuse and Awareness Information pamphlet on the facility computer system and

confirmed it was available in 17 languages; however, the facility Intake staff struggled with locating the appropriate folder which contained the pamphlet and had to rely on the Intake Lieutenant to locate the pamphlet. During the on-site audit, the Auditor reviewed (b) (7)(E) intake of a detainee and confirmed upon intake the detainee was provided a box with the uniforms; however, the detainee did not remove all items from the box; and therefore, the Auditor could not confirm the detainee had been provided the ICE National Detainee Handbook, the SLIPC Detainee Handbook, the Detainee Education for Intake Staff Script, or the DHS-prescribed Sexual Abuse and Assault Awareness (SAA) Information pamphlet. During the on-site audit, the Auditor interviewed 30 detainees and confirmed none of the detainees interviewed indicated they had received the Detainee PREA Education Script or the Detainee ICE Sexual abuse and Assault Awareness Pamphlet. In addition, interviews with 12 of the 30 detainees whose preferred language was Spanish confirmed 8 detainees received both handbooks in Spanish; 1 detainee indicated she only received the SLIPC handbook, and it was in Spanish; 1 detainee indicated she only received the ICE National Detainee handbook, and it was in Spanish; and 2 detainees indicated they did not receive any of the handbooks. Interviews with 9 of the 30 detainees who spoke English; however, noted their preferred language was Spanish, indicated four detainees received the ICE National Detainee handbook and the SLIPC handbook in English; three detainees received the ICE National Detainee handbook and the SLIPC handbook in Spanish; one detainee only received a SLIPC handbook in Spanish, and 1 of the 30 detainees reported she only received an ICE National Detainee Handbook in Spanish. In an interview with 1 of the 30 detainees whose preferred language was Haitian Creole it was indicated she received both handbooks in English. In an interview with 1 of the 30 detainees whose preferred language was Russian indicated she only received a SLIPC handbook, in Spanish. Interviews with 2 of the detainees, whose preferred language was Chinese, indicated one detainee received the ICE National Detainee handbook and the SLIPC handbook in English, and one detainee indicated she received the ICE National Detainee handbook and the SLIPC handbook in Chinese. In interviews with 2 of the 30 detainees whose preferred language was Georgia it was indicated one detainee received only the SLIPC handbook in English and one detainee received the ICE National Detainee handbook and the SLIPC handbook in Spanish. In interview with 2 of the 30 detainees whose preferred language was Uzbek, it was indicated both received the ICE National Detainee handbook and the SLIPC handbook in Uzbek. In an interview with 1 of the 30 detainees whose preferred language was K'iche' it was indicated she received both the ICE National Detainee handbook and the SLIPC handbook handbooks in Spanish. During the on-site audit, the Auditor reviewed 30 detainee files and confirmed each file contained a SLIPC Handbook Receipt and Orientation Record, which indicates the detainee was provided the ICE National Detainee Handbook, the SLIPC Handbook, the DHS-prescribed SAA Information pamphlet, and the Detainee PREA Education Script; however, the document does not include a notation of the language in which each document was provided to the detainee; and therefore, the Auditor could not confirm the detainees received the information in a manner they could understand.

(c): SLIPC policy 10.1.1 states, "In matters relating to Sexual Abuse, SLIPC 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 agency determines such interpretation is appropriate and consistent with DHS policy. Any use of these interpreters under these type circumstances shall be justified and fully documented in the written investigative report. 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." Interviews with four random SOs indicated they would prefer to use the language line, in these circumstances; however, they would allow the use of another detainee, if the detainee victim requested it and it was approved by ICE. A review of seven sexual abuse investigative files confirmed there were no instances which included the use of a detainee for interpretation during the investigation.

Corrective Action:

The facility is not in compliance with subsections (a) and (b) of the standard. During the on-site audit, the Auditor observed the DHS-prescribed Sexual Abuse and Awareness Information pamphlet on the facility computer system and confirmed it was available in 17 languages; however, the facility Intake staff struggled with

locating the appropriate folder which contained the pamphlet and had to rely on the Intake Lieutenant to locate the pamphlet. In addition, during the on-site audit, the Auditor reviewed (b) (7)(E) intake of a detainee and confirmed upon intake the detainee was provided a box with the uniforms; however, the detainee did not remove all items from the box; and therefore, the Auditor could not confirm the detainee had been provided the ICE National Detainee Handbook, the SLIPC Detainee Handbook, the Detainee Education for Intake Staff Script, or the DHS-prescribed SAA Information pamphlet. During the on-site audit, the Auditor interviewed 30 detainees and confirmed none of the detainees interviewed indicated they had received the Detainee PREA Education Script or the DHS-prescribed SAA Information pamphlet. Interviews with 12 of the detainees whose preferred language was Spanish confirmed 8 detainees received both handbooks in Spanish; 1 detainee indicated she only received the SLIPC handbook, and it was in Spanish; 1 detainee indicated she only received the ICE National Detainee handbook, and it was in Spanish; and 2 detainees indicated they did not receive any of the handbooks. Interviews with 9 of the 30 detainees who spoke English; however, noted their preferred language was Spanish, indicated four detainees received the ICE National Detainee handbook and the SLIPC handbook in English; three detainees received the ICE National Detainee handbook and the SLIPC handbook in Spanish; one detainee only received a SLIPC handbook in Spanish, and one detainee reported she only received an ICE National Detainee Handbook in Spanish. In an interview with one of the detainees whose preferred language was Haitian Creole it was indicated she received both handbooks in English. In an interview with one of the 30 detainees whose preferred language was Russian indicated she only received a SLIPC handbook, in Spanish. Interviews with two of the 30 detainees whose preferred language was Chinese indicated one detainee received the ICE National Detainee handbook and the SLIPC handbook in English, and one detainee indicated she received the ICE National Detainee handbook and the SLIPC handbook in Chinese. In interviews with two of the 30 detainees whose preferred language was Georgia it was indicated 1 detainee received only the facility handbook and it was in English, and she was unable to read it, the other detainee received both handbooks in Spanish and was unable to read them. In interviews with two of the 30 detainees whose preferred language is Uzbek, it was indicated they received both handbooks in Uzbek. In an interview with one of the 30 detainees whose preferred language was K'iche' it was indicated she received both handbooks in Spanish. During the on-site audit, the Auditor reviewed 30 detainee files and confirmed each file contained a SLIPC Handbook Receipt and Orientation Record, which indicates the detainee was provided the ICE National Detainee Handbook, the SLIPC Handbook, the DHS-prescribed SAA Information pamphlet, and the Detainee PREA Education Script; however, the document does not include a notation of the language in which each document was provided to the detainee; and therefore, the Auditor could not confirm the detainees received the information in a manner they could understand.

To become compliant, the facility must implement a procedure which ensures all detainees, including those who are LEP, deaf or hard of hearing, blind or have limited sight, have difficulty reading, or have and intellectual, physical, or intellectual disability have an equal opportunity to participate in or benefit from all aspects of the Agency and the facility's efforts to prevent, detect, and respond to sexual abuse. Once implemented the facility must submit documentation to confirm that all applicable staff, including intake staff, have received training on the implemented procedure. The facility must submit 15 detainee files, to include detainees whose preferred language is not English or Spanish, to confirm all detainees have an equal opportunity to participate in or benefit from all aspects of the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse.

Corrective Action Taken:

On August 3, 2025, the facility submitted revised policies 10.1.1 and 10.1.2a. The Auditor reviewed the revised policies and confirmed both policies include the procedure to ensure detainees are provided notification, orientation, and instruction in formats accessible to all detainees, including those who are who are LEP, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills. The facility submitted an email to all supervisors with the policies attached, instructing the supervisors to conduct training with all staff and once completed, staff are to sign the training acknowledgement. The Auditor reviewed the training acknowledgement and confirmed 116 staff including intake staff have received the training. On September 6, 2025, the facility submitted 20 detainee files which included detainees whose preferred language

was 1 English, 4 Spanish, 6 Portuguese, 1 Persian, 1 Turkish, 2 Chinese, and 3 Russian to confirm all detainees have an equal opportunity to participate in or benefit from all aspects of the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a) and (b) of the standard.

§115.33 - Detainee education.

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

Notes:

(a)(b)(c)(d)(e)(f): SLIPC policy 10.1.1 states, "During the intake process, SLIPC 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 (at a minimum) instruction on: (1) Prevention and intervention strategies; (2) Definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse and coercive sexual activity; (3) Explanation of methods for reporting sexual abuse, including to any staff member, including a staff member other than an immediate point-of-contact line officer (e.g., the PSA Compliance Manager or Mental Health staff), the Detention and Reporting Information Line (DRIL), the DHS Office of Inspector General, and the Joint Intake Center and the ICE/OPR investigation process; (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 SLIPC, education/notification shall be provided in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to detainees who have limited reading skills. SLIPC shall maintain documentation of detainee participation in the intake process orientation which shall be maintained in their individual files. SLIPC policy 10.1.1 states, "SLIPC shall post on all housing unit bulletin boards the following notices: (1) The DHS-prescribed sexual assault awareness notice; (2) The name of the Prevention of Sexual Abuse Compliance Manager; 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 the detainee participation in the instruction session." Interviews with the PSA Compliance Manager and Intake Lieutenant indicated reasonable accommodations are made to ensure detainees receive notification, orientation, and instruction on the facility's sexual abuse prevention and response, to include but not limited to, the use of a teletypewriters (TTY) or Telecommunication device for the deaf (TDD) phone, video remote interpreting via I-pad, hearing aid/amplifier, and an ICE Effective Communication card for those detainees who are deaf or hard of hearing, utilizing the facility language line or staff interpreter to interpret the information to detainees who have limited reading skills or are LEP, reading the information to detainees who are blind or have limited sight, and seeking assistance from medical or mental health staff for detainees who have intellectual, psychiatric, or other disabilities. An interview with the Intake Lieutenant indicated, during intake, each detainee is provided orientation which includes receiving an ICE National Detainee Handbook, the SLIPC Detainee Handbook, and a Detainee Education for Intake Staff Script, to provide detainees who are LEP the information included in the facility PREA video which is only available in English and Spanish. An interview with the Intake Lieutenant further indicated Intake staff will prepare detainee boxes, labelled with the detainee's name prior to the detainee's arrival, which contain uniforms, intimate clothing, shower shoes, both the ICE National Detainee Handbook and the SLIPC Detainee Handbook, and the Detainee Education for Intake Staff Script. In addition, in an interview with the Intake Lieutenant indicated if the detainee received the ICE National Detainee Handbook, SLIPC Detainee Handbook, and a Detainee Education for Intake Staff Script handbooks in a language other than the detainee's preferred language, the detainee could exchange the ICE National Detainee Handbook, SLIPC Detainee Handbook, and a Detainee Education for Intake Staff Script which they received in the box for ones in their preferred language and will sign a SLIPC Handbook Receipt and Orientation Record to document to acknowledge orientation was received. The Auditor reviewed the Detainee Education for Intake Staff Script and confirmed it

was available in 17 languages to include English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Portuguese, Pulaar, Punjabi, Romanian, Russian, Chinese, Turkish, Vietnamese, and Uzbek. The script includes the definitions of detainee-on-detainee sexual abuse and staff-on- detainee sexual abuse, how to avoid sexual abuse, how to report an allegation of sexual abuse, and the emotional consequences of sexual abuse. The Auditor reviewed the ICE National Detainee Handbook and confirmed it is available in 17 languages to include English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, K'iche'(Quiché)/Kxlantzij, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese and Wolof. The Auditor reviewed the ICE National Detainee Handbook and confirmed the handbook includes information on the Agency's zero tolerance policy, prevention and intervention strategies, definitions and examples of detainee-on-detainee sexual abuse, explanation of methods for reporting sexual abuse, information about self-protection, retaliation and reporting sexual abuse will not negatively impact your immigration proceeding and the right to receive treatment and counseling if subjected to sexual abuse. The Auditor reviewed the SLIPC Detainee Handbook, and confirmed it is available in 17 languages to include English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, K'iche'(Quiché)/Kxlantzij, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese and Wolof. The Auditor reviewed the SLIPC Detainee Handbook and confirmed the handbook includes information on the SLIPC zero tolerance policy, prevention and intervention strategies, definitions and examples of detainee-on-detainee sexual abuse, explanation of methods for reporting sexual abuse, treatment for sexual abuse, and filing formal sexual abuse grievances. In addition, during the on-site audit, the Auditor observed the DHS-prescribed Sexual Abuse and Awareness Information pamphlet on the facility computer system and confirmed it was available in 17 languages; however, the facility Intake staff struggled with locating the appropriate folder which contained the pamphlet and had to rely on the Intake Lieutenant to locate the pamphlet. In addition, during the on-site audit, the Auditor reviewed (b) (7)(E) intake of a detainee and confirmed upon intake the detainee was provided a box with the uniforms; however, the detainee did not remove all items from the box; and therefore, the Auditor could not confirm the detainee had been provided the ICE National Detainee Handbook, the SLIPC Detainee Handbook, the Detainee Education for Intake Staff Script, or the DHS-prescribed Sexual Abuse and Assault Awareness (SAA) Information pamphlet. During the on-site audit, the Auditor interviewed 30 detainees and confirmed none of the detainee interviewed indicated they had received the Detainee PREA Education Script or the Detainee ICE Sexual abuse and Assault Awareness Pamphlet. In addition, interviews with 12 of the 30 detainees whose preferred language was Spanish confirmed 8 detainees received both handbooks in Spanish; 1 detainee indicated she only received the SLIPC handbook, and it was in Spanish; 1 detainee indicated she only received the ICE National Detainee handbook, and it was in Spanish; and 2 detainees indicated they did not receive any of the handbooks. Interviews with nine of the 30 detainees who spoke English; however, noted their preferred language was Spanish, indicated four detainees received the ICE National Detainee handbook and the SLIPC handbook in English; three detainees received the ICE National Detainee handbook and the SLIPC handbook in Spanish; one detainee only received a SLIPC handbook in Spanish, and one detainee reported she only received an ICE National Detainee Handbook in Spanish. In an interview with one of the 30 detainees whose preferred language was Haitian Creole it was indicated she received both handbooks in English. In an interview with one of the 30 detainees whose preferred language was Russian indicated she only received a SLIPC handbook, in Spanish. Interviews with two of the 30 detainees whose preferred language was Chinese indicated one detainee received the ICE National Detainee handbook and the SLIPC handbook in English, and one detainee indicated she received the ICE National Detainee handbook and the SLIPC handbook in Chinese. In interviews with two of the 30 detainees whose preferred language was Georgia it was indicated one detainee received only the SLIPC handbook in English and one detainee received the ICE National Detainee handbook and the SLIPC handbook in Spanish. In interview with two of the 30 detainees whose preferred language was Uzbek, it was indicated both received the ICE National Detainee handbook and the SLIPC handbook in Uzbek. In an interview with one of the 30 detainee whose preferred language was K'iche' it was indicated she received both the ICE National Detainee handbook and the SLIPC handbook handbooks in Spanish. During the on-site audit, the Auditor reviewed 30 detainee files and confirmed each file contained a SLIPC Handbook Receipt and Orientation Record, which indicates the detainee was provided the ICE National Detainee Handbook, the SLIPC Handbook, the DHS-prescribed SAA Information

pamphlet, and the Detainee PREA Education Script; however, the document does not include a notation of the language in which each document was provided to the detainee; and therefore, the Auditor could not confirm the detainees received the information in a manner they could understand.

Corrective Action:

The facility is not in compliance with subsections (a), (b), and (e) of the standard. During the on-site audit, the Auditor observed the DHS-prescribed Sexual Abuse and Awareness Information pamphlet on the facility computer system and confirmed it was available in 17 languages; however, the facility Intake staff struggled with locating the appropriate folder which contained the pamphlet and had to rely on the Intake Lieutenant to locate the pamphlet. In addition, During the on-site audit, the Auditor reviewed (b) (7)(E) intake of a detainee and confirmed upon intake the detainee was provided a box with the uniforms; however, the detainee did not remove all items from the box; and therefore, the Auditor could not confirm the detainee had been provided the ICE National Detainee Handbook, the SLIPC Detainee Handbook, the Detainee Education for Intake Staff Script, or the DHS-prescribed SAA Information pamphlet. During the on-site audit, the Auditor interviewed 30 detainees and confirmed none of the detainees interviewed indicated they had received the Detainee PREA Education Script or the DHS-prescribed SAA Information pamphlet. Interviews with 12 of the 30 detainees whose preferred language was Spanish confirmed 8 detainees received both handbooks in Spanish; 1 detainee indicated she only received the SLIPC handbook, and it was in Spanish; 1 detainee indicated she only received the ICE National Detainee handbook, and it was in Spanish; and 2 detainees indicated they did not receive any of the handbooks. Interviews with nine of the 30 detainees who spoke English; however, noted their preferred language was Spanish, indicated four detainees received the ICE National Detainee handbook and the SLIPC handbook in English; three detainees received the ICE National Detainee handbook and the SLIPC handbook in Spanish; one detainee only received a SLIPC handbook in Spanish, and one detainee reported she only received an ICE National Detainee Handbook in

Corrective Action Taken:

On August 3, 2025, the facility submitted revised policies 10.1.1 and 10.1.2a. The Auditor reviewed the revised policies and confirmed both policies include the procedure to ensure detainees are provided notification, orientation, and instruction in formats accessible to all detainees, including those who are who are LEP, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills. The facility submitted an email to all supervisors with the policies attached, instructing the supervisors to conduct training with all staff and once completed, staff are to sign the training acknowledgement. The Auditor reviewed the training acknowledgement and confirmed 116 staff including intake staff have received the training. On September 6, 2025, the facility submitted 20 detainee files which included detainees whose preferred language was 1 English, 4 Spanish, 6 Portuguese, 1 Persian, 1 Turkish, 2 Chinese, and 3 Russian to confirm all detainees have an equal opportunity to participate in or benefit from all aspects of the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a) (b) and (e) of the standard.

§115.51 - Detainee reporting.

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

Notes:

(a)(b)(c): SLIPC policy 10.1.1 states, "SLIPC 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. Facilities shall provide contact information to Detainees for relevant consular officials and officials, the DHS Office of Inspector General, the Joint Intake Center, as appropriate, another designated office, to confidentially and, if desired, anonymously, report these incidents. Facilities 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. Facilities shall provide Detainees contact information on how to report Sexual Abuse or Assault to the Facility PSA Compliance Manager. Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports." During the on-site audit, the Auditor observed information in English and Spanish posted in the housing units and all common areas of the facility, informing the detainees how to contact their consular official, the DHS OIG, DRIL, and the Joint Intake Center (JIC) to confidentially and if desired anonymously report an incident of sexual abuse. Interviews with the facility PSA Compliance Manager and four random SOs indicated detainees are provided multiple ways to report sexual abuse, retaliation, and any staff neglect of their responsibilities which may have contributed to an incident of sexual abuse. Interviews with four random SOs further indicated all reports received verbally, in writing, anonymously, and from third parties must be immediately reported and documented. Interviews with 30 detainees confirmed they were aware of several ways they could report an allegation of sexual abuse, including ways to report anonymously, if desired. During the on-site audit, the Auditor tested all telephone numbers provided to detainees to report an allegation of sexual abuse and confirmed they were all in good working order; however, utilizing the facility instructions for making anonymous calls, the Auditor attempted to call the DRIL, DHS OIG, JIC, RAINN, the State Sexual Abuse Hotline, and the St. Landry-Evangeline Sexual Assault Center and was unable to contact any of the listed agencies.

Corrective Action:

The facility is not in compliance with subsections (a) and (b) of the standard. During the on-site audit, the Auditor tested all telephone numbers provided to detainees to report an allegation of sexual abuse and confirmed they were all in good working order; however, utilizing the facility instructions for making anonymous calls, the Auditor attempted to call the DRIL, DHS OIG, JIC, RAINN, the State Sexual Abuse Hotline, and the St. Landry-Evangeline Sexual Assault Center and was unable to contact any of the listed agencies. To become compliant, the facility must submit documentation which confirms detainees are provided instructions for making anonymous calls to their consular official, the DRIL, DHS OIG, JIC, RAINN, the State Sexual Abuse Hotline, and the St. Landry-Evangeline Sexual Assault Center.

Corrective Action Taken:

On August 3, 2025, the facility submitted revised instructions for making an anonymous call. The facility submitted an email which had been sent to all supervisors with instructions to provide all staff with notification of the changes in the flyer and how to make an anonymous call. Once the training is completed each supervisor was instructed to have the staff member sign the acknowledgement of training. The facility submitted photographs of the instruction flyer posted in the units and uploaded the flyer to the detainee tablets. In addition, the facility submitted a call log for inmate services to confirm that between July 20, 2025, and July 26, 2025, detainees had successfully made anonymous calls. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a) and (b) of the standard.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c)(d): SLIPC policy 10.1.1 states, "SLIPC 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. SLIPC 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, SLIPC shall make available the same information about national organizations. SLIPC shall enable reasonable communication between Detainees and these organizations as well as inform Detainees (prior to giving them access) of the extent to which GEO policy governs monitoring of their

communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. SLIPC 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. SLIPC shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements. SLIPC is required to maintain or attempt to enter into a PREA MOU agreement with law enforcement agency outlining the responsibilities of each entity related to conducting PREA allegation that involve potentially criminal behavior. SLIPC shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements." The Auditor reviewed an MAA between St. Landry-Evangeline Sexual Assault Center, dated September 18, 2024, with no ending date, and confirmed the MAA indicates "a SLESAC will provide legal advocacy and confidential support services for immigrant victims of crimes, if requested." During the on-site audit, the Auditor observed the SLESAC, and the Rape, Abuse and Incest National Network (RAINN) flyers posted in all housing units predominately in English and Spanish; however, an interview with the PSA Compliance Manager indicated the flyer can be translated to other languages if needed. In addition, the Auditor reviewed the facility Detainee Handbook, available in 17 languages, and confirmed all required information regarding SLESAC is included. The Auditor reviewed the flyer and confirmed the flyer provides the detainees with a mailing address and telephone numbers to access SLESAC and states, "If you are a victim of a sexual assault, there is access to outside confidential emotional support services" and "these calls will be made at no cost to you and will not be monitored. Allegations of sexual abuse will not be reported to local authorities unless the communicator has provided SLESAC permission to contact others on their behalf. However, Louisiana staff are legally required to report all instances of sexual abuse involving children or vulnerable adults as well as any threats of harm to oneself or others." During the on-site audit, the Auditor tested all telephone numbers utilizing the facility instructions for making anonymous calls and confirmed the instructions did not allow the Auditor to make contact with RAINN, the State Sexual Abuse Hotline, or SLESAC; and therefore, detainees were unable to contact outside community services to receive legal advocacy or confidential support services. During the on-site audit utilizing a cellular telephone, the Auditor spoke with a Victim Advocate and confirmed services provided would include emotional support, crisis intervention, accompaniment to provide emotional support during a forensic medical examination, support during investigatory interviews, court proceedings, and will provide any information and referrals that may be needed. The Victim Advocate indicated that if a detainee were limited English proficient, the Agency and the facility has provided a language line service to accommodate any detainee that utilizes the service.

Corrective Action:

The facility is not in compliance with subsections (a) and (c) of the standard. During the on-site audit, the Auditor tested all telephone numbers utilizing the facility instructions for making anonymous calls and confirmed the instructions did not allow the Auditor to make contact with RAINN, the State Sexual Abuse Hotline, or SLESAC; and therefore, detainees were unable to contact outside community services to receive legal advocacy or confidential support services. To become compliant, the facility shall ensure that the detainee instructions for making anonymous calls are clear and in good working order. In addition, the facility shall provide the Auditor with documentation to confirm the phones, and all numbers provided are good working order.

Corrective Action Taken:

On August 3, 2025, the facility submitted revised instructions for making an anonymous call. The facility submitted an email which had been sent to all supervisors with instructions to provide all staff with notification of the changes in the flyer and how to make an anonymous call. Once the training is completed each supervisor was instructed to have the staff member sign the acknowledgement of training. The facility submitted photographs of the instruction flyer posted in the units and uploaded the flyer to the detainee tablets. In addition, the facility submitted a call log for inmate services to confirm that between July 20, 2025, and July 26, 2025, detainees had

successfully made anonymous calls. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a) and (c) of the 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.

Robin Bruck 9/23/2025

Auditor's Signature & Date

(b) (6), (b) (7)(C) 10/01/2025

Program Manager's Signature & Date

(b) (6), (b) (7)(C) 9/27/2025

Assistant Program Manager's Signature & Date

PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report

Homeland Security

AUDIT DATES			
From:	4/08/2025	**To:**	4/10/2025
AUDITOR INFORMATION			
Name of auditor:	Robin Bruck	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	(409) 866-(b) (6), (b) (7
PROGRAM MANAGER INFORMATION			
Name of PM:	(b) (6), (b) (7)(C)	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	(409) 866-(b) (6), (b)
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	New Orleans		
Field Office Director:	Melissa Harper		
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	1250 Poydras Street, Suite 325 New Orleans, LA 70113		
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	South Louisiana ICE Processing Center		
Physical address:	3843 Stagg Avenue Basile, Louisiana 70515		
Telephone number:	318-668-(b) (6), (b)		
Facility type:	Dedicated Inter-governmental Service Agreement		
PREA Incorporation Date:	4/23/2019		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	954-937-(b) (6), (b)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	337-459-(b) (6), (b)

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of South Louisiana ICE Processing Center (SLIPC) was conducted April 8, 2025 – April 10, 2025, by U.S. Department of Justice (DOJ) and DHS Certified PREA Auditors Robin M. Bruck (Lead Auditor) and (b) (6), (b) (7)(C) (Support Auditor), both employed by Creative Corrections, LLC. The lead 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) (b) (6), (b) (7)(C) and Assistant Program Manager (APM) (b) (6), (b) (7)(C), both DOJ and DHS Certified PREA Auditors. The PM's role is to provide oversight for the ICE PREA audit process and liaison with ICE Office of Professional Responsibility (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. SLIPC is 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). The facility is in Basile, Louisiana. This audit was the second DHS PREA audit for the facility and includes a review of the period between April 10, 2024, through April 10, 2025. The facility currently houses adult female detainees and does not house male detainees, juveniles or family units.

Approximately 30 days prior to the on-site audit, the ERAU Inspections and Compliance Specialist (ICS) Team Lead (TL) (b) (6), (b) (7)(C), provided the Auditor with the facility Pre-Audit Questionnaire (PAQ), the Agency policies, facility policies, and other pertinent documents through the ICE Audit Management and Review System (AMRS). The PAQ, policies, and supporting documentation had been organized utilizing the PREA Pre-Audit: Policy and Document Request DHS Immigration Detention Facilities form and placed into exhibit folders within AMRS for ease of auditing. Prior to the on-site audit, the Auditor reviewed all documentation provided, the Agency website, and the facility website. The main policy that governs SLIPC's sexual abuse prevention, intervention, and response efforts is policy 10.1.1 Sexual Abuse Assault Prevention and Intervention (SAAPI) Program for Immigration Detention Facilities.

An entrance briefing was held in the SLIPC's conference room on Tuesday, April 8, 2025, at 8:15 a.m. The ICE ERAU on-site TL, (b) (6), (b) (7)(C), opened the briefing and turned it over to the Auditor. In attendance were:

(b) (6), (b) (7)(C), TL, ICS, ICE/OPR/ERAU
(b) (6), (b) (7)(C), PSA Compliance Manager, GEO/SLPIC
(b) (6), (b) (7)(C), PREA Investigator, GEO/SLPIC
(b) (6), (b) (7)(C), Facility Administrator (FA),
GEO/SLPIC (b) (6), (b) (7)(C), Assistant Facility Administrator (AFA), GEO/SLPIC
(b) (6), (b) (7)(C), Fire and Safety, GEO/SLPIC
(b) (6), (b) (7)(C), Quality Control Program, GEO/SLIPC
(b) (6), (b) (7)(C), Compliance Auditor, GEO/SLPIC
(b) (6), (b) (7)(C), Supervisory Detention and Deportation Officer (SDDO), ICE/ERO
(b) (6), (b) (7)(C), Corporate PREA Manager, GEO
Robin Bruck, DOJ/DHS Certified PREA Auditor, Creative Corrections, LLC
(b) (6), (b) (7)(C), DOJ/DHS Certified PREA Auditor, Creative Corrections, LLC

The Auditor introduced herself and provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance to those present. The Auditor explained the audit process is designed to not only to assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the general knowledge of staff at all levels employed at the facility. The Auditor further explained compliance with the PREA standards will be determined based on a review of the

policies and procedures, observations made during the facility on-site audit, documentation review, and interviews conducted with staff and detainees.

Immediately after the entrance briefing, the on-site audit was conducted by the Auditors, along with key staff from SLIPC and the SDDO. All areas of the facility where detainees are afforded the opportunity to go or are provided services, were observed by the Auditors, which included all ICE detainee housing units and pods, booking/intake, library, recreation areas, food service, and medical areas. In addition, the Auditors observed the sally port and the control centers. During the on-site audit, the Auditors made visual observations of bathrooms and shower areas, (b) (7)(E) , and the number of staff assigned in all areas of the facility. The Auditors observed PREA information, predominately in English and Spanish, in all common areas of the facility and near the detainee telephones which included the DHS-prescribed sexual assault notice, the Detention and Reporting Information Line (DRIL) poster, the DHS Office of Inspector General (OIG) poster, the St. Landry-Evangeline Sexual Assault Center (SLESAC) flyer, and information for contacting consular officials. The Auditors further made visual observations of the number of staff assigned to each area and (b) (7)(E) . In addition, sight lines were closely examined, as was the potential for blind spots, throughout the facility where detainees are housed or have access to. During the on-site audit, the Auditor observed adequate staff and (b) (7)(E) of the facility and confirmed there was a notable "blind spot" identified in the (b) (7)(E) [redacted].

(b) (7)(E) [redacted] (b) (7)(E) [redacted]. The Auditor observed the shower areas and confirmed all utilized shower curtains; and therefore, detainees could not be viewed or (b) (7)(E) . During the on-site audit, the Auditors spoke informally to staff and detainees regarding PREA education and facility practices. Both staff and detainees appeared to be knowledgeable of the Agency and the facility zero tolerance policies and PREA in general. During the on-site audit, the Auditors further observed opposite gender announcements being made as opposite gender staff entered the housing areas. In addition, during the on-site audit, the Auditors observed the notification of the audit, posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. The Auditor tested all detainee telephone numbers and was unable to complete the calls, utilizing the instructions for anonymous reporting.

SLIPC's design capacity is 1000, with a population of 944, on the first day of the audit. A review of the facility PAQ indicates the top three nationalities which have been processed through the facility during the audit period were from Russia, Columbia, and Honduras. A review of the facility PAQ further indicates the average length of time in custody for ICE detainees is between 60 and 90 days and the facility does not house male detainees, juveniles, or family units.

During the on-site audit, the Auditors conducted interviews with 30 detainees (9 English, 12 Spanish, 1 Haitian Creole, 1 Russian, 2 Chinese, 2 Georgia, 2 Uzbek, and 1 K'iche'). Interviews with all limited English proficient (LEP) detainees were conducted with the use of a language line through Language Line Service Associates (LSA) provided by Creative Corrections, LLC. All detainees were interviewed utilizing the random detainee protocol. In addition, 15 of the above detainees, were also interviewed utilizing targeted detainee protocols which included 2 transgender, 3 who reported sexual victimization, 3 who identified as Lesbian, Gay, Bisexual, 6 who reported previous sexual abuse and 1 deaf detainee, who had been interviewed utilizing the

facility's American Sign Language Interpreter Services. All interviews were conducted in a private setting allowing confidentiality for those participating in the interview process.

A review of SLIPC's PAQ indicated the facility employs 142 security staff, (45 males and 97 females), 23 medical staff and 3 mental health staff, who have recurring contact with detainees. In addition, remining staff consists of food service, maintenance, and religious services. There is one SDDO and five Detention and Deportation Officers (DDOs) assigned to the facility. The facility reported there are religious volunteers currently working in the facility. Security line staff and supervisors work in two shifts 0600-1800 and 1800-0600. In addition, the facility contracts with the Union Supply Group and Professional Cleaning Services, who have recurring contact with detainees.

During the on-site audit the Auditors conducted 14 staff interviews which included the FA, PSA Compliance Manager/Incident Review Team, Human Resource Specialist (HRS), Intake Lieutenant, Case Manager, Investigator/Retaliation Monitor/Grievance Officer/Training Officer, Health Services Administrator (HSA), Licensed Clinical Social Worker (LCSW), Restrictive Housing Lieutenant/Disciplinary Officer, Classification Manager, Supervisor who conducts Unannounced Rounds, and 4 random Security Officers (SO). In addition, the Auditors interviewed one SDDO and one staff contractor, the Lead Commissary Clerk. All interviews were conducted in a private setting allowing confidentiality for those participating in the interview process.

A review of the facility PAQ indicated the facility has two Investigators who have received specialized training on sexual abuse and cross-agency coordination. A review of the facility PREA Allegation Spreadsheet confirmed the facility had seven sexual abuse allegation investigations during the audit period. The Auditors reviewed the sexual abuse allegation investigations and confirmed the investigations included six staff-on-detainee allegations (one substantiated, four unsubstantiated and one unfounded) and one detainee-on-detainee allegation (substantiated).

An exit briefing was conducted on Thursday, April 10, 2025, at 1:30 p.m. The ICE ERAU on-site TL opened the briefing and turned it over to the Auditor. In attendance were:

(b) (6), (b) (7)(C), TL, ICS, ICE/OPR/ERAU
(b) (6), (b) (7)(C), PSA Compliance Manager, GEO/SLPIC
(b) (6), (b) (7)(C), PREA Investigator, GEO/SLPIC
(b) (6), (b) (7)(C), FA, GEO/SLPIC
(b) (6), (b) (7)(C), AFA, GEO/SLPIC
(b) (6), (b) (7)(C), Fire and Safety, GEO/SLPIC
(b) (6), (b) (7)(C), Quality Control Program, GEO/SLIPC
(b) (6), (b) (7)(C), Compliance Auditor, GEO/SLPIC
(b) (6), (b) (7)(C), SDDO, ICE/ERO
(b) (6), (b) (7)(C), Corporate PREA Manager, GEO
Robin Bruck, DOJ/DHS Certified PREA Auditor, Creative Corrections, LLC
(b) (6), (b) (7)(C), DOJ/DHS Certified PREA Auditor, Creative Corrections, LLC

The Auditor spoke briefly and informed those present it was too early in the process to formalize a determination of compliance on each standard. The Auditor further advised she would review all documentation, interview notes, file review notes, and on-site observations to determine compliance. The Auditor thanked all facility staff for their cooperation in the audit process. The ICE ERAU 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: 3

- §115.31 - Staff training.
- §115.35 - Specialized training: Medical and mental health care.
- §115.61 - Staff reporting duties.

Number of Standards Met: 33

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

Number of Standards Not Met: 4

- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.33 - Detainee education.

- §115.51 - Detainee reporting.
- §115.53 - Detainee access to outside confidential support services.

Number of Standards Not Applicable: 1

- §115.14 - Juvenile and family detainees.

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): SLIPC policy 10.1.1 states, "SLIPC 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 2016, the DHS Sexual Abuse and Assault Prevention and Intervention Standards shall supersede. The Agency (i.e. ICE Local Field Office shall review and approve SLIPC's written policy and any subsequent changes." The Auditor reviewed SLIPC policy 10.1.1 and confirmed the policy includes definitions of sexual abuse and general PREA definitions. A review of policy SLIPC policy 10.1.1 further confirms 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 security inspections, mandatory reporting protocols, investigations, and support from victim advocates. During the on-site audit, the Auditor observed the DHS-prescribed sexual abuse and assault awareness notice posted in all housing units and programming areas of the facility. Interviews with staff confirmed they were knowledgeable regarding the Agency and the facility zero tolerance policies. Interviews with the FA, PSA Compliance Manager, and the SDDO confirmed SLIPC policy 10.1.1 has been submitted and approved by the Agency.

(d): SLIPC policy 10.1.1 states, "Each Facility Administrator shall designate a local PSA Compliance Manager for each U.S. Corrections and Detention Immigration Facility who shall serve as the Facility point of contact for the DHS PSA Coordinator and Corporate PREA Coordinator." The Auditor reviewed the facility Organizational Chart and confirmed the PSA Compliance Manager is in an upper-level position and reports directly to the FA. In an interview with the PSA Compliance Manager, it was confirmed she has the time and authority to oversee the facility's efforts to comply with the facility sexual abuse prevention and intervention policies and procedures and she is the facility point of contact for the Agency PREA Coordinator and the GEO Corporate PREA Coordinator.

Corrective Action:

No corrective action needed.

§115.13 - Detainee supervision and monitoring.

Outcome: Meets Standard

Notes:

(a)(b)(c): SLIPC policy 10.1.1 states, "SLIPC shall ensure that it maintains sufficient supervision of Detainees, including through appropriate staffing levels (b) (7)(E) , to protect Detainees against Sexual abuse and Assault. SLIPC 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 (b) (7)(E) , the SLIPC 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 "Annual PREA Facility Assessment" (see Attachment A Corporate Policy 5.1.2-D), shall be completed by the local PSA

Compliance Manager and Corporate PREA Coordinator annually as determined by GEO's U.S. Corrections and Detention division. GEO's Secure Services Division, in consultation with the Corporate PREA Coordinator, shall review SLIPC Facility assessments and take appropriate actions necessary to protect Detainees from Sexual Abuse at SLIPC. All findings and corrective actions taken shall be documented by the Corporate PREA Coordinator." A review of SLIPC's PAQ indicated the facility employs 142 security staff, (45 males and 97 females), 23 medical staff and 3 mental health staff, who have recurring contact with detainees. In addition, remining staff consists of food service, maintenance, and religious services. There is one SDDO and five Detention and Deportation Officers (DDOs) assigned to the facility. The facility reported there are religious volunteers currently working in the facility. Security line staff and supervisors work in two shifts 0600-1800 and 1800-0600. In addition, the facility contracts with the Union Supply Group and Professional Cleaning Services, who have recurring contact with detainees. (b) (7)(E) During the on-site audit, the Auditor reviewed the facility comprehensive supervision guidelines and confirmed the most recent review was completed on December 28, 2024, and revisions were made as needed. Interviews with the FA and PSA Compliance Manager indicated an assessment of the facility's staffing levels is conducted annually and documented on the Annual PREA Facility Assessment form. The Auditor reviewed the facility's 2023 and 2024 Annual PREA Facility Assessments, and confirmed the facility considered all elements required by subsection (c) of the standard to determine adequate staffing levels (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. During the on-site audit, the Auditor observed adequate staff and (b) (7)(E) .

(d): SLIPC policy 10.1.1 states, "SLIPC Supervisor staff (intermediate and high-level supervisors) shall conduct and document random unannounced security inspections to identify and deter staff sexual abuse and sexual harassment of detainees. 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 or Shift Supervisor. Daily Unannounced Security Inspections through each housing unit will be conducted by the Chief of Security and the Shift Supervisor documented in the housing 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 SLIPC." An interview with the PSA Compliance Manager indicated all supervisors are required to conduct unannounced security inspections at the facility and each supervisor will document the unannounced security inspections in the housing unit logbooks in red ink. An interview with a Sergeant who conducts unannounced security inspections confirmed she was knowledgeable and could articulate unannounced security inspections are conducted to identify and deter sexual abuse of detainees. An interview with a Sergeant who conducts unannounced security inspections further confirmed if a staff member was found alerting other staff unannounced security inspections were occurring, they could face disciplinary action. During the on-site audit, the Auditor reviewed the housing unit logbooks and confirmed unannounced security inspections are being conducted daily, on an irregular basis, and on all shifts.

Corrective Action:

No corrective action needed.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable

Notes:

(a)(b)(c)(d): The Auditor reviewed a memorandum to the file which states, "South Louisiana ICE Processing Center does not house juvenile detainees." Interviews with the FA, PSA Compliance Manager, four Security Officers, and the Auditor's on-site observations confirmed the facility does not house juveniles or family units; and therefore, the Auditor has determined standard 115.14 is not applicable.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(b)(c)(d)(e)(f): SLIPC policy 10.1.1 states, "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. 3) All strip searches, visual body cavity searches, and cross-gender pat-down searches shall be documented. (See Attachment N-Cross Gender Pat Search Log). 4) 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 Auditor reviewed a memorandum to the file which states, "South Louisiana Ice Processing Center has not conducted any strip searches or visual body cavity searches." Interviews with the PSA Compliance Manager and four random Security Officers confirmed they were aware cross-gender pat-down searches, strip searches, cross-gender strip searches, and visual body cavity searches are strictly prohibited and are not regularly conducted at the facility; however, if exigent circumstances were to exist, requiring a cross-gender pat-down search, strip search, or body cavity search to occur, the searches would be documented on the Cross-Gender Pat-Down Search Log or the Strip Search Log and a Record of Search Form. During the on-site audit, the Auditor viewed the Cross-Gender Pat-Down Search Log and the Strip Search Log and confirmed no cross-gender pat-down searches, strip searches, cross-gender strip searches or visual body cavity searches have been conducted during the audit period. In interviews with 30 detainees it was confirmed, they have been subjected to a pat-down search, while housed at the facility; however, each search had been conducted by a female officer. Interviews with 30 detainees further confirmed they have not been subjected to a strip search or body cavity search, by either female or male officers, while housed at the facility. Interviews with the FA, PSA Compliance Manager, four random Security Officers, and Auditor observations, confirmed the facility does not house male detainees.

(g): SLIPC policy 10.1.1 states, "SLIPC Detainees are allowed to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstance or instances when the view is incidental to routine cell checks or otherwise appropriate in connection with a medical examination or monitored bowl movement under medical supervision. 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 four random Security Officers (2 female officers and 2 male officers) indicated male staff entering a housing unit are required to announce their presence when entering and must be accompanied by a female staff member. During the on-site audit, the Auditor observed male staff were accompanied by a female staff and announced their presence when entering a housing unit. During the on-site audit the Auditor observed facility housing units are dormitory style housing with shower and toilet areas with each toilet being separate and having a half door allowing for detainee privacy. During the on-site audit the Auditors further observed the shower area had several single showers and one group shower, with privacy shower curtains, and enough space to allow the detainee to dress, without being seen by opposite gender.

In addition, during the on-site audit the Auditors reviewed (b) (7)(E) and confirmed detainees could not be seen in a state of undress, showering, changing clothing, or performing bodily functions. During the on-site audit, the Auditor did observe a suicide cell, located in the medical area, which allowed viewing of the detainee while utilizing the toilet, from one window; however, the facility immediately installed gray tinting on the bottom half of the window, to allow privacy, while still being able to have a constant watch on the detainee; and therefore, the deficiency was corrected on-site. Interviews with 30 detainees indicated a female officer will warn the detainees prior to male staff entering the housing unit; and therefore, they felt they can dress, shower, change clothing, and perform bodily functions without staff of the opposite gender viewing them.

(h): SLIPC is not designated as Family Residential Centers; therefore, provision (h) is not applicable.

(i)(j): SLIPC 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 GEO Searches training curriculum which includes "All pat down searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs, including consideration of Officer safety." A review of the training curriculum further confirms the curriculum includes "Remember, the PREA standards impose a complete ban on searching or physically examining a transgender or intersex resident for the sole purpose of determining their genitals." Interviews with four random Security Officers confirmed they were aware of the ban to search a transgender or intersex detainees for the sole purpose of determining their genital status. Interviews with four random Security Officers further confirmed each officer was knowledgeable in the facility's practice which allows a transgender or intersex detainee to choose if searches are to be conducted by a male or a female officer. Interviews with two transgender detainees, indicated that one had been asked if they preferred a male or female officer to conduct pat-down searches, while the other transgender detainee indicated that no one asked him; however, he was fine with the search being conducted by female staff. The Auditor reviewed 17 facility staff files and confirmed all of files included documentation to confirm all staff had completed the facility search training.

Corrective Action:

No corrective action needed.

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

Outcome: Does Not Meet Standard

Notes:

(a)(b): SLIPC policy 10.1.1 states, "SLIPC 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. SLIPC 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." SLIPC policy 10.1.1 further states, "The facility shall provide communication assistance to with disabilities and who are limited in their English proficiency (LEP). The facility will provide disabilities with effective communication, which may include the provision of auxiliary aids, such as readers, materials in Braille, audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunications devices for deaf persons (TTYs), interpreters and note takers, as needed. The facility will also provide detainees who are LEP with language assistance, including bilingual staff or professional interpretation and translation services, to provide them with meaningful access to its programs and

activities." Interviews with the PSA Compliance Manager and Intake Lieutenant indicated reasonable accommodations are made to ensure detainees receive notification, orientation, and instruction on the facility's sexual abuse prevention and response, to include but not limited to, the use of a teletypewriters (TTY) or Telecommunication device for the deaf (TDD) phone, video remote interpreting via I-pad, hearing aid/amplifier, and an ICE Effective Communication card for those detainees who are deaf or hard of hearing, utilizing the facility language line or staff interpreter to interpret the information to detainees who have limited reading skills or are LEP, reading the information to detainees who are blind or have limited sight, and seeking assistance from medical or mental health staff for detainees who have intellectual, psychiatric, or other disabilities. An interview with the Intake Lieutenant indicated, during intake, each detainee is provided an ICE National Detainee Handbook, the SLIPC Detainee Handbook, and a Detainee Education for Intake Staff Script, to provide detainees who are LEP the information included in the facility PREA video which is only available in English and Spanish. An interview with the Intake Lieutenant further indicated Intake staff will prepare detainee boxes, labelled with the detainee's name prior to the detainee's arrival, which contain uniforms, intimate clothing, shower shoes, both the ICE National Detainee Handbook and the SLIPC Detainee Handbook, and the Detainee Education for Intake Staff Script. In addition, in an interview with the Intake Lieutenant indicated if the detainee received the ICE National Detainee Handbook, SLIPC Detainee Handbook, and a Detainee Education for Intake Staff Script handbooks in a language other than the detainee's their preferred language, the detainee could exchange the ICE National Detainee Handbook, SLIPC Detainee Handbook, and a Detainee Education for Intake Staff Script which they received in the box for ones in their preferred language. During the on-site audit the Auditor further observed the ICE National Detainee Handbook, the SLIPC Detainee Handbook and the Detainee Education for Intake Staff Script and confirmed they were available in 17 different languages to include English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese and Wolof. In addition, during the on-site audit, the Auditor observed the DHS-prescribed Sexual Abuse and Awareness Information pamphlet on the facility computer system and confirmed it was available in 17 languages; however, the facility Intake staff struggled with locating the appropriate folder which contained the pamphlet and had to rely on the Intake Lieutenant to locate the pamphlet. During the on-site audit, the Auditor reviewed (b) (7)(E) intake of a detainee and confirmed upon intake the detainee was provided a box with the uniforms; however, the detainee did not remove all items from the box; and therefore, the Auditor could not confirm the detainee had been provided the ICE National Detainee Handbook, the SLIPC Detainee Handbook, the Detainee Education for Intake Staff Script, or the DHS-prescribed Sexual Abuse and Assault Awareness (SAA) Information pamphlet. During the on-site audit the Auditor interviewed 30 detainees and confirmed none of the detainees interviewed indicated they had received the Detainee PREA Education Script or the Detainee ICE Sexual abuse and Assault Awareness Pamphlet. In addition, interviews with 12 of the 30 detainees whose preferred language was Spanish confirmed 8 detainees received both handbooks in Spanish; 1 detainee indicated she only received the SLIPC handbook, and it was in Spanish; 1 detainee indicated she only received the ICE National Detainee handbook, and it was in Spanish; and 2 detainees indicated they did not receive any of the handbooks. Interviews with 9 of the 30 detainees who spoke English; however, noted their preferred language was Spanish, indicated four detainees received the ICE National Detainee handbook and the SLIPC handbook in English; three detainees received the ICE National Detainee handbook and the SLIPC handbook in Spanish; one detainee only received a SLIPC handbook in Spanish, and 1 of the 30 detainees reported she only received an ICE National Detainee Handbook in Spanish. In an interview with 1 of the 30 detainees whose preferred language was Haitian Creole it was indicated she received both handbooks in English. In an interview with 1 of the 30 detainees whose preferred language was Russian indicated she only received a SLIPC handbook, in Spanish. Interviews with 2 of the detainees, whose preferred language was Chinese, indicated one detainee received the ICE National Detainee handbook and the SLIPC handbook in English, and one detainee indicated she received the ICE National Detainee handbook and the SLIPC handbook in Chinese. In interviews with 2 of the 30 detainees whose preferred language was Georgia it was indicated one detainee received only the SLIPC handbook in English and one detainee received the ICE National Detainee handbook and the SLIPC handbook in Spanish. In interview with 2 of the 30 detainees whose preferred language was Uzbek, it was indicated both received the ICE National Detainee handbook and the SLIPC handbook in Uzbek. In an interview with 1 of the 30 detainees

whose preferred language was K'iche' it was indicated she received both the ICE National Detainee handbook and the SLIPC handbook handbooks in Spanish. During the on-site audit, the Auditor reviewed 30 detainee files and confirmed each file contained a SLIPC Handbook Receipt and Orientation Record, which indicates the detainee was provided the ICE National Detainee Handbook, the SLIPC Handbook, the DHS-prescribed SAA Information pamphlet, and the Detainee PREA Education Script; however, the document does not include a notation of the language in which each document was provided to the detainee; and therefore, the Auditor could not confirm the detainees received the information in a manner they could understand.

(c): SLIPC policy 10.1.1 states, "In matters relating to Sexual Abuse, SLIPC 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 agency determines such interpretation is appropriate and consistent with DHS policy. Any use of these interpreters under these type circumstances shall be justified and fully documented in the written investigative report. 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." Interviews with four random SOs indicated they would prefer to use the language line, in these circumstances; however, they would allow the use of another detainee, if the detainee victim requested it and it was approved by ICE. A review of seven sexual abuse investigative files confirmed there were no instances which included the use of a detainee for interpretation during the investigation.

Corrective Action:

The facility is not in compliance with subsections (a) and (b) of the standard. During the on-site audit, the Auditor observed the DHS-prescribed Sexual Abuse and Awareness Information pamphlet on the facility computer system and confirmed it was available in 17 languages; however, the facility Intake staff struggled with locating the appropriate folder which contained the pamphlet and had to rely on the Intake Lieutenant to locate the pamphlet. In addition, during the on-site audit, the Auditor reviewed (b) (7)(E) intake of a detainee and confirmed upon intake the detainee was provided a box with the uniforms; however, the detainee did not remove all items from the box; and therefore, the Auditor could not confirm the detainee had been provided the ICE National Detainee Handbook, the SLIPC Detainee Handbook, the Detainee Education for Intake Staff Script, or the DHS-prescribed SAA Information pamphlet. During the on-site audit, the Auditor interviewed 30 detainees and confirmed none of the detainees interviewed indicated they had received the Detainee PREA Education Script or the DHS-prescribed SAA Information pamphlet. Interviews with 12 of the detainees whose preferred language was Spanish confirmed 8 detainees received both handbooks in Spanish; 1 detainee indicated she only received the SLIPC handbook, and it was in Spanish; 1 detainee indicated she only received the ICE National Detainee handbook, and it was in Spanish; and 2 detainees indicated they did not receive any of the handbooks. Interviews with 9 of the 30 detainees who spoke English; however, noted their preferred language was Spanish, indicated four detainees received the ICE National Detainee handbook and the SLIPC handbook in English; three detainees received the ICE National Detainee handbook and the SLIPC handbook in Spanish; one detainee only received a SLIPC handbook in Spanish, and one detainee reported she only received an ICE National Detainee Handbook in Spanish. In an interview with one of the detainees whose preferred language was Haitian Creole it was indicated she received both handbooks in English. In an interview with one of the 30 detainees whose preferred language was Russian indicated she only received a SLIPC handbook, in Spanish. Interviews with two of the 30 detainees whose preferred language was Chinese indicated one detainee received the ICE National Detainee handbook and the SLIPC handbook in English, and one detainee indicated she received the ICE National Detainee handbook and the SLIPC handbook in Chinese. In interviews with two of the 30 detainees whose preferred language was Georgia it was indicated 1 detainee received only the facility handbook and it was in English, and she was unable to read it, the other detainee received both handbooks in Spanish and was unable to read them. In interviews with two of the 30 detainees whose preferred language is Uzbek, it was indicated they received both handbooks in Uzbek. In an interview with one of the 30 detainees whose preferred language was K'iche' it was indicated she received both handbooks in Spanish. During the on-site audit, the Auditor reviewed 30 detainee files and confirmed each file contained a SLIPC Handbook Receipt and Orientation Record, which indicates the detainee was provided the ICE National Detainee Handbook,

the SLIPC Handbook, the DHS-prescribed SAA Information pamphlet, and the Detainee PREA Education Script; however, the document does not include a notation of the language in which each document was provided to the detainee; and therefore, the Auditor could not confirm the detainees received the information in a manner they could understand.

To become compliant, the facility must implement a procedure which ensures all detainees, including those who are LEP, deaf or hard of hearing, blind or have limited sight, have difficulty reading, or have and intellectual, physical, or intellectual disability have an equal opportunity to participate in or benefit from all aspects of the Agency and the facility's efforts to prevent, detect, and respond to sexual abuse. Once implemented the facility must submit documentation to confirm that all applicable staff, including intake staff, have received training on the implemented procedure. The facility must submit 15 detainee files, to include detainees whose preferred language is not English or Spanish, to confirm all detainees have an equal opportunity to participate in or benefit from all aspects of the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse.

§115.17 - Hiring and promotion decisions.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): In accordance with DHS Directive, Instruction Number 121-01-007, Revision #02, Personnel Security Vetting Program, issued August 10, 2024, and replacing ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, the following procedures are implemented under the Personnel Security Vetting Program. All individuals with access to DHS IT systems or sensitive information and/or with unescorted access to DHS-owned/controlled facilities undergo a background investigation with a favorable determination. All covered individuals are investigated commensurate with their position risk/sensitivity level, which are set in accordance with the U.S. Office of Personnel Management (OPM) position risk/sensitivity designation guidance/tool or successor process. The Department of Defense (DOD) grants clearances to DHS contractor employees. DHS grants clearances to state, local, tribal, and private sector (SLTPS) and Classified Critical Infrastructure Protection Program (CCIPP) participants and consultants. DHS determines eligibility for access to SCI for contractor employees. Continuous Evaluation (CE) is a personnel security investigative process to review the background of individuals who have been determined eligible for access to classified information or to hold a sensitive position at any time during the period of eligibility. In accordance with SEAD 6, "Continuous Evaluation," and subsequent Implementation Guidelines, DHS is participating in a federally authorized CE program. CE is intended to be a component of the forthcoming continuous vetting concept. Additional CE checks may be run if deemed necessary. The primary objective for the DHS CE program is to develop an automated solution for continuous data checks on the eligible DHS population that delivers only the relevant derogatory information not previously adjudicated by personnel security. CE record checks supplement existing investigative processes by transforming personnel security investigations from periodic snapshots to ongoing reviews that bridge information gaps within the reinvestigation cycle. The Unit Chief of OPR Personnel Security Operations (PSD) informed Auditors, who attended virtual training in September 2024, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity." Additionally, in an email provided by the Personnel Security Division (PSD) Unit Chief, dated September 30, 2024, Auditors were informed 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. SLIPC policy 10.1.1 states, "SLIPC shall not hire or promote anyone who may have contact with detainees, and shall not enlist the services of any contractor or volunteer who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility or other institution 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. SLIPC, considering hiring or promoting staff shall ask all applicants who may have contact with detainees directly about previous misconduct described in paragraph (a) of this section, in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency and SLIPC shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. The agency, consistent with law, shall make its best efforts to contact all prior institutional employers of an applicant for employment, to obtain information on substantiated allegations of sexual abuse or any resignations during a pending investigation of alleged sexual abuse. Before hiring new staff, who may have contact with detainees, SLIPC shall conduct a background investigation to determine whether the candidate for hire is suitable for employment with the facility or agency, including a criminal background records check. Upon request by the agency, SLIPC shall submit for the agency's approval written documentation showing the detailed elements of the facility's background check for each staff member and the facility's conclusions. The agency shall conduct an updated background investigation every five years for agency employees who may have contact with detainees. SLIPC shall require an updated background investigation every five years for those facility staff who may have contact with detainees and who work in immigration-only detention facilities. SLIPC shall also perform a background investigation before enlisting the services of any contactor who may have contact with detainees. Upon request by the agency, SLIPC shall submit for the agency's approval written documentation showing the detailed elements of the facility's background check for each staff member and the facility's conclusions. 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, the agency 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 HRS indicated that all potential employees and contractors are required to complete an application on-line, an interview, and a background check through Accurint, to determine if the potential employee or contractor is suitable for employment with the facility. An interview with the HRS further indicated if the candidate has prior correctional experience or is being transferred between facilities Accurint will conduct an additional PREA background check and will contact the candidate's previous employers to inquire about the reasons for separation and if there had been any allegations or investigations of sexual abuse. In addition, an interview with the HRS indicated background checks of volunteers are also completed through Accurint. In an interview with the HRS it was further indicated all employees are required to complete the PREA Disclosure and Authorization Form Annual Performance Evaluation which includes the above questions and the statement "I understand that GEO employees have a continuing duty to disclose any conduct identified in 1-3 above and that any omission regarding such misconduct, or the provision of materially false information, shall be grounds for termination." In addition, an interview with the HRS indicated employees being promoted are required to complete a PREA Disclosure and Authorization Form- Promotions which asks the questions and includes the same statement as above. During the on-site audit, the Auditor reviewed the on-line application and confirmed the application includes a PREA section, which requires the potential candidate to answer all the questions as stated above. A review of the employment application further confirms the application indicates "This questionnaire is not complete until fully completed, signed, and all statements below have been read and initialed. I hereby certify that all the information I provided in this questionnaire (or any other accompanying or required documents) is correct, accurate and completed to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in this questionnaire or any other accompanying or required documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery." The Auditor reviewed 17 facility staff files, (7 security staff, 8 medical staff, 2 administrative staff) and confirmed two of the employees had either prior correctional experience, been transferred, or promoted, during the reporting period. In addition, the Auditor reviewed one contractor file and two volunteer files. All files contained documentation of

the PREA Disclosure and Authorization Form, a criminal background check (including nine files with a completed five-year background check), and a PREA background check for those with prior correctional experience. A review of the employee files which included staff up for promotion confirmed each staff member was asked about previous misconduct prior to being promoted. During the on-site audit, utilizing the PSO Background Investigation for Employees and Contractors, the Auditor received documentation confirming completed background checks for three ICE staff currently working within the facility. An interview with the SDDO confirmed there were no ICE staff promoted during the audit period.

Corrective Action:

No corrective action needed.

§115.18 - Upgrades to facilities and technologies.

Outcome: Meets Standard

Notes:

(a)(b): SLIPC policy 10.1.1 states, "SLIPC shall consider the effect any (new or upgraded) design, acquisition, substantial expansion or modification of the physical plant might have on our ability to protect Detainees from Sexual Abuse. SLIPC shall also consider the effect any (new or upgraded) (b) (7)(E) might have on our ability to protect Detainees from Sexual Abuse." The Auditor reviewed a memorandum which states, "South Louisiana Ice Processing Center discussed and considered how (b) (7)(E) would assist the facility to help protect detainees from sexual abuse.(b) (7)(E)" In an interview with the FA, it was confirmed the facility has not designed, acquired any new facility, or completed any substantial expansion during the audit period; (b) (7)(E) An interview with the FA further confirmed her knowledge of the requirement to consider PREA and the facility's ability to protect detainees from sexual abuse (b) (7)(E).

Corrective Action:

No corrective action needed.

§115.21 - Evidence protocols and forensic medical examinations.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e): The Agency's Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency's evidence and investigation protocols. Per Policy 11062.2, "when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted." SLIPC policy 10.1.1-A states, "SLIPC 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 proceeding and criminal prosecutions. The protocol shall be developmentally appropriate for juveniles where applicable, developed in coordination with the Department of Homeland Security (DHS). SLIPC 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. Examination 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. The outside or internal victim advocate shall provide emotional support, crisis intervention, information, and referrals. As requested by the victim, the presence of his or her outside or internal victim advocate, including any available advocacy services offered by a hospital conducting the forensic exam, shall be allowed for support during a forensic exam and investigatory interviews." Interviews with the FA, PSA Compliance Manager, and a facility PREA Investigator indicated the facility is responsible for conducting administrative investigations and the Evangeline Parish Sheriff's Department (EPSD) is responsible for conducting criminal investigations. The Auditor reviewed a Mutual Assistance Agreement (MAA) between SLIPC and the EPSD and confirmed there is an agreement in place to conduct criminal investigations within the facility. A review of the MAA confirms the MAA includes the EPSD will comply with §115.21 (a-d) when investigating allegations that occurred within the facility. Interviews with the FA, PSA Compliance Manager, and a PREA Investigator further confirmed the facility will call EPSD for every allegation of sexual abuse reported at the facility. In addition, interviews with the FA, PSA Compliance Manager, and a PREA Investigator confirmed a detainee victim would be transported to the Christus St. Frances Cabrini Hospital for a SANE/SAFE examination, if needed. During the on-site audit, the Auditor confirmed with St. Francis Cabrini Hospital, via telephone, the hospital does have a SANE Unit; however, the Auditor was not able to speak with someone from the SANE/SAFE unit to confirm the services offered to a detainee victim of sexual abuse. During the on-site audit the Auditor interviewed an advocate from St. Landry-Evangeline Sexual Assault Center and confirmed an advocate would accompany a detainee victim through the exam process and investigatory interviews to provide the detainee emotional support, crisis intervention and counseling, and any referrals needed. An interview with the HSA confirmed a SANE exam and any follow up services needed would be at no cost to a detainee victim of sexual abuse. During the on-site audit, the Auditor reviewed seven sexual abuse investigative files and confirmed no allegations required a SANE exam; however, during the review, it was confirmed one of the investigations had been reported and investigated by the Basile Police Department (BPD) who prior to the audit had not agreed to follow the requirements of paragraphs (a) through (d) as required by subsection (d) of the standard; however, prior to the completion of the on-site audit, the facility had entered into a MAA with BPD which includes the BPD will comply with §115.21 (a-d) when investigating allegations that occurred within the facility; and therefore, came into compliance with subsection (d) during the on-site audit. In an interview with the FA, it was confirmed the facility protocol was developed in coordination with the Department of Homeland Security (DHS). The facility does not house juveniles.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): The Agency provided Policy 11062.2, which states in part that; "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)." SLIPC policy 10.1.1-A (Investigating Allegations of Sexual Abuse and Assault and Evidence Collection in Immigration Detention Facilities) states, "SLIPC 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. SLIPC shall document all referrals. Each facility shall attempt to secure a PREA MOU with local Law Enforcement outlining the responsibilities of each entity related to conducting PREA investigations that involve potentially criminal

behavior and unsuccessful attempts to secure a Law Enforcement MOU shall also be documented and retained by the facility. GEO Corporate shall publish such Corporate policy on its website. When a Detainee of the Facility in which an alleged Detainee victim is housed is alleged to be the perpetrator of Detainee Sexual Abuse, SLIPC shall ensure that the incident is promptly reported to the appropriate ICE Field Office Director, and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation. When an Employee, Contractor or Volunteer is alleged to be the perpetrator of Detainee Sexual Abuse, SLIPC shall ensure the incident is promptly reported to the appropriate ICE Field Office Director. If the allegation is potentially criminal, also referred to an appropriate law enforcement agency having jurisdiction for investigation. The Corporate PREA Coordinator shall also be notified of all Detainee Sexual Abuse allegations." SLIPC policy 10.1.1-A further states, "SLIPC shall retain all written reports referenced this section for as long as the alleged abuser in incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years." The Auditor reviewed the GEO Group, Inc. website https://www.geogroup.com/PREA and the Agency website (https://www.ice.gov/prea) and confirmed the required protocols are posted and available to the public. In an interview with the facility PREA Investigator it was indicated when the facility receives an allegation of sexual abuse EPSD is immediately notified, and an administrative investigation would begin immediately if the EPSD declines to investigate the allegation. An interview with the FA indicated all allegations are reported to the AFOD, Joint Intake Center, and ICE OPR. The Auditor reviewed seven sexual abuse investigative reports and confirmed notification had been made to the AFOD, Joint Intake Center, ICE OPR, and to EPSD, six of the investigative files, did not appear to be criminal in nature; however, one investigative file confirmed the allegations had been investigated by the BPD, as EPSD declined due to jurisdiction issues.

Corrective Action:

No corrective action needed.

§115.31 - Staff training.

Outcome: Exceeds Standard

Notes:

(a)(b)(c): SLIPC policy 10.1.1 states, "All Employees, Contractors, and Volunteers shall receive initial training on GEO's Sexually Abusive Behavior Prevention and Intervention Program. See Section F for Volunteer requirements and Section G for Contractor Requirements. SLIPC 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, suspicions or information of Sexual Abuse or assault; 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; 11) Working with vulnerable populations and addressing their potential vulnerability in the general population. 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 on the PREA Basic Training Acknowledgement Form (See Attachment E) that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-Service SAAPI Training." The Auditor reviewed the 2024 GEO Sexual Abuse and Assault Prevention and Intervention (PREA) training curriculum and confirmed the training includes the Agency and the facility's zero tolerance policies for all forms of sexual abuse; definitions and examples of prohibited behavior; the right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; recognition of situations where sexual abuse may occur; recognition of physical, behavioral, and emotions signs of sexual abuse, and methods of preventing and responding to such

occurrences; how to avoid inappropriate relationships with detainees; how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees; procedures for reporting knowledge or suspicion of sexual abuse; and the requirement to limit reporting sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigation purposes. Interviews with the PSA Compliance Manager and the PREA Investigator/Training Officer indicated all employees are required to attend pre-service training during orientation and In-Service training every year after which are conducted both in person and on-line. In an interview with the PREA Investigator/Training Officer it was indicated contractors working in the facility daily are required to complete the same training as facility employees. Interviews with four random SOs confirmed they are required to complete PREA training during their In-service training each year. Interviews with four random SOs further confirmed they were knowledgeable regarding PREA and could articulate how to fulfill their responsibilities under DHS PREA standards. The Auditor reviewed 17 facility staff files which included 7 security staff, 8 medical staff, 2 administrative staff, 3 ICE staff, and 1 staff Contractor and confirmed PREA training had been documented for each GEO employee, ICE staff, and the staff Contractor had received for 2023 and 2024 and PREA training for 2025 was currently in process. Based on facility practice, which requires all staff, including contact staff and ICE staff, receive PREA refresher training annually the Auditor finds the facility exceeds standard 115.31.

Corrective Action:

No corrective action needed.

§115.32 - Other training.

Outcome: Meets Standard

Notes:

(a)(b)(c): SLIPC policy 10.1.1 states, "All employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program. SLIPC shall ensure that all volunteers who have contact with Detainees are trained on their responsibilities under the GEO's Sexual Abuse and Assault prevention, detection, intervention and response policies and procedures. The level and type of training for Volunteers shall be based on the services they provide and their level of contact with Detainees; but all volunteers who have any contact with Detainees shall be notified of the GEO's and the facility's zero-tolerance policy and informed how to report such incidents. Volunteers who have contact with Detainees shall receive annual SAAPI refresher training. Volunteers shall document through signature on the PREA Basic Training Acknowledgment Form (See Attachment E) that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-Service SAAPI Training." CLPIC policy 10.1.1 further states, "All employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program. SLIPC shall ensure that all Contractors who have contact with Detainees are trained on their responsibilities under the GEO's Sexual Abuse and Assault prevention, detection, intervention and response policies and procedures. The level and type of training for Contractors shall be based on the services they provide and their level of contact with Detainees; but all Contractor who have any contact with Detainees shall be notified of the GEO's and the facility's zero-tolerance policy and informed how to report such incidents. Contractors who have contact with Detainees shall receive annual SAAPI refresher training. Medical and Mental Health Contractors shall receive the specialized training required in standard §115.35 in Section E (2). Contractors shall document through signature on the PREA Basic Training Acknowledgment Form (See Attachment E) that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-Service SAAPI Training." An interview with the PSA Compliance Manager indicated volunteers and contractors who have daily contact with detainees, are required to complete the same In-service PREA training, as the facility employees and "other" contractors/venders must sign-in at the front desk in the lobby, to enter the facility where they are provided a PREA pamphlet. During the on-site audit, the Auditor reviewed the sign-in sheets for "other" contractors. The sign-in sheet states, "By signing and dating below I certify I have received training on: The Agency's zero-tolerance policies and all forms of sexual abuse; the right of residents and employees to be free from sexual abuse, and from retaliation for reporting sexual abuse; definitions and examples of prohibited and illegal sexual behaviors; recognition of physical, behavioral, and

emotional signs of sexual abuse; and methods of preventing such occurrences; procedures for reporting knowledge or suspicion of sexual able; 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 purposes." The Auditor reviewed completed sign-in sheets and confirmed the use of the forms. In addition, the Auditor reviewed the PREA Pamphlet which informs the "other" contractor/vendor the Agency and zero-tolerance policies, they must report any knowledge, information or suspicion of sexual abuse, methods to report, definitions of sexual abuse, failure to report sexual abuse may result in sanctions up to and including termination and notification to licensing body; and red flags." The Auditor reviewed two volunteer files and confirmed they had received training in 2023 and 2024.

Corrective Action:

No corrective action needed.

§115.33 - Detainee education.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): SLIPC policy 10.1.1 states, "During the intake process, SLIPC 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 (at a minimum) instruction on: (1) Prevention and intervention strategies; (2) Definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse and coercive sexual activity; (3) Explanation of methods for reporting sexual abuse, including to any staff member, including a staff member other than an immediate point-of-contact line officer (e.g., the PSA Compliance Manager or Mental Health staff), the Detention and Reporting Information Line (DRIL), the DHS Office of Inspector General, and the Joint Intake Center and the ICE/OPR investigation process; (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 SLIPC, education/notification shall be provided in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to detainees who have limited reading skills. SLIPC shall maintain documentation of detainee participation in the intake process orientation which shall be maintained in their individual files. SLIPC policy 10.1.1 states, "SLIPC shall post on all housing unit bulletin boards the following notices: (1) The DHS-prescribed sexual assault awareness notice; (2) The name of the Prevention of Sexual Abuse Compliance Manager; 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 the detainee participation in the instruction session." Interviews with the PSA Compliance Manager and Intake Lieutenant indicated reasonable accommodations are made to ensure detainees receive notification, orientation, and instruction on the facility's sexual abuse prevention and response, to include but not limited to, the use of a teletypewriters (TTY) or Telecommunication device for the deaf (TDD) phone, video remote interpreting via I-pad, hearing aid/amplifier, and an ICE Effective Communication card for those detainees who are deaf or hard of hearing, utilizing the facility language line or staff interpreter to interpret the information to detainees who have limited reading skills or are LEP, reading the information to detainees who are blind or have limited sight, and seeking assistance from medical or mental health staff for detainees who have intellectual, psychiatric, or other disabilities. An interview with the Intake Lieutenant indicated, during intake, each detainee is provided orientation which includes receiving an ICE National Detainee Handbook, the SLIPC Detainee Handbook, and a Detainee Education for Intake Staff Script, to provide detainees who are LEP the information included in the facility PREA video which is only available in English and Spanish. An interview with the Intake Lieutenant further indicated Intake staff will prepare detainee boxes, labelled with the detainee's name prior to the detainee's arrival, which contain uniforms, intimate clothing, shower shoes, both the ICE National Detainee Handbook and the SLIPC Detainee Handbook, and the Detainee Education for Intake Staff Script. In addition, in an interview with the Intake Lieutenant indicated if the detainee received the ICE National Detainee Handbook, SLIPC

Detainee Handbook, and a Detainee Education for Intake Staff Script handbooks in a language other than the detainee's preferred language, the detainee could exchange the ICE National Detainee Handbook, SLIPC Detainee Handbook, and a Detainee Education for Intake Staff Script which they received in the box for ones in their preferred language and will sign a SLIPC Handbook Receipt and Orientation Record to document to acknowledge orientation was received. The Auditor reviewed the Detainee Education for Intake Staff Script and confirmed it was available in 17 languages to include English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Portuguese, Pulaar, Punjabi, Romanian, Russian, Chinese, Turkish, Vietnamese, and Uzbek. The script includes the definitions of detainee-on-detainee sexual abuse and staff-on-detainee sexual abuse, how to avoid sexual abuse, how to report an allegation of sexual abuse, and the emotional consequences of sexual abuse. The Auditor reviewed the ICE National Detainee Handbook and confirmed it is available in 17 languages to include English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, K'iche'(Quiché)/Kxlantzij, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese and Wolof. The Auditor reviewed the ICE National Detainee Handbook and confirmed the handbook includes information on the Agency's zero tolerance policy, prevention and intervention strategies, definitions and examples of detainee-on-detainee sexual abuse, explanation of methods for reporting sexual abuse, information about self-protection, retaliation and reporting sexual abuse will not negatively impact your immigration proceeding and the right to receive treatment and counseling if subjected to sexual abuse. The Auditor reviewed the SLIPC Detainee Handbook, and confirmed it is available in 17 languages to include English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, K'iche'(Quiché)/Kxlantzij, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese and Wolof. The Auditor reviewed the SLIPC Detainee Handbook and confirmed the handbook includes information on the SLIPC zero tolerance policy, prevention and intervention strategies, definitions and examples of detainee-on-detainee sexual abuse, explanation of methods for reporting sexual abuse, treatment for sexual abuse, and filing formal sexual abuse grievances. In addition, during the on-site audit, the Auditor observed the DHS-prescribed Sexual Abuse and Awareness Information pamphlet on the facility computer system and confirmed it was available in 17 languages; however, the facility Intake staff struggled with locating the appropriate folder which contained the pamphlet and had to rely on the Intake Lieutenant to locate the pamphlet. In addition, during the on-site audit, the Auditor reviewed (b) (7)(E) intake of a detainee and confirmed upon intake the detainee was provided a box with the uniforms; however, the detainee did not remove all items from the box; and therefore, the Auditor could not confirm the detainee had been provided the ICE National Detainee Handbook, the SLIPC Detainee Handbook, the Detainee Education for Intake Staff Script, or the DHS-prescribed Sexual Abuse and Assault Awareness (SAA) Information pamphlet. During the on-site audit the Auditor interviewed 30 detainees and confirmed none of the detainee interviewed indicated they had received the Detainee PREA Education Script or the Detainee ICE Sexual abuse and Assault Awareness Pamphlet. In addition, interviews with 12 of the 30 detainees whose preferred language was Spanish confirmed 8 detainees received both handbooks in Spanish; 1 detainee indicated she only received the SLIPC handbook, and it was in Spanish; 1 detainee indicated she only received the ICE National Detainee handbook, and it was in Spanish; and 2 detainees indicated they did not receive any of the handbooks. Interviews with nine of the 30 detainees who spoke English; however, noted their preferred language was Spanish, indicated four detainees received the ICE National Detainee handbook and the SLIPC handbook in English; three detainees received the ICE National Detainee handbook and the SLIPC handbook in Spanish; one detainee only received a SLIPC handbook in Spanish, and one detainee reported she only received an ICE National Detainee Handbook in Spanish. In an interview with one of the 30 detainees whose preferred language was Haitian Creole it was indicated she received both handbooks in English. In an interview with one of the 30 detainees whose preferred language was Russian indicated she only received a SLIPC handbook, in Spanish. Interviews with two of the 30 detainees whose preferred language was Chinese indicated one detainee received the ICE National Detainee handbook and the SLIPC handbook in English, and one detainee indicated she received the ICE National Detainee handbook and the SLIPC handbook in Chinese. In interviews with two of the 30 detainees whose preferred language was Georgia it was indicated one detainee received only the SLIPC handbook in English and one detainee received the ICE National Detainee handbook and the SLIPC handbook in Spanish. In interview with two of the 30 detainees whose preferred language was Uzbek, it was indicated both received the ICE National Detainee handbook and the SLIPC handbook in Uzbek. In an interview with one of the 30 detainee whose preferred language was K'iche' it was indicated she received both the

ICE National Detainee handbook and the SLIPC handbook handbooks in Spanish. During the on-site audit, the Auditor reviewed 30 detainee files and confirmed each file contained a SLIPC Handbook Receipt and Orientation Record, which indicates the detainee was provided the ICE National Detainee Handbook, the SLIPC Handbook, the DHS-prescribed SAA Information pamphlet, and the Detainee PREA Education Script; however, the document does not include a notation of the language in which each document was provided to the detainee; and therefore, the Auditor could not confirm the detainees received the information in a manner they could understand.

Corrective Action:

The facility is not in compliance with subsections (a), (b), and (e) of the standard. During the on-site audit, the Auditor observed the DHS-prescribed Sexual Abuse and Awareness Information pamphlet on the facility computer system and confirmed it was available in 17 languages; however, the facility Intake staff struggled with locating the appropriate folder which contained the pamphlet and had to rely on the Intake Lieutenant to locate the pamphlet. In addition, During the on-site audit, the Auditor reviewed (b) (7)(E) intake of a detainee and confirmed upon intake the detainee was provided a box with the uniforms; however, the detainee did not remove all items from the box; and therefore, the Auditor could not confirm the detainee had been provided the ICE National Detainee Handbook, the SLIPC Detainee Handbook, the Detainee Education for Intake Staff Script, or the DHS-prescribed SAA Information pamphlet. During the on-site audit, the Auditor interviewed 30 detainees and confirmed none of the detainees interviewed indicated they had received the Detainee PREA Education Script or the DHS-prescribed SAA Information pamphlet. Interviews with 12 of the 30 detainees whose preferred language was Spanish confirmed 8 detainees received both handbooks in Spanish; 1 detainee indicated she only received the SLIPC handbook, and it was in Spanish; 1 detainee indicated she only received the ICE National Detainee handbook, and it was in Spanish; and 2 detainees indicated they did not receive any of the handbooks. Interviews with nine of the 30 detainees who spoke English; however, noted their preferred language was Spanish, indicated four detainees received the ICE National Detainee handbook and the SLIPC handbook in English; three detainees received the ICE National Detainee handbook and the SLIPC handbook in Spanish; one detainee only received a SLIPC handbook in Spanish, and one detainee reported she only received an ICE National Detainee Handbook in Spanish. In an interview with one of the 30 detainees whose preferred language was Haitian Creole it was indicated she received both handbooks in English. In an interview with one of the 30 detainees whose preferred language was Russian indicated she only received a SLIPC handbook, in Spanish. Interviews with two of the 30 detainees whose preferred language was Chinese indicated one detainee received the ICE National Detainee handbook and the SLIPC handbook in English, and one detainee indicated she received the ICE National Detainee handbook and the SLIPC handbook in Chinese. In interviews with two of the 30 detainees whose preferred language was Georgia it was indicated one detainee received only the SLIPC handbook in English and one detainee received the ICE National Detainee handbook and the SLIPC handbook in Spanish. In an interview with one of the 30 detainee whose preferred language was K'iche' it was indicated she received both the ICE National Detainee handbook and the SLIPC handbook handbooks in Spanish. During the on-site audit, the Auditor reviewed 30 detainee files and confirmed each file contained a SLIPC Handbook Receipt and Orientation Record, which indicates the detainee was provided the ICE National Detainee Handbook, the SLIPC Handbook, the DHS-prescribed SAA Information pamphlet, and the Detainee PREA Education Script; however, the document does not include a notation of the language in which each document was provided to the detainee; and therefore, the Auditor could not confirm the detainees received the information in a manner they could understand.

To become compliant, the facility must implement a procedure which during the intake process provides detainees notification, orientation, and instruction in formats accessible to all detainees, including those who are who are LEP, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills. Once implemented the facility must submit documentation to confirm that all applicable staff, including intake staff, have received training on the implemented procedure. The facility must submit 15 detainee files, to include detainees whose preferred language is not English or Spanish, to confirm detainees during the intake process are provided notification, orientation, and instruction in formats accessible to all detainees.

§115.34 - Specialized training: Investigations.

Outcome: Meets Standard

Notes:

(a)(b): The Agency policy 11062.2 states, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The lesson plan is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conduct an investigation of sexual abuse in a confinement setting. The Agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled residents; and an overall view of the investigative process. The Agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirement. SLIPC policy 10.1.1 states, "SLIPC 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). Facilities shall maintain documentation of this specialized training." The facility PAQ indicates the facility has two investigators who have received specialized training on sexual abuse and effective cross-agency coordination. The Auditor reviewed the investigators training certificates and confirmed both investigators received specialized training on sexual abuse and effective cross-agency coordination through the National PREA Resource Center PREA Specialized Training: Investigating Sexual Abuse in Correctional Setting curriculum and confirmed the curriculum contains all elements required by the standard. National PREA Resource Center PREA Specialized Training: Investigating Sexual Abuse in Correctional Setting curriculum and confirmed the curriculum contains all elements required by the standard. The Auditor further reviewed training certificates to confirm each investigator has received the specialized training and the general PREA training as required by §115.31. In addition, the Auditor reviewed seven sexual abuse investigative files and confirmed all were conducted by specially trained facility investigators.

Corrective Action:

No corrective action needed.

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

Outcome: Exceeds Standard

Notes:

(a): SLIPC does not employ DHS or Agency employees who serve as full and part-time medical and mental health practitioners; and therefore, subsection (a) of the standard is not applicable.

(b)(c): SLIPC policy 10.1.1 states, "SLIPC 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. Note: this training shall be completed as part of the newly hired employee pre-service orientation. 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. SLIPC shall maintain documentation of this specialized training." The Auditor reviewed the GEO Specialized Medical and Mental Health PREA Training curriculum and confirmed the curriculum includes detecting and assessing signs of sexual abuse and sexual harassment, identifying, and preserving physical evidence of sexual abuse, responding effectively and professionally to victims of sexual abuse and sexual

harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Interviews with the PSA Compliance Manager, HSA, and LCSW indicated medical and mental health staff are required to complete specialized training and the general staff PREA training annually. The Auditor reviewed seven medical staff files and one mental health staff file and confirmed they each had received the specialized training and the general PREA training as required by §115.31. Based on facility practice which requires medical and mental staff to receive specialized training annually the Auditor finds the facility exceeds standard 115.35.

Corrective Action:

No corrective action needed.

§115.41 - Assessment for risk of victimization and abusiveness.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f)(g): SLIPC 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. Facilities shall use the GEO PREA Risk Assessment Tool (See Attachment B) to conduct the initial risk screening assessment. In addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records (e.g., medical files or, 213/216 remand, etc.) that can assist them with risk assessment. SLIPC shall also consider, to the extent that the information is available, the following criteria to assess Detainees for risk of sexual victimization: 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. f. 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. SLIPC 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. Facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire (See Attachment C) to conduct the reassessment. 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. SLIPC shall implement appropriate controls on the 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." An interview with the Intake Lieutenant indicated each detainee is assessed for risk of victimization and abusiveness, utilizing the GEO PREA Vulnerability screening, within 12 hours of the detainee's intake into the facility and if a detainee is LEP the facility will utilize a language line service to complete the assessment. An interview with the Intake Lieutenant further confirmed detainees are not disciplined for refusing to answer or provide complete answers to questions asked during the intake screening. During the on-site audit, the Auditor reviewed the GEO PREA Assessment Tool and confirmed the assessment tool considers whether the detainee has a mental, physical, or developmental disability; the age of the detainee, the physical build and appearance of the detainee; whether the detainee has previously been incarcerated or detained; the nature of the detainee's criminal history; whether the detainee has any convictions for sex offenses against an adult or child; whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the detainee has self-identified as having previously experienced sexual victimization; the detainee's own concerns about his or her physical safety; prior acts of sexual abuse; prior convictions for violent offenses; and a history of prior institutional violence or

sexual abuse. Interviews with the PSA Compliance Manager and the Intake Lieutenant indicated if a detainee is identified as being at risk for sexual victimization, the facility will take steps to ensure there is separation from those detainees identified at risk for abusiveness. During the on-site audit, the Auditor observed (b) (7)(E) several detainees being processed into the facility and confirmed each detainee was taken into a private office, and although the Auditor did not have the ability to hear the interaction, the Auditor could confirm the assessment was completed and signed by the detainee. An interview with the Intake Lieutenant indicated upon completion the completed assessments are maintained in the detainee file which is kept in a locked records room. During the on-site audit, the Auditor observed the records room and confirmed the door is locked and only the administrator or staff assigned to records has access to the room. The Auditor reviewed the files of 30 detainees and confirmed all detainees had been assessed, completed the initial classification process, and received their initial housing within 12 hours of the detainee's arrival at the facility. An interview with the Case Manager indicated the facility will complete a reassessment in 90 days of all detainees housed at the facility, whenever it is warranted based upon the receipt of additional relevant information, and following an incident or sexual abuse or victimization. The Auditor reviewed 30 detainee files and confirmed two detainee files included detainees who required a reassessment. A review of the two detainee files which required an assessment confirmed both detainee's reassessment was completed between 60-90 days from the date of the initial assessment. In addition, the Auditor reviewed seven sexual abuse allegation investigation files and confirmed a reassessment had been completed with each detainee following a report of sexual abuse.

Corrective Action:

No corrective action needed.

§115.42 - Use of assessment information.

Outcome: Meets Standard

Notes:

(a)(b)(c): SLIPC 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, and voluntary work. SLIPC shall make individualized determinations about how to ensure the safety of each Detainee. The PSA Compliance Manager will maintain an "at risk log" of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The "at risk log" will be kept current and include current housing locations. Note: Following a reported allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the "at risk" as soon as possible and tracked as a potential victim and housed separate from potential abusers "unfounded", the victim may be removed from the "at risk" log. PSA Compliance Managers will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. When making assessments and housing decisions for Transgender and Intersex Detainees, SLIPC 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." SLIPC policy 10.1.1 further states, "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. Facilities shall use the Transgender Care Committee form (See Attachment D) to conduct the six-month reassessment. When operationally feasible, Transgender and Intersex Detainees shall be given an opportunity to shower separately from other Detainees." An interview with the PSA Compliance Manager and Intake Lieutenant indicated the facility utilizes a PREA At-Risk Assessment Tracking log to track the location of all detainees who are potential victims and/or potential abusers. An interview with the PSA Compliance Manager and Intake Lieutenant further indicated prior to housing a detainee or assigning voluntary work or recreation, individualized determinations are made, utilizing the information from the initial risk assessment and the PREA At-Risk Assessment Tracking log to ensure an at-risk sexual abuse victim is not housed or assigned to voluntary work or recreation with those detainees who have been identified as being at risk for sexual aggression to ensure the safety of each detainee. In addition, in an interview with the PSA Compliance Manager and Intake Lieutenant it was indicated medical and mental health would be

consulted on the immediate placement of a transgender or intersex detainee and housing would be determined based on the detainee's own self-identification of gender, not by physical anatomy, consistent with the safety and security of the facility, and a transgender or intersex detainee would be provided an opportunity to shower separately from other detainees. Interviews with the PSA Compliance Manager and a Case Manager indicated a transgender or intersex detainee would be reassessed every six months. During the on-site audit, the Auditor interviewed two transgender detainees and confirmed the facility has provided accommodations for them to shower separately from the other detainees. During the on-site audit, the Auditor reviewed 30 detainee files and confirmed all detainees had been assessed for risk of victimization and/or risk of abusiveness and had been provided with a housing assignment during the initial classification process which included two transgender detainee files. The Auditor reviewed the two transgender detainee files and confirmed one transgender detainee had been housed at the facility for a period requiring a reassessment which was completed every six-months as required by subsection (b) of the standard.

Corrective Action:

No corrective action needed.

§115.43 - Protective custody.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e): SLIPC policy 10.1.1 states, "SLIPC shall develop and follow written procedures governing the management of its administrative restriction unit. These procedures should be developed in consultation with the ICE Enforcement and Removal Operations Field Office Director having jurisdiction for the Facility, must document detailed reasons for placement of an individual in administrative restriction on the basis of a vulnerability to Sexual Abuse or assault. Use of administrative restriction to protect Detainees vulnerable to Sexual Abuse or assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing option exists, as a last resort. SLIPC should assign Detainees vulnerable to Sexual Abuse or assault to administrative restriction for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If restricted housing is used to protect vulnerable Detainees, they shall have access to programs, visitation, counsel and other services available to the general population to the maximum extent practicable. Facilities shall implement written procedures for the regular reviews of all Detainees held in administrative restriction for their protection as follows: 1) A supervisory staff member shall conduct a review within 72 hours of the Detainees placement in administrative restriction to determine whether restriction is still warranted; and, 2) A supervisory staff member shall conduct, at a minimum, an identical review after the Detainee has spent seven (7) days in administrative restriction, and every week thereafter for the first 30 days, and every 10 days thereafter. Facilities shall utilize the "DHS Sexual Assault/Abuse Available Alternatives Assessment" form to document the assessments (See Attachment G). All completed forms shall be reviewed and signed by the Facility Administrator or Assistant Facility Administrator upon completion. Facilities shall notify the appropriate ICE Field Office Director no later than 72 hours after the initial placement in administrative restriction on the basis of a vulnerability to Sexual Abuse or assault for review and approval of the placement" SLIPC policy 10.4.1 Administrative Restrictions states, "The Facility Administrator or designee will complete the Administrative Restriction Housing Order (Form I-885 or equivalent), detailing the reasons for placing a Detainee in administrative restriction housing, before actual placement." Interviews with the FA and PSA Compliance Manager indicated a detainee vulnerable to sexual abuse would only be placed in administrative segregation/protective custody if it is the best option, and as a last resort, until alternative arrangements could be made, and placement would not exceed 30 days. Interviews with the FA and PSA Compliance Manager further indicated detainees vulnerable to sexual abuse would be provided access to programming, visitation, counsel, and any other services provided to the general population and any time a detainee is placed into segregation or protective custody, the ICE FOD is immediately notified. An interview with the Restrictive Housing Lieutenant indicated a detainee vulnerable to sexual abuse has not been placed in segregation or protective custody during the reporting period. However, if a detainee vulnerable to sexual abuse were placed in restrictive housing, the Lieutenant would receive an Administrative Segregation

Order which includes the reason the detainee was being placed into restrictive housing. The interview with the Restrictive Housing Lieutenant further confirmed the Lieutenant was knowledgeable and could articulate the review process required by subsection (d) of the standard and a detainee victim would not normally remain in restrictive housing longer than 30 days unless it was at the victim's request. The Auditor reviewed eight detainee files of detainees who were identified as being vulnerable to sexual abuse and confirmed none of the detainees had been placed into restrictive housing after disclosing previous sexual abuse. An interview with the SDDO confirmed SLIPC policy 10.1.1 was developed in consultation with the ICE FOD having jurisdiction over SLIPC.

Corrective Action:

No corrective action needed.

§115.51 - Detainee reporting.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): SLIPC policy 10.1.1 states, "SLIPC 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. Facilities shall provide contact information to Detainees for relevant consular officials and officials, the DHS Office of Inspector General, the Joint Intake Center, as appropriate, another designated office, to confidentially and, if desired, anonymously, report these incidents. Facilities 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. Facilities shall provide Detainees contact information on how to report Sexual Abuse or Assault to the Facility PSA Compliance Manager. Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports." During the on-site audit, the Auditor observed information in English and Spanish posted in the housing units and all common areas of the facility, informing the detainees how to contact their consular official, the DHS OIG, DRIL, and the Joint Intake Center (JIC) to confidentially and if desired anonymously report an incident of sexual abuse. Interviews with the facility PSA Compliance Manager and four random SOs indicated detainees are provided multiple ways to report sexual abuse, retaliation, and any staff neglect of their responsibilities which may have contributed to an incident of sexual abuse. Interviews with four random SOs further indicated all reports received verbally, in writing, anonymously, and from third parties must be immediately reported and documented. Interviews with 30 detainees confirmed they were aware of several ways they could report an allegation of sexual abuse, including ways to report anonymously, if desired. During the on-site audit, the Auditor tested all telephone numbers provided to detainees to report an allegation of sexual abuse and confirmed they were all in good working order; however, utilizing the facility instructions for making anonymous calls, the Auditor attempted to call the DRIL, DHS OIG, JIC, RAINN, the State Sexual Abuse Hotline, and the St. Landry-Evangeline Sexual Assault Center and was unable to contact any of the listed agencies.

Corrective Action:

The facility is not in compliance with subsections (a) and (b) of the standard. During the on-site audit, the Auditor tested all telephone numbers provided to detainees to report an allegation of sexual abuse and confirmed they were all in good working order; however, utilizing the facility instructions for making anonymous calls, the Auditor attempted to call the DRIL, DHS OIG, JIC, RAINN, the State Sexual Abuse Hotline, and the St. Landry-Evangeline Sexual Assault Center and was unable to contact any of the listed agencies. To become compliant, the facility must submit documentation which confirms detainees are provided instructions for making anonymous calls to their consular official, the DRIL, DHS OIG, JIC, RAINN, the State Sexual Abuse Hotline, and the St. Landry-Evangeline Sexual Assault Center.

§115.52 - Grievances.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): SLIPC policy 10.1.1 states, "SLIPC 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. SLIPC shall not impose a time limit on when a Detainee may submit a grievance regarding allegation of Sexual Abuse. SLIPC 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. SLIPC staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. To prepare grievance, a Detainee may obtain assistance from another 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. SLIPC shall issue a decision on grievance within five (5) days of receipt and shall respond to an appeal of the grievance decision within 30 days. The facility administrator shall issue an initial response to emergency grievances related to sexual abuse within 24 hours, and a final decision shall be provided within five (5) calendar days. SLIPC 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." The Supplement to the ICE 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 SLIPC 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 immediate attention of the Facility 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 Administrator." In an interview with the PREA Investigator/Grievance Officer it was indicated there are no time limits imposed on the filing of grievances alleging sexual abuse and if a detainee expressed a need for assistance in filing a grievance, he would ensure the detainee receives assistance. He indicated that the grievance boxes are emptied on a daily basis. In an interview with the PREA Investigator/Grievance Officer it was further indicated, grievances alleging sexual abuse are considered time-sensitive and an immediate threat to detainee health, safety, and welfare; and therefore, if he were to receive a grievance alleging sexual abuse, after ensuring the detainee was safe, he would inform security and medical staff to take immediate action including a medical assessment for the detainee victim. In addition, in an interview with the PREA Investigator/Grievance Officer it was indicated facility protocols would immediately begin, including notification to the EPSD, and the alleged victim would receive notification within five days advising the detainee her grievance had been accepted, closed, and forwarded for to a PREA Investigator to conduct a formal investigation. An interview with the PSA Compliance Manager confirmed she receives a copy of the grievance and the completed investigation and all grievances alleging sexual abuse, and the facility response, would be forwarded to the ICE Field Office Director (FOD) at the completion of the grievance process. During the on-site audit, the Auditor tested the grievance process by placing a test grievance into a grievance box within a housing unit and confirmed the PREA Investigator/Grievance Officer immediately notified the Auditor he was in receipt of the test grievance. During the on-site, the Auditor reviewed the facility grievance log which indicated at least one of the seven sexual abuse allegation investigation files included an allegation made through the grievance process. The Auditor reviewed the sexual abuse allegation investigation file and confirmed the grievance process was compliant with standard 115.52.

Corrective Action:

No corrective action needed.

§115.53 - Detainee access to outside confidential support services.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d): SLIPC policy 10.1.1 states, "SLIPC 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. SLIPC 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, SLIPC shall make available the same information about national organizations. SLIPC shall enable reasonable communication between Detainees and these organizations as well as inform Detainees (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. SLIPC 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. SLIPC shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements. SLIPC is required to maintain or attempt to enter into a PREA MOU agreement with law enforcement agency outlining the responsibilities of each entity related to conducting PREA allegation that involve potentially criminal behavior. SLIPC shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements." The Auditor reviewed an MAA between St. Landry-Evangeline Sexual Assault Center, dated September 18, 2024, with no ending date, and confirmed the MAA indicates "a SLESAC will provide legal advocacy and confidential support services for immigrant victims of crimes, if requested." During the on-site audit, the Auditor observed the SLESAC, and the Rape, Abuse and Incest National Network (RAINN) flyers posted in all housing units predominately in English and Spanish; however, an interview with the PSA Compliance Manager indicated the flyer can be translated to other languages if needed. In addition, the Auditor reviewed the facility Detainee Handbook, available in 17 languages, and confirmed all required information regarding SLESAC is included. The Auditor reviewed the flyer and confirmed the flyer provides the detainees with a mailing address and telephone numbers to access SLESAC and states, "If you are a victim of a sexual assault, there is access to outside confidential emotional support services" and "these calls will be made at no cost to you and will not be monitored. Allegations of sexual abuse will not be reported to local authorities unless the communicator has provided SLESAC permission to contact others on their behalf. However, Louisiana staff are legally required to report all instances of sexual abuse involving children or vulnerable adults as well as any threats of harm to oneself or others." During the on-site audit, the Auditor tested all telephone numbers utilizing the facility instructions for making anonymous calls and confirmed the instructions did not allow the Auditor to make contact with RAINN, the State Sexual Abuse Hotline, or SLESAC; and therefore, detainees were unable to contact outside community services to receive legal advocacy or confidential support services. During the on-site audit utilizing a cellular telephone, the Auditor spoke with a Victim Advocate and confirmed services provided would include emotional support, crisis intervention, accompaniment to provide emotional support during a forensic medical examination, support during investigatory interviews, court proceedings, and will provide any information and referrals that may be needed. The Victim Advocate indicated that if a detainee were limited English proficient, the Agency and the facility has provided a language line service to accommodate any detainee that utilizes the service.

Corrective Action:

The facility is not in compliance with subsections (a) and (c) of the standard. During the on-site audit, the Auditor tested all telephone numbers utilizing the facility instructions for making anonymous calls, and confirmed the instructions did not allow the Auditor to make contact with RAINN, the State Sexual Abuse Hotline, or SLESAC; and therefore, detainees were unable to contact outside community services to receive legal advocacy or confidential support services. To become compliant, the facility shall ensure that the detainee instructions for making anonymous calls are clear and in good working order. In addition, the facility shall provide the Auditor with documentation to confirm the phones, and all numbers provided are good working order.

§115.54 - Third-party reporting.

Outcome: Meets Standard

Notes:

SLIPC policy 10.1.1 states, "SLIPC 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. In all facilities, third party reporting poster shall be posted in all public areas in English and Spanish to include lobby, visitation and staff break areas within the facility." The Auditor reviewed the Agency website (www.ice.gov/prea) and confirmed the website provides the public with information (telephone number & address) regarding third-party reporting of sexual abuse on behalf of the detainee. In addition, the Auditor reviewed the GEO website (www.geogroup/prea) and confirmed the website advises the public how to report allegations of sexual abuse or sexual harassment on behalf of a detainee housed in a GEO facility. The GEO website provides contact information for the GEO Group PREA Coordinator including an email address and a phone number. The Auditor tested the third-party email provided on the website at (b) (7)(C) and received an email back acknowledging receipt from the GEO PREA Coordinator.

Corrective Action:

No corrective action needed.

§115.61 - Staff reporting duties.

Outcome: Exceeds 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." 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 of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section." SLIPC 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 who report 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 types of 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, SLIPC shall report to designated State or local services Agencies under applicable mandatory reporting laws." Interviews with four random SOs confirmed they were very knowledgeable and could articulate their responsibilities to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation, or staff failure to perform their duties, to their immediate supervisor. Interviews with four random SOs further confirmed they were aware sharing of information regarding a sexual abuse is limited to only those who are on a need-to-know basis and they could anonymously report an allegation of sexual abuse through the GEO employee hotline or utilize the same numbers provided to the detainees. During the on-site audit, the Auditor observed each employee is provided with a first responder card which they carry on their lapels with their ID. The Auditor reviewed the first responder cards and confirmed the cards include information on how to report an allegation of sexual abuse to include "24/7 Employee Hotline (Anonymous Reporting. www.reportinglineweb.com/geogroup and/or (866)568-5425." Interviews with the FA, PSA Compliance Manager, and Auditor observation confirmed if an allegation of

sexual abuse involved a vulnerable adult, Louisiana mandatory reporting laws require a report to be made to the Adult Protective Services. An interview with the SDDO confirmed he was knowledgeable regarding his reporting duties under Agency policy 11062.2. and his requirement to notify OPLA if an allegation involves a vulnerable adult. During the on-site audit, the Auditor reviewed seven sexual abuse investigative files and confirmed none of the allegations involved a vulnerable adult. Interviews with the FA, PSA Compliance Manager, and Auditor observation confirmed the facility does not house juvenile detainees. An interview with the SDDD confirmed SLIPC policy 10.1.1 has been submitted and approved by the Agency. Based on the facility providing staff with first responder cards which include information on how to report an allegation of sexual abuse to include "24/7 Employee Hotline (Anonymous Reporting. www.reportinglineweb.com/geogroup and/or (866)568-5425" the Auditor finds the facility exceeds standard 115.61.

Corrective Action:

No corrective action needed.

§115.62 - Protection duties.

Outcome: Meets Standard

Notes:

SLIPC policy 10.1.1 states, "When an Employee or SLIPC 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 that Detainee. Employees shall report and respond to all the allegations of Sexually Abusive Behavior. Employees should assume all reports of sexual victimization, regardless of the source of the report (i.e., "third party") are credible and respond accordingly. Any allegation to staff of sexual assault or attempt sexual assault will be reported immediately through the facility's chain of command, from the reporting official to the highest facility official as well as the Field Office Director. When reporting an allegation of sexual assault staff can report outside of chain of command. Only designated employees specified by policy should be informed of the incident, as it is important to respect the victim's security, identity, and privacy. All allegations of sexual abuse shall be handled in a confidential manner throughout the investigation. All conversations and contact with the victim should be sensitive, supportive, and non-judgmental." Interviews with the FA, PSA Compliance Manager, and four random SOs confirmed they were knowledgeable about their responsibility to take immediate action should they become aware a detainee is at substantial risk of sexual abuse. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed each investigation included an incident report which confirmed the staff took immediate action to protect the detainee and had removed the alleged abuser from the area and any detainee contact pending the results of the investigation.

Corrective Action:

No corrective action needed.

§115.63 - Reporting to other confinement facilities.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): SLIPC policy 10.1.1 states, "In the event that a Detainee alleges that Sexual Abuse occurred while confined at another Facility, SLIPC shall document those allegations and the Facility Administrator or Assistant Facility Administrator (in the absence of the Facility Administrator) where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred and notify the ICE Field Office as soon as possible, but no later than 72 hours after receiving the notification. SLIPC 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 PSA Compliance Manager. SLIPC is that receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA standards and reported to the appropriate ICE Field Office Director." [sic] An interview with the FA indicated if she receives an allegation from another facility administrator alleging sexual abuse had occurred at SLIPC she would notify the FOD and immediately refer the allegation to the facility Investigator for investigation. An interview with the FA further indicated if she received a detainee allegedly being sexually abused at another facility she would notify,

by email, the appropriate agency officials where the alleged sexual abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation. During the on-site audit, the PSA Compliance Manager submitted to the Auditor a memorandum which confirmed the FA had notified another facility Administrator a detainee, during the initial risk assessment at SLIPC, reported an incident of sexual abuse which had occurred at another facility. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed none of the files included a detainee who reported an incident of sexual abuse at another facility while housed at SLIPC.

Corrective Action:

No corrective action needed.

§115.64 - Responder duties.

Outcome: Meets Standard

Notes:

(a)(b): SLIPC 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 Sexual Abuse occurred within 96 hours, request that the alleged victim and ensure the 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." Interviews with four random SOs confirmed if a detainee reported an allegation of sexual abuse to them, their duties as a security first responder would be to separate the detainee, call for backup, secure the scene, request the detainee victim, and ensure the abuser does not take any action which could destroy physical evidence. Interviews with two non-security first responders indicated they would immediately call for officers, instruct the detainees to separate, request the victim not to take any action which could destroy physical evidence, would ensure the perpetrator does not take action which could destroy physical evidence, and would immediately notify their supervisor of the incident. Interviews with four random SOs and two non-security first responders confirmed each employee is provided a first responder card which they carry on their lapels with their ID. During the on-site audit, the Auditor reviewed the cards and confirmed the cards remind employees of their first responder duties, if an incident of sexual abuse were to occur. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed both the victim, and the abuser, were immediately separated and taken to medical for care and observation.(a)(b): SLIPC 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 Sexual Abuse occurred within 96 hours, request that the alleged victim and ensure the 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." Interviews with four random SOs confirmed if a detainee reported an allegation of sexual abuse to them, their duties as a security first responder would be to separate the detainee, call for backup, secure the scene, request the detainee victim, and ensure the abuser does not take any action which could destroy physical evidence. Interviews with two non-security first responders indicated they would immediately call for officers, instruct the detainees to separate, request the victim not to take any action which could destroy physical evidence, would ensure the perpetrator does not take action which could destroy physical evidence, and would immediately notify their supervisor of the incident. Interviews with four random SOs and

two non-security first responders confirmed each employee is provided a first responder card which they carry on their lapels with their ID. During the on-site audit, the Auditor reviewed the cards and confirmed the cards remind employees of their first responder duties, if an incident of sexual abuse were to occur. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed both the victim, and the abuser, were immediately separated and taken to medical for care and observation.

Corrective Action:

No corrective action needed.

§115.65 - Coordinated response.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): SLIPC policy 10.1.1 states, "SLIPC 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. SLIPC shall use a coordinated, multidisciplinary team approach to responding to Sexual Abuse and Assault to include addressing any safety, medical, or mental health needs. The PSA Compliance Manager shall be a required participant and the Corporate PREA Coordinator may be consulted as part of this coordinated response. If a victim of sexual abuse is transferred between facilities covered by subpart A or B of this part, 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 a victim is transferred from a DHS Immigration Detention Facility to a facility not covered by paragraph c of this section, 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." The Auditor reviewed the facility's PREA Coordinated Response Plan and confirmed the plan takes a multidisciplinary team approach to responding to sexual abuse. A review of the facility's PREA Coordinated Response Plan further confirmed the plan coordinates the actions taken by facility responders to include first responders, medical and mental health staff, investigators, and facility leadership in response to an incident of sexual abuse. Interviews with the FA, PSA Compliance Manager, the HSA, LCSW, and four random SOs confirmed their knowledge and responsibilities required by the coordinated response plan. In an interview with the HSA, it was further confirmed she was very knowledgeable of the requirements if a detainee victim is transferred to another facility covered by the PREA standards and the requirements if the victim is transferred to a facility that is not covered by the PREA standards. The Auditor reviewed seven sexual abuse investigative files and confirmed the facility had utilized a coordinated, multidisciplinary response, in responding to each allegation.

Recommendation (c)(d): The Auditor recommends the facility update SLIPC policy 10.1.1 to coincide with facility practice which meets the requirements of subsection (c) and (d) of the standard.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

SLIPC policy 10.1.1-A 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. Separation orders requiring "no contact" shall be documented by facility management via email or memorandum within 24 hours of the reported allegation. The email or memorandum shall be printed and maintained as part of the related investigation file." Interviews with the FA, PSA Compliance Manager, and the HRS, indicated employees, contactors, and volunteers would be removed from all contact with detainees pending the outcome of an investigation into an allegation of sexual abuse. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed six of the allegations included staff-on-detainee sexual abuse. A review of the

six files including staff-on-detainee sexual abuse confirmed all of the six sexual abuse allegation investigation files included memorandums of separation and a "no contact" order served on each of the alleged perpetrators.

Corrective Action:

No corrective action needed.

§115.67 - Agency protection against retaliation.

Outcome: Meets Standard

Notes:

(a)(b)(c): SLIPC 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. SLIPC shall employ multiple protection measures, such as housing changes, removal of alleged staff abusers from contact with victims, and emotional support services for Detainees and Employees who fear retaliation for reporting Sexual Abuse or for cooperating with investigations. SLIPC's PSA Compliance Manager or Mental Health personnel shall be responsible for monitoring Detainee retaliation. Facilities shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims who fear retaliation for reporting Sexual Abuse or for cooperating with investigators. A Mental Health staff member or the PSA Compliance Manager shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. Any issues discussed shall be noted on the "Protection from Retaliation Log (see Attachment H)", to include corrective actions taken to address the issue. For at least 90 days following a report of Sexual Abuse, SLIPC shall monitor the conduct and treatment of 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. For at least 90 days following a report of Staff Sexual Misconduct (abuse or harassment) by another Employee, the Facility Human Resources Staff or Facility Investigator as designated by the Facility Administrator shall monitor the conduct and treatment of the Employee who reported the Staff Sexual Misconduct (abuse or harassment) or Employee Witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Designated staff shall meet every 30 days for 90 days with employees in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. The Employee Assistance Program (EAP) may also be offered for emotional support services for Employees who fear retaliation. Any issues discussed shall be noted on the "Employee Protection from Retaliation Log (see Attachment I)", to include corrective actions taken to address the issue. Items to be monitored for Employees include negative performance reviews and Employee reassignments. If any other individual expresses a fear of retaliation, the SLIPC shall take appropriate measures to protect that individual as well. Completed Monitoring Logs shall be retained in the investigative file of the corresponding SAPPI incident." An interview with the PREA Investigator/Retaliation Monitor indicated he is responsible for retaliation monitoring of detainee victims of sexual abuse and both he and the HRS would be responsible for monitoring staff. An interview with the PREA Investigator/Retaliation Monitor further indicated when a detainee reports an allegation of sexual abuse, he will begin monitoring the detainee victim immediately, and if the detainee victim expresses fear of retaliation for reporting the allegation or for cooperating with the investigation, he will ensure the victim detainee is offered emotional support services. In addition, an interview with the PREA Investigator/Retaliation Monitor indicated he will meet with the detainee every week for up to 90 days, or longer if needed and would monitor the detainees' housing record, disciplinary record, and any program changes. An interview with the PREA Investigator/Retaliation monitor further indicated retaliation monitoring is documented on Detainee Protection from Retaliation Log-ICE. During the on-site audit, the Auditor reviewed the Detainee Protection from Retaliation Log-ICE and confirmed the log includes a review of the detainee housing, disciplinary and work/programing and requires the Retaliation Monitor to meet with the detainee each week which is documented by staff and detainee signature. An interview with the HRS indicated she would assist the PREA Investigator/Retaliation Monitoring with monitoring any staff who reported, witnessed, or cooperated with an

investigation. An interview with the HRS further indicated staff monitoring would begin immediately, and staff would be monitored every 30 days for up to 90 days, or longer if needed, to ensure there have not been negative reviews or reassignments based on reporting an allegation of sexual abuse or cooperating in an investigation. In addition, an interview with the HRS further indicated if staff express fear of retaliation they will be offered emotional support through the Employee Assistance Program (EAP); however, there has not been a staff member requiring retaliation monitoring during the audit period. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed all files included a Detainee Protection from Retaliation Log-ICE confirming retaliation monitoring began within a few days following the alleged victim reporting the allegation. In addition, a review of seven sexual abuse allegation investigation files confirmed monitoring of all detainees who made an allegation of sexual abuse continued for at least 90 days or until the detainee's release from facility custody.

Corrective Action:

No corrective action needed.

§115.68 - Post-allegation protective custody.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): SLIPC policy 10.1.1 states, "SLIPC 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). Such detainees should be assigned to administrative segregation for protective custody only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. 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 re-assessment, taking into consideration any increased vulnerability of the Detainee as a result of the Sexual Abuse. SLIPC 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." Interviews with the FA, PSA Compliance Manager, and a Restrictive Housing Lieutenant indicated if a detainee victim was placed into segregated housing due to an incident of sexual abuse the ICE FOD would be notified immediately. Interviews with the FA, PSA Compliance Manager, and a Restrictive Housing Lieutenant further indicated prior to placing a detainee victim of sexual abuse into administrative segregation, the facility would explore other options to ensure the detainee victim of sexual abuse victim is placed in a supportive environment which represents the least restrictive housing possible and supervisor staff would conduct all reviews as required by standard §115.43. Interviews with the PSA Compliance Manager and as Case Manager indicated a detainee victim would not be returned to general population until the detainee has been reassessed considering any increased vulnerability resulting from the recent incident of sexual abuse. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed there were no detainee victims placed into administrative segregation or protective custody after reporting an incident of sexual abuse. Interviews with the FA, PSA Compliance Manager, Restrictive Housing Lieutenant, and Auditor observations confirmed there were no detainee victims of sexual abuse placed into administrative segregation during the on-site audit.

Corrective Action:

No corrective action needed.

§115.71 - Criminal and administrative investigations.

Outcome: Meets Standard

Notes:

(a)(b)(e)(f): SLIPC policy 10.1.1-A states, "An Administrative investigation shall be completed for all allegations of Sexual Abuse at SLIPC: regardless of whether a criminal investigation is completed. Coordination of internal administrative investigations as well as coordination with the ICE Office South Louisiana ICE Processing Center of Responsibility (OPR) should be coordinated in a way as to not interfere with the assigned criminal

investigative entity criminal investigations." SLIPC policy 10.1.1-A further states, "When SLIPC conducts its own investigations into allegations of Sexual Abuse, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. SLIPC 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. Following receipt of a reported PREA allegation, the Facility Administrative will assign the investigation to an investigator who has received specialized training in conducting sexual abuse investigations. An administrative investigation will begin within 24 hours of notifying ICE of a sexual abuse allegation except for allegations where the facility has been advised a criminal investigation is pending by either local law enforcement or ICE Office of Professional Responsibility (OPR) or DHS Office of Inspector General (OIG). Note: Should the ICE OPR or DHS OIG open a criminal investigation, they will notify the facility within 24 hours of the report to inform of their interest. Allegation of sexual abuse that involve potentially criminal behavior or that include penetration or touching, of the genitalia, anus, groin, breast, inner thigh or buttocks either directly or through the clothing, shall be referred to outside law enforcement agencies. Facilities shall document all referrals. In allegations where a criminal investigation is initiated by ICE OPR, DHS OIG or outside law enforcement, the facility shall begin an administrative investigation as soon as the criminal investigation has concluded or at such time as the outside investigative entity indicates the facility may begin their administrative investigation. When outside agencies investigate Sexual Abuse, SLIPC 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." An interview with the facility PREA Investigator indicated the facility will complete an administrative investigation on all allegations of sexual abuse reported at the facility. An interview with the facility PREA Investigator further indicated all allegations are reported to the EPSD and he will remain in contact with the EPSD to cooperate with the investigation and to keep informed of the investigation's progress. In addition, an interview with the PREA Investigator indicated the facility will begin an investigation once EPSD and ICE OPR have indicated he can do so, and the investigation would be completed regardless of whether the detainee or the perpetrator is no longer housed or employed at the facility. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed Investigators have received specialized training on sexual abuse and effective cross-agency coordination through the National PREA Resource Center PREA Specialized Training: Investigating Sexual Abuse in Correctional Setting curriculum and confirmed the curriculum contains all elements required by the standard. A review of seven sexual abuse allegation investigation files further confirmed the investigations began once the facility received notification, they could begin their administrative investigation and investigations were completed promptly, thoroughly and objectively.

(c): SLIPC policy 10.1.1-A states, "An investigative report shall be written for all investigations of allegations of Sexual Abuse conducted at the facility level. SLIPC shall utilize the investigative report template (See attachment A) for all PREA investigations. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence (b) (7)(E) ; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of Sexual Abuse involving the suspected perpetrator. Administrative investigations (1) shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) 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." SLIPC policy 10.1.1-A further states, "SLIPC shall retain all written reports referenced this section for as long as the alleged abuse is incarcerated or employed by the agency, plus five years; however, for any circumstances, files shall be retained no less than ten years." An interview with the PREA Investigator confirmed all element of subsection (c) are followed when conducting a sexual abuse allegation investigation file. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed each investigation included a description of the physical and testimonial evidence, the reasoning behind credibility assessments, a review of prior complaints and reports of sexual abuse involving the abuser, efforts to determine whether staff actions or failures to act contributed to the abuse and the investigative facts and findings.

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." SLIPC 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 facility PREA Investigator confirmed the facility does not impose a standard higher than a preponderance of evidence to substantiate an allegation of sexual abuse. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed the facility did not impose a standard higher than a preponderance of evidence when determining the outcome of the administrative investigation.

Corrective Action:

No corrective action needed.

§115.73 - Reporting to detainees.

Outcome: Meets Standard

Notes:

SLIPC 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 Detainee shall receive the original completed "Notification of Outcome of Allegation" form (see attachment D of Corporate Policy 5.1.2-D) in a timely manner and a copy of the form shall be retained as part of the investigative file. The Detainee will be provided an updated notification at the conclusion of a criminal proceeding, if the Detainee is still in custody at the facility. SLIPC's obligation to report under this section shall terminate if the Detainee is released from custody. If the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the Detainee. At the conclusion of every investigation of Sexual Abuse, the written results shall be promptly forwarded to the Corporate PREA Coordinator for review." Interviews with the PSA Compliance Manager and the PREA Investigator indicated an alleged detainee victim of sexual abuse is notified of the outcome of the investigation and of any responsive action taken on the case using the Notification of Outcome of Allegation. The Auditor reviewed the Notification of Outcome of Allegation form and confirmed the detainee victim is notified of the outcome of the investigation and any actions taken would be provided. The Auditor reviewed seven sexual abuse sexual abuse allegation investigation files and confirmed all detainee victims had been notified of the result of the investigation and the responsive action taken by the facility. During the on-site audit the facility submitted to the Auditor copies of all notification letters; and therefore, the Auditor did not utilize the ICE Notification to Detainee of PREA Investigation Results form.

Corrective Action:

No corrective action needed.

§115.76 - Disciplinary sanctions for staff.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): SLIPC 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. SLIPC 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. The facility shall also report all such incidents of substantiated abuse, removals or resignations in lieu of removal to the Field Office Director, regardless of whether the activity was criminal, and shall make reasonable efforts to report such information to any relevant licensing bodies, to the extent known. SLIPC 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." Interviews with the FA, PSA Compliance Manager, and the HRS indicated staff are subject to discipline, including removal from their position from federal service if they engage in sexual abuse or violate the facility or Agency SAAPI policy. Interviews with the FA, PSA Compliance Manager, and the HRS further indicated they would notify any licensing body necessary if a licensed staff member is removed or resigns in lieu of removal for violating the facility sexual abuse policies. Interviews with four random SOs indicated they were aware they would be terminated for engaging in sexual abuse or sexual harassment of a detainee or for violating the facility SAAPI policy. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed one staff-on-detainee allegation had been criminally and administratively investigated. A review of one sexual abuse allegation investigation file criminally and administratively investigated confirmed the allegations had been substantiated and although criminal charges were not filed the staff member had been terminated from employment with the facility. A review of one sexual abuse allegation investigation file criminally and administratively investigated further confirmed the staff member did not hold a license which required notification to a licensing body. Interviews with the FA and the SDDO confirmed SLIPC policy 10.1.1-A has been submitted and approved by the Agency.

Corrective Action:

No corrective action needed.

§115.77 - Corrective action for contractors and volunteers.

Outcome: Meets Standard

Notes:

(a)(b)(c): SLIPC policy 10.1.1-A states, "Any contractor or volunteer who has engaged in Sexual Abuse shall be prohibited from contact with Detainees. SLIPC shall make reasonable efforts to report to any relevant licensing body, to the extent known, incidents of substantiated Sexual Abuse by a Contractor or Volunteer. Such incidents shall also be reported to law enforcement agencies, unless the activity was clearly not criminal. The facility shall also report all such incidents of substantiated abuse by a contractor or volunteer to the Field Office Director, regardless of whether the activity was criminal, and shall make reasonable efforts to report such information to any relevant licensing bodies, to the extent known. Contractors and Volunteers suspected of perpetrating Sexual Abuse shall be removed from all duties requiring Detainee contact pending the outcome of an investigation. SLIPC 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." Interviews with the FA and PSA Compliance Manager indicated any contractor or volunteer suspected of engaging in sexual abuse with a detainee would be removed from all duties involving detainee contact and local law enforcement would be notified. Interviews with the FA and PSA Compliance Manager further indicated should a contractor or volunteer violate any other provisions of facility policies they would be removed from the facility, and any further contact with detainees, until an investigation was completed. In an interview with the FA, it was indicated an incident of sexual abuse would be reported to the contractor or volunteer's employer and any other licensing bodies necessary. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed none of the allegations involved a contractor or volunteer.

Corrective Action:

No corrective action needed.

§115.78 - Disciplinary sanctions for detainees.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): SLIPC policy 10.1.1-A states, "SLIPC 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. SLIPC 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. SLIPC shall not discipline a Detainee for sexual contact with staff unless there is a finding 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." Interviews with the FA, PSA Compliance Manager, and the Restrictive Housing Lieutenant/Disciplinary Officer indicated detainees are subject to disciplinary sanctions pursuant to a formal disciplinary process for an administrative or criminal finding the detainee had engaged in sexual abuse. Interviews with the FA, PSA Compliance Manager, and the Restrictive Housing Lieutenant/Disciplinary Officer further indicated detainees are not disciplined for reports made in good faith based on a reasonable belief the alleged conduct had occurred. An interview with the Restrictive Housing Lieutenant/Disciplinary Officer indicated during the disciplinary hearings process, the hearing officer will consider whether a detainee's mental illness or disabilities contributed to the behavior when determining any sanctions imposed. An interview with the Restrictive Housing Lieutenant/Disciplinary Officer further indicated the disciplinary process includes appropriate levels of reviews and appeals. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed one investigative file included a substantiated detainee-on-detainee allegation of voyeurism; however, the detainee perpetrator had been released from the facility prior to the conclusion of the investigation; and therefore, no disciplinary action was taken.

Corrective Action:

No corrective action needed.

§115.81 - Medical and mental health assessments; history of sexual abuse.

Outcome: Meets Standard

Notes:

(a)(b)(c): SLIPC 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." An interview with the Intake Lieutenant indicated if during the initial risk assessment, a detainee is identified as experiencing prior sexual victimization or perpetrating sexual abuse, intake staff will immediately send an email to the PSA Compliance Manager, medical staff, mental health, and the medical clerk. An interview with an HSA and an LCSW indicated upon receiving an email from intake advising a detainee was identified as experiencing prior sexual victimization or perpetrating sexual abuse, the medical clerk will set an appointment for the detainee to be seen by medical staff within two working days and mental health staff within 72 hours. During the on-site audit, the Auditor interviewed three detainees who had been

identified as experiencing prior sexual abuse and confirmed the facility offered a referral for medical or mental health services. The Auditor reviewed eight files of detainees who reported previous sexual abuse, including the files of the three detainees interviewed during the on-site audit, and confirmed an immediate referral had been made to medical and mental health. The Auditor reviewed the corresponding medical and mental health files and confirmed each detainee had received a health evaluation within two working days and a mental health evaluation with twenty-four hours; however, three of the detainees had declined mental health services.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b): SLIPC 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. No attempt will be made by medical staff to clean or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim's medical condition. Medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Victims/Abusers shall either be transported to a local community Facility for examination by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) or one shall be brought into the Facility to conduct the examination. All refusals of medical services shall be documented." SLIPC PREA Coordinated Response 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: Timely information about and timely access to sexually transmitted infections prophylaxis, where medically appropriate. All services will be provided without cost to the detainee." Interviews with the HSA and a LCSW indicated if an incident were to occur at the facility, the detainee victim would be taken to medical and would be triaged to address any emergency medical issues or crisis intervention and once stable would be transported to the Christus St. Frances Cabrini Hospital for a SANE/SAFE exam. Interviews with the HSA and a LCSW further indicated the Christus St. Frances Cabrini Hospital would provide emergency medical treatment, including emergency contraception, and sexually transmitted infections prophylaxis and once the detainee victim returns to the facility, she would receive any and all follow-up care, at no cost to the detainee victim even if they do not participate in the investigation or name their abuser. During the on-site audit, the Auditor confirmed with St. Francis Cabrini Hospital, the hospital does have a SANE Unit; however, the Auditor has unable to reach someone from the SANE/SAFE unit, via telephone, to confirm the services offered to a detainee victim of sexual abuse. During the on-site audit, the Auditor conducted an interview with a victim advocate from St. Landry-Evangeline Sexual Assault Center who confirmed if a detainee was involved in a sexual assault and consented to forensic exam she would be transported to Christus St. Frances Cabrini Hospital and a victim advocate would accompany the detainee through the process and through any investigatory interviews to provide emotional support, crisis intervention, and counseling. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed each detainee victim was seen by medical and mental health staff after reporting an incident of sexual abuse. A review of seven sexual abuse allegation investigation files further confirmed one detainee victim had been transported to the hospital for SANE/SAFE examination. A review of the detainee file confirmed the detainee was provided with a SANE examination and a victim advocate was present. A review of the detainee medical file confirmed the detainee was provided all emergency services required.

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)(g): SLIPC policy 10.1.1 states, ". SLIPC 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. SLIPC shall attempt to conduct a mental health evaluation on all known Detainee-on-Detainee abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners. NOTE: "known abusers" are those abusers in which SAAPI investigation determined either administratively substantiated or substantiated by outside law enforcement. All refusals for mental health services shall be documented." Interviews with the HSA and a LCSW indicated detainees would receive timely emergency access to medical and mental health treatment to include as appropriate, pregnancy tests with information for all options of pregnancy related medical services, follow up tests for sexually transmitted infections, 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 in accordance with professionally accepted standards of care. Interviews with the HSA and a LCSW further indicated the treatment of care received at the facility is consistent, if not better than the community level of care, and all medical and mental health treatment is provided at no cost to a victim of sexual abuse. An interview with a LCSW indicated within 60 days, upon learning about the detainee's sexual abuse history, detainee perpetrators of sexual abuse would receive an evaluation, and a treatment plan would be established if the abuser is willing to participate. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed the alleged detainee victims were immediately referred and seen by medical and mental health. A review of seven sexual abuse allegation investigation files further confirmed one investigative file included a substantiated detainee-on-detainee allegation of voyeurism; however, the detainee perpetrator had been released from the facility prior to the conclusion of the investigation; and therefore, was not referred for a mental health evaluation.

Corrective Action:

No corrective action needed.

§115.86 - Sexual abuse incident reviews.

Outcome: Meets Standard

Notes:

(a)(b)(c): SLIPC policy 10.1.1 states, "SLIPC is required to conduct a Sexual Abuse incident review at the conclusion of every Sexual Abuse investigation. 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 "DHS Sexual Abuse or Assault Incident Review" form (see attachment J) of the team's findings shall be completed and submitted to the local PSA Manager and Corporate PREA Coordinator no later than 30 working days after the review via the GEO PREA Database. SLIPC shall implement the recommendations for improvement or document its reasons for not doing so. Annually, SLIPC 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 SLIPC shall prepare a negative report. SLIPC shall document the review utilizing the "DHS Annual Review of Sexual Abuse Incidents" form. (See Attachment K of Corporate Policy 5.1.2 - D). The results and finding shall be provided to the Facility Administrator, Field Office Director or his/her designee and Corporate PREA

Coordinator upon completion." An interview with the PSA Compliance Manager/Incident Review Team Member, indicated the facility has established a review team consisting of upper-level management and allows for input from custody staff, facility Investigators, and medical and mental health practitioners. An interview with the PSA Compliance Manager/Incident Review Team Member, further indicated an incident review is completed within 30 days of the conclusion of the investigation utilizing the Sexual Abuse or Assault Incident Review form to document the review. The Auditor reviewed the Sexual Abuse or Assault Incident Review form and confirmed the review team considers whether the incident or allegation was motivated by race; ethnicity; gender identity: lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. During the on-site audit the Auditor reviewed seven sexual abuse allegation investigation files and confirmed each file contained a Sexual Abuse or Assault Incident Review form with recommendations for improvement which was completed within 30 days of the conclusion of the investigation. In addition, during the on-site audit the Auditor reviewed the facility annual PREA review for 2023 and 2024 and confirmed the report, and all Sexual Abuse Incident Review forms had been forwarded to the FA, GEO PREA Coordinator, the AFOD, and the Agency PSA Coordinator.

Corrective Action:

No corrective action needed.

§115.87 - Data collection.

Outcome: Meets Standard

Notes:

(a): SLIPC policy 10.1.1 states, "SLIPC shall collect and retain data related to Sexual Abuse as directed by the Corporate PREA Coordinator. SLIPC 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." An interview with the facility PSA Compliance Manager indicated all sexual abuse allegation investigation files are maintained in the PREA Investigator's Office. During the on-site audit, the Auditor observed the files and confirmed they were locked in a filing cabinet in the PREA Investigator's Office.

Corrective Action:

No corrective action needed.

§115.201 - Scope of audits.

Outcome: Meets Standard

Notes:

(d)(e)(i)(j): During all stages of the audit, including the on-site audit, the lead Auditor was able to observe all areas of the facility and review all available policies and procedures, memos and other relevant documentation required to make an assessment on PREA Compliance. Interviews with staff and detainees were conducted privately while on-site and remained confidential. During the on-site audit, the Auditor observed the notification of the audit posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. No detainees, outside entity, or staff correspondence was received prior to the on-site audit, during the on-site audit, or during the post audit review.

Corrective Action:

No corrective action needed.

AUDITOR CERTIFICATION:

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

Robin Bruck 5/07/2025

Auditor's Signature & Date

(b) (6), (b) (7)(C) 5/08/2025

Program Manager's Signature & Date

(b) (6), (b) (7)(C) 5/07/2025

Assistant Program Manager's Signature & Date

U.S. Immigration and Customs Enforcement

Office of Professional Responsibility