

Office of Professional Responsibility

CAP Final Determination Report and PREA Compliance Audit Report Golden State Annex

September 16 - 18, 2025



U.S. Immigration
and Customs
Enforcement

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



**Homeland
Security**

AUDITOR INFORMATION

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

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) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	San Francisco
Field Office Director:	Polly Kaiser
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	630 Sansome Street San Francisco, CA 94111

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Golden State Annex
Physical address:	611 Frontage Rd McFarland, California 93250
Telephone number:	(661) 792-2731
Facility type:	Contract Detention Facility
PREA Incorporation Date:	12/19/2019

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Officer In Charge (OIC)
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(661) 792-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(661) 792-(b) (6), (b) (7)(C)

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS

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

During the audit, the Auditor found Golden State Annex met 36 standards, had 0 standards that exceeded, had 2 standards that were non-applicable, and had 3 non-compliant standards. As a result of the facility being out of compliance with 3 standards, the facility entered into a 180-day corrective action period which began on November 21, 2025, and ended on May 20, 2026. The purpose of the corrective action period was for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

On December 19, 2025, the Auditor received notification of the facility's initial Corrective Action Plan (CAP) via email from the Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) and reviewed the submission. Additional documentation and responses were provided by the facility and reviewed by the Auditor on January 23, 2026, March 6, 2026, March 26, 2026, April 20, 2026, and April 30, 2026. During the final review on April 30, 2026, the Auditor/APM determined that the facility demonstrated compliance with the three standards found non-compliant during the site inspection ending the corrective action period early.

Number of Standards Initially Not Met: 3

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

Number of Standards Exceeded: 0

Number of Standards Met: 3

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

Number of Standards Not 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)(c): GSA 11.1.6 states, "GSA 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 facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. GSA 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. In matters relating to sexual abuse/assault, GSA 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 another detainee interpreter and GSA determines such interpretation is appropriate. Alleged abusers and 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. Any use of these interpreters under these type circumstances shall be justified and fully documented in the written investigative report." During the onsite audit the Auditor observed the DHS-prescribed Sexual Assault Awareness Notice with facility contact name and number, DRIL posters, SA-API pamphlets, and Open Door Network postings flyers. The postings were in English and Spanish. The ICE National Detainee Handbook is available on detainee tablets in 19 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K'iche', Mam, Portuguese, Pulaar, Punjabi, Q'eqchi', Romanian, Russian, Spanish, Turkish, Vietnamese, and Wolof. The SAA Information pamphlet is available and provided in 17 languages Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Pulaar, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, Uzbek, and Vietnamese. During the onsite audit, the Auditor observed only 15 SAA Information pamphlets on the detainee tablets. The facility immediately reached out to Talton to have the remaining two languages loaded. Interview with intake staff confirmed that GSA utilizes BIG Language Solutions for interpretation services. Intake staff have access to a TTY machine they could utilize as needed. Should a detainee have a cognitive disability, intake staff stated they would speak slower or communicate with the detainee using words the detainee could understand. Staff also confirmed information could be given to detainees with visual disabilities by reading material or in the case of hearing disabilities by providing written material. Intake staff confirmed the facility handbooks are only available in English and Spanish. Interviews with four DOs confirmed they would not allow a detainee to interpret for another for allegations of sexual abuse but would under limited circumstances, if requested by the detainee and if the agency deems it appropriate. Eighteen detainees were interviewed, of which 10 were interviewed under the LEP protocol. During interviews with these 18 detainees, 13 stated they did not receive the ICE National Detainee Handbook or GSA facility handbook, 3 stated they received the ICE National Detainee handbook and facility handbook, 1 received a facility handbook, and 1 did not remember if they had received any material. One hearing impaired detainee was interviewed; however, they stated they did not need any special accommodation. The Auditor interviewed one detainee who was illiterate. Review of 15 detainee files confirmed the detainees signed for the ICE National Detainee and Local Supplemental Detainee handbooks, SAA Information pamphlets and watched the facility

orientation video during intake. Detainees additionally sign a PREA memorandum which contains information about zero tolerance, reporting to a staff member, and steps to take if they are a victim of sexual abuse/assault. During the onsite audit, the Auditor (b) (7)(E) did not observe detainees receiving the ICE National Detainee or GSA facility handbooks. There were no SAAPI pamphlets available for distribution.

Corrective Action:

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

Corrective Action Taken:

On December 19, 2025, January 23, 2026, March 6, 2026, March 26, 2026, April 20, 2026, and April 30, 2026, the Auditor reviewed documents submitted by the facility. These documents included a §115.16 staff training curriculum procedure which stated the ICE National Detainee handbook and the local supplement in the detainee's language would be passed out after the detainees finished the shower process before returning to the holding cell and all detainees would have a Detainee PREA Education/Orientation acknowledgement form completed that identified the language of the material that was provided to the detainee and, if necessary, any special needs utilized during the delivery of the PREA education/orientation to ensure the detainee understood the information received. The training curriculum indicated detainees would be given time to review the handbooks while the facility's orientation video was played in the holding cells and if no printed copies were readily available in the detainee's language, the staff assigned to hand out the material would retrieve the appropriately translated handbook for the detainee. For any detainee that spoke a specialized language (other than English or Spanish) or had special needs such as deaf or hard of hearing, blind or had limited sight, or may have had intellectual, psychiatric, or a speech disability, an email referral would be submitted to the PREA Compliance Administrator, medical/mental health services, Programs Manager, including the Facility Administrator and or Assistant Facility Administrator to create a list of arriving detainees that may need additional orientation, and a 30-day follow-up orientation would be provided. The facility also submitted training records which indicated nine staff were trained on the new intake process between February 18, 2026, and February 19, 2026. When the detainee's picture is taken for their ID card, the procedure requires staff to include in the photo the detainee receiving the appropriately translated handbook/information open to the SAAPI pamphlet to verify detainee receipt of the orientation information in the detainee's preferred language. For 10 detainees that did not speak English or Spanish (Romanian (2), Punjabi (4), Portuguese (1), Russian (3)), the facility provided the following: completed Detainee PREA Education/Orientation forms indicating each had received the appropriate ICE National Handbook and education material in their language which also indicated if an interpreter was required to deliver the orientation to the detainee; and a correlating photograph of the detainee holding the provided translated education material. The facility submitted a memorandum dated April 27, 2026, stating no detainees that were deaf, blind or had intellectual disabilities, including a speech impediment had been received since the last facility audit; therefore, additional orientation evidence for these detainees was not provided for review during the CAP period. The facility demonstrated full compliance with 115.16(b).

§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): GSA 11.1.6 states, "During the intake process, GSA shall ensure the detainee orientation program notifies and informs the detainees about GEO's zero-tolerance policy regarding all forms of sexual abuse and assault and includes instruction on: Prevention and intervention strategies; Definitions and examples of detainees-on detainees sexual abuse, employee on detainees sexual abuse, and coercive sexual activity; Explanation of methods for reporting sexual abuse, including to any employee, including an employee other than immediate point-of contact line officer (i.e., the PSA compliance manager or mental health staff), Detention and Reporting Line (DRIL), the DHS Office of Inspector General, Joint Intake Center, Consular official and if desired, anonymously report these incidents; Information about self-protection and indicators of sexual abuse; Prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings; and The right of a detainees who has been subjected to sexual abuse to receive treatment and counseling. Education 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. GSA shall maintain documentation of detainees participation in the intake process orientation which shall be retained in their individual files. GSA shall post on all housing unit bulletin boards the following notices: The DHS-prescribed sexual assault awareness notice; The name of the PSA Compliance Manager; and The name of local organizations that can assist detainees who have been victims of Sexual abuse. GSA shall make available and distribute the DHS-prescribed "Sexual Assault Awareness Information" pamphlet." During the onsite audit the Auditor observed the DHS-prescribed Sexual Assault Awareness Notice with the PSACM's name and number, information for DHS OIG, Consulate numbers, and poster for the Open-Door Network in the detainee housing units. The Auditor observed three intake processes (b) (7)(E). Detainees were not given the ICE National Detainee or GSA handbook. The process of signing paperwork was not available (b) (7)(E). The facility had a video playing on television sets; however, the video was only available in English and Spanish. Review of the detainee tablet confirmed the ICE Detainee National handbook was available in all 19 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K'iche', Mam, Portuguese, Pulaar, Punjabi, Q'eqchi', Romanian, Russian, Spanish, Turkish, Vietnamese, and Wolof. The facility had 17 SAAPI pamphlets on the tablet and the two remaining languages were requested to be uploaded during the onsite audit. Review of 15 detainee files confirmed all detainees signed they had received the ICE National Detainee and GSA handbook, received a SAAPI pamphlet, and watched the video. Detainee file reviews additionally confirmed translation was provided through BIG Language Line or a staff translator. Interviews with 18 detainees confirmed 13 did not receive an ICE National Detainee handbook or facility handbook, 1 only received a facility handbook, 1 could not remember receiving any written material and three received the ICE National Detainee and facility handbook. No detainees interviewed confirmed they had received the SAAPI pamphlet. Interview with intake staff confirmed the facility handbook was only available in English and Spanish. Staff could not provide additional evidence that the SAA Information pamphlet was being distributed.

Corrective Action:

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

implemented, the facility must provide the Auditor with confirmation that 10 detainees have received PREA education using the newly implemented process.

Corrective Action Taken:

On December 19, 2025, January 23, 2026, March 6, 2026, April 20, 2026, and April 30, 2026, the Auditor reviewed documents submitted by the facility. These documents included a §115.33 staff training curriculum procedure which stated the ICE National Detainee handbook and the local supplement in the detainee's language would be passed out after the detainees finished the shower process before returning to the holding cell and all detainees would have a Detainee PREA Education/Orientation acknowledgement form completed that identified the language of the material that was provided to the detainee and, if necessary, any special needs utilized during the delivery of the PREA education/orientation to ensure the detainee understood the information received. The training curriculum indicated detainees would be given time to review the handbooks while the facility's orientation video was played in the holding cells and if no printed copies were readily available in a Limited English Proficient (LEP) detainee's language, the staff assigned to handout the material would retrieve the appropriately translated handbook for the detainee. For any detainee that spoke a specialized language (other than English or Spanish) or had special needs such as deaf or hard of hearing, blind or had limited sight, or may have had intellectual, psychiatric, or a speech disability, an email referral would be submitted to the PREA Compliance Administrator, medical/mental health services, Programs Manager, including the Facility Administrator and or Assistant Facility Administrator to create a list of arriving detainees that may require additional orientation, and a 30-day follow-up orientation would be provided. The facility also submitted training records which indicated nine staff were trained on the new intake process between February 18, 2026, and February 19, 2026. When the detainee's picture is taken for their ID card, the procedure requires staff to include in the photo the detainee receiving the appropriately translated handbook/information open to the SA-API pamphlet to verify detainee receipt of the orientation information in the detainee's preferred language. For 10 detainees that did not speak English or Spanish (Romanian (2), Punjabi (4), Portuguese (1), Russian (3)), the facility provided the following: completed Detainee PREA Education/Orientation forms indicating each had received the appropriate ICE National Handbook and education material (in their own language if LEP) and if an interpreter was required to deliver the orientation to the detainee; and a correlating photograph of the detainee holding the provided education material. The facility submitted a memorandum dated April 27, 2026, stating no detainees that were deaf, blind or had intellectual disabilities, including a speech impediment had been received since the last facility audit; therefore, additional orientation evidence for these detainees was not provided for review during the CAP period. The facility demonstrated full compliance with 115.33 (a)(b)(c)(e).

§115.41 - Assessment for risk of victimization and abusiveness.

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

Notes:

(a)(b)(c)(d)(e)(f)(g): GSA 11.1.6 states, "All detainees at GSA shall be assessed during intake and upon transfer to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the facility. GSA shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment. In addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records (e.g., medical files or, 213/216 remand, etc.) that can assist them with risk assessment. GSA shall also consider, to the extent that the information is available, the following criteria to assess detainees for risk of sexual victimization: Mental, physical or developmental disability; Age; Physical build and appearance; Previous incarceration or detained; Nature of criminal history; Prior convictions for sex offenses against an adult or child; Whether detainees has self-identified as LGBTI or Gender Nonconforming; Whether detainees self-identified as having previously experienced sexual victimization; and, Own concerns about his/her physical safety. The intake screening shall

also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to GSA in assessing the risk of being sexually abusive. GSA shall ensure that between 60 and 90 days from the date of initial assessment at the facility, staff shall reassess the detainee's risk for victimization or abusiveness. 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, abuse, or victimization. Disciplining detainees for refusing to answer or not providing complete information in response to certain screening questions is prohibited. GSA shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure sensitive information is not exploited by employees or other detainees." The Auditor observed three detainee intake processes (b) (7)(E) Detainees entered the facility, received a pat down search, and were put in a holding cell to await processing for paperwork, clothing change, property, initial risk assessment, and medical intake. Detainees were called to a window down a small corridor (b) (7)(E) to receive the risk assessment. One detainee was called to the window at a time; however, other detainees were seated at a bench right outside of this area. Should a detainee require interpretation services intake staff would utilize the telephone. Onsite observation (b) (7)(E) confirmed this area is not private and other detainees or staff could hear responses to the risk assessment questions. Review of 15 detainee files confirmed the intake process was completed within 12 hours of admission to the facility. Review of files additionally confirmed a reassessment was conducted between 60 and 90 days from the date of the initial assessment as required. Interviews with intake staff and the PSACM further confirmed assessments are completed at the required time frames and detainees are not disciplined for failure to answer any of the questions in the assessment. Interviews with intake staff confirmed housing decisions were determined prior to arrival, but information from the risk assessment or medical assessment could adjust the housing assignment. Review of eight investigation files confirmed a reassessment was completed on each detainee after an allegation was made.

Corrective Action:

Does not meet (g): The facility is not implementing appropriate controls on the dissemination of responses to the risk assessment questions by completing the assessment in this area. One detainee was called to the window to administer the screening at a time; however, other detainees were seated at a bench right outside of this area. Onsite observation and review (b) (7)(E) confirmed this area is not private and other detainees or staff could hear verbal responses to the risk assessment questions. To become compliant, the facility must establish and implement a procedure to assess detainees upon entry into the facility so that responses to the risk assessment questions remain private. The facility must provide the established procedures to the Auditor for compliance review. Once approved the facility must train applicable staff on the new procedures and provide documentation of training completion along with materials used in the training. Once implemented the facility must provide the Auditor with documentation of 10 detainee intakes conducted in private during the CAP period.

Corrective Action Taken:

On December 19, 2025, January 23, 2026, March 6, 2026, April 20, 2026, and April 30, 2026, the Auditor reviewed documents submitted by the facility. These documents included a proposal for converting one of the intake holding cells into an intake interview room which would create privacy during Risk Assessment interview process. As evidence of this procedure, the facility submitted one photograph of the converted area, four photographs of it being used during risk assessments of detainees, and photographs of 10 detainees verifying each had completed the SA-API Risk Assessment in the new intake interview room. The facility provided §115.16 and §115.33 staff training curriculum which indicated the PREA assessments would not be conducted in the holding room and documentation submitted for §115.16 and §115.33 indicated staff had been trained in the new intake process between February 18-19, 2026. The facility demonstrated full compliance with 115.41 (g).

AUDITOR CERTIFICATION:

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

Jodi Upshaw

5/12/2026

Auditor's Signature & Date

5/26/2026

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

Program Manager's Signature & Date

5/22/2026

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

Assistant Program Manager's Signature & Date

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



**Homeland
Security**

AUDIT DATES

From:	9/16/2025	To:	9/18/2025
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AUDITOR INFORMATION

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

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) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	San Francisco
Field Office Director:	Polly Kaiser
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	630 Sansome Street San Francisco, CA 94111

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Golden State Annex
Physical address:	611 Frontage Rd McFarland, California 93250
Telephone number:	(661)792-2731
Facility type:	Contract Detention Facility
PREA Incorporation Date:	12/19/2019

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Officer In Charge (OIC)
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(661) 792-(b) (6), (b) (7)(C) ext (b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(661) 792-(b) (6), (b) (7)(C) ext (b) (6), (b) (7)(C)

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Golden State Annex (GSA) was conducted on September 16 - 18, 2025, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor, Jodi Upshaw, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by 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 Auditor. The PM's role is to provide oversight to the ICE PREA auditing process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. GSA is operated by GEO and is located in McFarland, CA. This is the facility's second PREA audit. The current audit period is September 19, 2024 – September 18, 2025.

Approximately four weeks prior to the onsite audit, the ERAU Team Lead (TL) (b) (6), (b) (7)(C) provided the Auditor with the Agency policies, facility's policies, and other pertinent documents through the ICE Audit Management and Review System (AMRS) SharePoint. Supporting documentation was organized and placed within folders for ease of auditing. The main policy that governs GSA's PREA Program is 11.1.6 Sexual Abuse Assault Prevention and Intervention (SAAPI) Program for Immigration Detention Facilities. Supporting documentation and the policy were reviewed by the Auditor. The Auditor reviewed the Agency website (<https://www.ice.gov/prea>) and the facility website (<https://www.geogroup.com/prea>). No correspondence was received from any detainee, outside individual, or staff member prior to the onsite audit.

GSA houses low, medium, and high custody level male detainees who are pending immigration reviews such as asylum decisions and expedited removal. The facility does not house females, juveniles, or family units. The facility reported 2,288 detainees have been booked into the facility in the last 12 months. The average length of time in custody is 84 days. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities processed through GSA are from El Salvador, India, and Mexico. On the first day of the audit the facility reported 540 detainees were housed at the facility. The facility is comprised of eight open bay/dormitory housing units. The units all have an area with sinks, single stall toilets, and single occupancy showers. There is one segregation unit with six single occupancy cells. The cells have a toilet/sink area in the cell, and a single occupancy shower located within the unit. There are two medical observation/mental health watch cells located within the medical unit.

The entry briefing was held in the Facility Administrator's (FA) conference room on September 16, 2025. The ICE/OPR/ERAU TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C), PREA Compliance Manager (PCM), GEO
(b) (6), (b) (7)(C), Assistant Facility Administrator (AFA), GSA
(b) (6), (b) (7)(C), Prevention of Sexual Assault Compliance Manager (PSACM), GSA
(b) (6), (b) (7)(C), Program Manager, (PM), GSA
(b) (6), (b) (7)(C), Health Services Administrator (HSA), GEO
(b) (6), (b) (7)(C), Acting Supervisory Detention and Deportation Officer (A)(SDDO), ICE ERO
(b) (6), (b) (7)(C), Deportation Officer, ICE ERO
(b) (6), (b) (7)(C), TL, Inspections and Compliance Specialist (ICS), ICE OPR/ERAU
(b) (6), (b) (7)(C), ICS, ICE OPR/ERAU
Jodi Upshaw, Certified Auditor, Creative Corrections, LLC

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

The onsite review commenced on September 16, 2025, and included the sally port, intake area, food service, medical unit, laundry, recreation areas, chapel, library, and visitation. In addition, the Auditor observed the control center and administrative offices. During the onsite audit, the Auditor made visual observations of bathrooms and shower areas. (b) (7)(E) noted sight lines, potential blind spots, and the number of staff assigned in all areas of the facility. Housing units have a common seating area, telephones, toilet area with sinks, and a shower area. The Auditor observed PREA information in all common areas of the facility, and within the detainee housing areas which included the audit notice, the DHS-prescribed Sexual Assault Awareness Notice with facility contact name and number, DHS Office of Inspector General (OIG) poster, Detainee Reporting Information Line (DRIL) poster, Consular numbers, Sexual Abuse and Assault Awareness (SAA) Information pamphlet, and Open Door Network. The posters were predominately in English and Spanish. During the onsite audit, the Auditor tested the numbers provided for DRIL, DHS OIG, OPR, the Rape, Abuse and Incest National Network (RAINN), the California Coalition Against Sexual Assault (CALCASA) option, and Open Door Network. The RAINN and CALCASA options were transferred to Open Door Network. All numbers successfully connected.

The Auditor was able to observe a detainee intake process (b) (7)(E). Detainees were brought into the facility from the sally port and pat-down searches were conducted. Once the pat-down searches were conducted, detainees were placed in a holding cell. Detainees were brought out to the intake desk and signed prefilled paperwork, took a photograph for their facility identification card, and verified personal property that was being held by the facility. Detainees were classified before arrival.

(b) (7)(E)

The Auditor observed (b) (7)(E)

(b) (7)(E)

. GSA employs 144 DOs (80 male and 64 female) with the remaining staff consisting of administrative, management, food service, and support staff. There are 27 medical and 11 mental health staff employed by GEO and supplemented by medical contractors. The facility utilizes volunteers for religious services. The Auditor conducted 17 GSA staff interviews which consisted of the FA, PSACM, Human Resources Manager (HRM), Health Services Administrator (HSA), Training Officer (TO)/Investigator, Intake staff, Grievance Officer (GO), Disciplinary Hearing Officer (DHO)/Segregation Supervisor, Classification Manager/Incident Review Team member, staff member who conducts unannounced rounds, noncustodial staff (3), and random detention officers (DOs) (4). The Auditor additionally interviewed the (A) SDDO, a medical contractor, a volunteer, and an advocate from Open Door Network. The Auditor interviewed 18 random detainees, which included 1 detainee with a hearing disability, 1 detainee who was illiterate, 1 detainee who identified as transgender, 1 detainee who reported a sexual abuse incident, and 2 detainees who reported prior sexual victimization. Of the 18 detainees interviewed, 10 were interviewed with the limited English proficiency (LEP) interview protocol, utilizing Language Line Service Associates (LSA) provided by Creative Corrections, LLC. The facility PAQ reported there are three facility investigators who conduct PREA investigations. The Auditor reviewed eight investigation files for allegations made during the audit period.

On September 18, 2025, an exit briefing was held in the FA's conference room. The ICE/OPR/ERAU TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C), PCM, GEO

(b) (6), (b) (7)(C), AFA, GSA

(b) (6), (b) (7)(C), PSACM, GSA

(b) (6), (b) (7)(C), PM, GSA

(b) (6), (b) (7)(C), HSA, GEO

(b) (6), (b) (7)(C), Assistant Field Office Director (AFOD), ICE ERO

(b) (6), (b) (7)(C), (A) SDDO, ICE ERO

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

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

Jodi Upshaw, Certified Auditor, Creative Corrections, LLC

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

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 0

Number of Standards Met: 36

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator.
- §115.13 - Detainee supervision and monitoring.
- §115.15 - Limits to cross-gender viewing and searches.
- §115.17 - Hiring and promotion decisions.
- §115.21 - Evidence protocols and forensic medical examinations.
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight.
- §115.31 - Staff training.
- §115.32 - Other training.
- §115.34 - Specialized training: Investigations.
- §115.35 - Specialized training: Medical and mental health care.
- §115.42 - Use of assessment information.
- §115.43 - Protective custody.
- §115.51 - Detainee reporting.
- §115.52 - Grievances.
- §115.53 - Detainee access to outside confidential support services.
- §115.54 - Third-party reporting.
- §115.61 - Staff reporting duties.
- §115.62 - Protection duties.
- §115.63 - Reporting to other confinement facilities.
- §115.64 - Responder duties.
- §115.65 - Coordinated response.
- §115.66 - Protection of detainees from contact with alleged abusers.
- §115.67 - Agency protection against retaliation.
- §115.68 - Post-allegation protective custody.
- §115.71 - Criminal and administrative investigations.
- §115.72 - Evidentiary standard for administrative investigations.
- §115.73 - Reporting to detainees.
- §115.76 - Disciplinary sanctions for staff.
- §115.77 - Corrective action for contractors and volunteers.
- §115.78 - 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: 3

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

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

Number of Standards Not Applicable: 2

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

PROVISIONS

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

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

Outcome: Meets Standard

Notes:

(c): GSA 11.1.6 states, "It is the policy of the Golden State Annex (GSA) to have zero tolerance toward all forms of sexual abuse and sexual harassment. GSA has established effective procedures that ensure the safety and well-being of all staff and detainees. All employees will be trained in ways to identify and subsequently prevent sexually assaultive behavior among detainees housed at this facility. Staff found to be in violation of any section of this policy is subject to disciplinary action up to and including termination and criminal prosecution." During the onsite audit, the Auditor observed the DHS ICE Zero Tolerance for Sexual Abuse poster in the intake area, all housing units, the medical unit, and other common areas of the facility. Interviews with 17 GSA staff confirmed all were aware of the facility and agency zero-tolerance policy toward all forms of sexual abuse. The facility provided confirmation GSA 11.1.6 has been reviewed and approved by the agency.

(d): GSA 11.1.6 states, "the GSA Facility Administrator shall designate a local SAAPI PSA Compliance Manager who shall serve as GSA point of contact for the DHS PSA Coordinator and Corporate PREA Coordinator and who has sufficient time and authority to oversee facility efforts to comply with facility sexual abuse, prevention, and intervention policies and procedures." The Auditor reviewed the organizational chart and observed the PSACM reports directly to the FA. Interview with the PSACM confirmed she is the point of contact for the Agency PSA Coordinator. In addition, the PSACM confirmed she has sufficient time and the authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures.

Corrective Action:

No corrective action needed.

§115.13 - Detainee supervision and monitoring.

Outcome: Meets Standard

Notes:

(a)(b)(c): GSA 11.1.6 states, "GSA maintains sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, (b) (7)(E) [REDACTED], to protect detainees against sexual abuse. GSA shall develop and document comprehensive detainees supervision guidelines to determine and meet the detainees supervision needs and shall review those guidelines at least annually. In determining adequate levels of detainees supervision (b) (7)(E) [REDACTED], GSA shall take into consideration: Generally accepted detention and correctional practices; Any judicial findings of inadequacy; The physical layout; The composition of the detainees 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 Facility custody." According to the PAQ, GSA employs a total of 144 security staff, consisting of 80 males and 64 females, that may have recurring contact with detainees. The remaining staff consists of support personnel in administration, maintenance, and food service. Facility staffing also includes 27 medical and 11 mental health staff employed by GSA and supplemented by contractors. DOs work three 8-hour shifts: 6:00 a.m. - 2:30 p.m., 2:00 p.m. - 10:30 p.m., and 10:00 p.m. - 6:30 a.m. The Auditor observed appropriate staffing levels in the booking/intake area, medical unit,

and housing units during the onsite audit. (b) (7)(E)

. The facility has developed comprehensive detainee supervision guidelines through facility Post Orders and GEO policies. The facility provided a list of Post Orders signed by the FA confirming policies and post orders are reviewed on an annual basis. The facility provided documentation onsite that confirmed when determining adequate levels of detainee supervision (b) (7)(E) it considered generally accepted detention and correctional practices, judicial findings of inadequacy, the physical layout of the facility, composition of detainee population, review of substantiated and unsubstantiated incidents, the findings and recommendations of prior sexual abuse incident review reports and other relevant factors. During the onsite audit, the Auditor observed random post orders and confirmed the post orders were updated yearly. Interviews with the AFA and PSACM confirmed that appropriate staffing levels are determined as part of an annual staffing plan review, the comprehensive detainee supervision guidelines and the annual PREA Facility Assessment.

(d): GSA 11.1.6 states, "Supervisors shall conduct and document, in the facility logbooks, frequent unannounced security inspections to identify and deter sexual abuse of detainees. 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 the Facility." During the onsite audit, the Auditor randomly checked post logbooks and confirmed unannounced rounds were being conducted on day and night shifts. Interview with a supervisor who conducts unannounced rounds confirmed they could articulate these rounds were different than the required daily safety and sanitation inspections. Interviews with four additionally confirmed supervisors conduct rounds randomly and they understand they are prohibited from alerting others these rounds are occurring.

Corrective Action:

No corrective action needed.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable

Notes:

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

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(b)(d): GSA 11.1.6 states, "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. GSA shall not permit cross-gender pat-down searches of female detainees, absent exigent circumstances. GSA shall document all strip searches, visual body cavity searches and cross gender pat-down searches." The facility provided a Cross-Gender Search log that documented female staff members conducting a pat down search of a transgender detainee. During the onsite audit, the Auditor observed an intake (b) (7)(E) and confirmed searches were conducted professionally and respectfully by staff of the same gender as the detainee being searched. Interviews with the PSACM and four random DOs confirmed GSA does not conduct cross gender pat searches and these types of searches are prohibited. Staff further confirmed these searches could only be conducted in an emergency situation and should one occur, it would need to be documented. Interviews with 18 detainees further confirmed they had been searched upon entry into the facility in a professional and

respectful manner by a staff member of the same gender. The Auditor interviewed one detainee who identified as transgender. The detainee confirmed they had requested a female staff member to conduct pat down searches.

(c): GSA does not house female detainees; therefore, this provision is not applicable.

(e)(f): GSA 11.1.6 states, “Cross-gender strip searches or cross-gender visual body cavity searches shall not be conducted except in exigent circumstances, including consideration of officer safety, or when performed by Medical Practitioners. GSA shall document all strip searches, visual body cavity searches, and cross-gender pat-down searches.” The facility provided a memorandum that stated GSA does not conduct strip or visual body cavity searches. Interviews with four DOs confirmed cross-gender strip searches are not authorized at GSA. Interviews with 18 detainees also confirmed they had not been strip searched by someone of the opposite gender while housed at GSA. GSA does not house juveniles.

(g): GSA 11.1.6 states, “GSA shall implement policies and procedures which allow detainees to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances, or instances when the viewing is incidental to routine cell checks or otherwise appropriate in connection with a medical examination or monitored bowel movement. GSA policies and procedures shall require all employees to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothes.” During the onsite audit, the Auditor observed opposite gender staff making gender announcements adequately when entering a housing unit. Interviews with four DOs confirmed they were aware of the requirement to announce their presence when entering a housing unit of the opposite gender. During interviews with 18 detainees, 14 stated opposite gender staff announce their presence. The other four stated opposite gender do not announce, they do not understand due to a language barrier, or they do not hear the announcement due to bunk location. Based on observations made onsite and interviews with staff, the Auditor finds substantial compliance with this provision.

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

(i)(j) GSA 11.1.6 states, “GSA shall not search or physically examine a transgender or intersex detainee solely to determine their genital status. If the genital status is unknown, it may be determined during private conversations with the detainees, 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.” The Auditor reviewed GSA’s Sexual Abuse and Assault Prevention & Intervention (PREA) training slides and confirmed it includes instruction on pat down, visual, and body cavity searches, and transgender and intersex search considerations. The facility additionally provided documentation confirming staff had completed the training. The Auditor reviewed 10 staff training files and confirmed all had received training in the proper procedures for conducting pat-down searches, including cross-gender pat-down searches, and searches of transgender and intersex detainees. Interviews with four DOs confirmed they would not search or physically examine a transgender or intersex detainee for the sole purpose of determining their genital status and it is prohibited at GSA. Interviews further confirmed the DOs had received cross-gender pat-down search training to include conducting a pat-search of a transgender or intersex detainee. Interview with one detainee who identified as transgender confirmed they had not been subjected to a strip search since being housed at GSA.

Corrective Action:

No corrective action needed.

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

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): GSA 11.1.6 states, “GSA 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 facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. GSA 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. In matters relating to sexual abuse/assault, GSA 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 another detainee interpreter and GSA determines such interpretation is appropriate. Alleged abusers and 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. Any use of these interpreters under these type circumstances shall be justified and fully documented in the written investigative report.” During the onsite audit the Auditor observed the DHS-prescribed Sexual Assault Awareness Notice with facility contact name and number, DRIL posters, SA-API pamphlets, and Open Door Network postings flyers. The postings were in English and Spanish. The ICE National Detainee Handbook is available on detainee tablets in 19 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K’iche’, Mam, Portuguese, Pulaar, Punjabi, Q’eqchi’, Romanian, Russian, Spanish, Turkish, Vietnamese, and Wolof. The SAA Information pamphlet is available and provided in 17 languages Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Pulaar, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, Uzbek, and Vietnamese. During the onsite audit, the Auditor observed only 15 SAA Information pamphlets on the detainee tablets. The facility immediately reached out to Talton to have the remaining two languages loaded. Interview with intake staff confirmed that GSA utilizes BIG Language Solutions for interpretation services. Intake staff have access to a TTY machine they could utilize as needed. Should a detainee have a cognitive disability, intake staff stated they would speak slower or communicate with the detainee using words the detainee could understand. Staff also confirmed information could be given to detainees with visual disabilities by reading material or in the case of hearing disabilities by providing written material. Intake staff confirmed the facility handbooks are only available in English and Spanish. Interviews with four DOs confirmed they would not allow a detainee to interpret for another for allegations of sexual abuse but would under limited circumstances, if requested by the detainee and if the agency deems it appropriate. Eighteen detainees were interviewed, of which 10 were interviewed under the LEP protocol. During interviews with these 18 detainees, 13 stated they did not receive the ICE National Detainee Handbook or GSA facility handbook, 3 stated they received the ICE National Detainee handbook and facility handbook, 1 received a facility handbook, and 1 did not remember if they had received any material. One hearing impaired detainee was interviewed; however, they stated they did not need any special accommodation. The Auditor interviewed one detainee who was illiterate. Review of 15 detainee files confirmed the detainees signed for the ICE National Detainee and Local Supplemental Detainee handbooks, SAA Information pamphlets and watched the facility orientation video during intake. Detainees additionally sign a PREA memorandum which contains information about zero tolerance, reporting to a staff member, and steps to take if they are a victim of sexual abuse/assault. During the onsite audit, the Auditor (b) (7)(E) did not observe detainees receiving the ICE National Detainee or GSA facility handbooks. There were no SA-API pamphlets available for distribution.

Corrective Action:

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

newly established procedure, provide the training curriculum, and provide documentation of training completion to the Auditor. The facility must additionally submit to the Auditor documentation for 10 detainees who have received PREA education at intake during the CAP period who speak languages other than English or Spanish to confirm the new procedure has been implemented. If applicable, the submitted files should include a sampling of detainees who are deaf or hard of hearing, blind or have limited sight, or may have intellectual, psychiatric, or speech disability.

§115.17 - Hiring and promotion decisions.

Outcome: Meets Standard

Notes:

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

GSA 11.1.6 states, “GSA is prohibited from hiring or promoting anyone (who will have direct contact with detainees) who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, 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. GSA shall conduct a background investigation to determine whether the candidate for hire is suitable for employment with GSA or agency, including a criminal background record check and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees. Background investigations, including criminal background records checks shall be repeated for all employees at least every five years. Upon request, GSA shall submit written documentation showing the detailed elements of the GSA's background check for each employee and GSA conclusions. GSA shall also impose upon employees a continuing affirmative duty to disclose any such conduct as part of its hiring and promotional processes, and during annual performance reviews for current employees. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of employment, as appropriate. Unless prohibited by law, GSA shall provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work." The Auditor submitted a DHS Background Investigation for Federal Employees and Contractors, Promotional Background for Federal Employees form to the PSD for review. The form included ICE staff, GEO staff, and contractor names. The returned form indicated three GEO staff members and one medical contractor were listed as "still pending". The backgrounds were confirmed as completed during the onsite audit for the three GEO staff members, but the medical contractor background was still pending as they were a recent new hire. The Auditor reviewed 10 staff files (which included one promotion and one staff member with previous institutional experience), 1 contractor, and 2 volunteer files and confirmed GSA is asking new hires or staff selected for promotion if they have engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution; if the applicant has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt, or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or if the applicant has been civilly or administratively adjudicated to have engaged in such activity. Review of staff files confirmed initial backgrounds and backgrounds conducted as part of the promotion process were completed and documented as required of provision (c). Review of one contractor and two volunteer files confirmed background checks were documented. Interview with the HRM confirmed new hires must complete a background investigation successfully prior to hire, and the PREA-related questions are included in the employment documents, along with the statement that material omissions or false information shall be grounds for termination or the withdrawal of an offer of employment. Background investigations are also completed on staff members as part of the promotion or transfer process. The PREA-related questions are also asked annually and during the promotion process. Backgrounds are completed on contractors and volunteers annually. The HRM stated, if an applicant disclosed prior institutional experience, the GEO system would send requests for information to the prior institutions. Should an applicant disclose prior GEO experience she would research the GEO computer system as this information is entered upon a staff member's resignation or termination. The HRM further confirmed GSA would share any lawful relevant information on substantiated allegations of sexual abuse involving a former employee applying to a different institutional employer.

Corrective Action:

No corrective action needed.

§115.18 - Upgrades to facilities and technologies.

Outcome: Not Applicable

Notes:

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

Corrective Action:

No corrective action needed.

§115.21 - Evidence protocols and forensic medical examinations.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e): The Agency’s policy 11062.2 Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency’s evidence and investigation protocols. Per policy 11062.2, “when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility’s incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted.”

GEO Corporate Policy Manual 5.1.2-F Investigating Allegations of Sexual Abuse and Sexual Assault and Evidence Collection in Immigration Detention Facilities states, “Facilities that are responsible for investigating allegations of sexual abuse are required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.” GSA 11.1.6 states, “If the alleged sexual abuse is reported or discovered within 96 hours of the incident, or within a time period that still allows for the collection of evidence and if determined appropriate by the medical provider and/or investigator, the alleged victim shall either be transported to Dignity Health Hospital or a SANE or SAFE shall be called to GSA for the collection of forensic evidence and medical treatment. If the victim requests the presence of his or her outside or internal victim advocate, including any available victim advocacy services offered by a hospital conducting a forensic exam, the request shall be allowed for support during a forensic exam and investigatory interviews. If the incident is "potentially criminal" and involves coercion, force, threats, or intimidation, GSA will promptly contact McFarland Police Department (MPD). If MPD declines to investigate, a full investigation shall be conducted by a facility staff member who has received the PREA Specialized Investigations Training.” The Auditor was provided with documentation that ICE has reviewed facility policy. The Auditor reviewed a Memorandum of Understanding (MOU) between GEO Group and The Open Door Network which stated Open Door Network will provide emotional support services related to sexual abuse by telephone or written correspondence, develop materials for detainees on services available, respond to requests for hospital accompaniment for detained victims, and provide in-person crisis counseling. The Auditor reviewed an Agreement to Provide Services for Collection of Sexual Assault Forensic Evidence between GSA and Kern County Forensic Services (KCFS), LLC which stated KCFS will provide services for forensic evidence collection and examination of victims and suspects of sexual assault and GEO would pay for the services. The facility additionally provided an MOU with MPD and an email requesting MPD follow the requirements of provisions (a) through (d) of the standard. Review of eight investigation files confirmed that all detainees were offered victim advocacy services after the allegation was reported and that a uniform evidence protocol was followed to the extent required by the incident. Interviews with medical staff confirmed that detainees would be sent to Dignity Health for a SAFE/SANE examination if needed. Interview with the Investigator confirmed that the MPD would conduct criminal investigations with GSA conducting administrative investigations. The interview further confirmed GSA follows a uniform evidence protocol that has been developed in coordination with DHS and is developmentally appropriate for juveniles.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): The Agency provided policy 11062.2, which states in part, “when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary. b) Notify ERO’s Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding “Protocol on Reporting and Tracking of Assaults” (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG).” GSA 11.1.6 states, “if the incident is "potentially criminal" and involves coercion, force, threats, or intimidation, GSA will promptly contact McFarland Police Department (MPD). If MPD declines to investigate, a full investigation shall be conducted by a facility staff member who has received the PREA Specialized Investigations Training. Data collected pursuant to this procedure shall be securely retained for at least 10 years or longer if required by state statute. GSA will ensure the GSA Administrator, ICE Field Office, PSA Compliance Manager, facility investigator, Corporate PREA Coordinator, and other designated individuals are notified within two (2) hours of the occurrence.” A review of Agency policy and GSA 11.1.6 confirm there is established protocol to ensure all allegations of sexual abuse are investigated by the agency or facility or referred to an appropriate investigative authority. The Auditor reviewed the Agency website (<https://www.ice.gov/prea>) and the facility’s website, (<https://www.geogroup.com/prea>) confirming the Agency website includes the Agency’s investigative protocol and the facility website contains the facility’s protocols. Review of eight investigation files confirmed GSA notified MPD for every allegation. Interviews with the AFA and investigator confirmed that all allegations of sexual abuse would be referred for investigation and that such records will be maintained for at least five years. Interviews further indicated that when a staff member, contractor or volunteer is the perpetrator of detainee sexual abuse, the facility will notify ICE and the appropriate investigative authority unless the allegation does not involve potentially criminal behavior. Interview with the (A) SDDO confirmed notification would be made to the JIC and ICE OPR or DHS OIG. Review of the investigation files confirmed all notifications were made appropriately and promptly.

Corrective Action:

No corrective action needed.

§115.31 - Staff training.

Outcome: Meets Standard

Notes:

(a)(b)(c): GSA 11.1.6 states, “All employees, contractors and volunteers shall receive training on GEO’s Sexually Abusive Behavior Prevention and Intervention Program and annual refresher thereafter. GSA shall train all employees who may have contact with detainees on: Its zero-tolerance policy for sexual abuse and assault; How to fulfill their responsibilities under agency sexual abuse and assault prevention, detection, reporting and response policies and procedures, to include procedures for reporting knowledge or suspicions or information of sexual abuse; Recognition of situations where sexual abuse may occur; The right of detainees and employees to be free from sexual abuse, and from retaliation for reporting sexual abuse and assault; Definitions and examples of prohibited and illegal sexual behavior; Recognition of physical, behavioral and emotional signs of sexual abuse, and ways to prevent and respond to such occurrences; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with detainees; How to communicate effectively and professionally with detainees, including LGBTI or Gender Non-conforming detainees; and, The requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions

concerning the detainees-victim's welfare and for law enforcement or investigative purposes. SAPPI refresher training shall be conducted each year thereafter for all employees. Refresher training shall include updates to Sexual abuse and Assault policies. Employees shall document through signature on the PREA Basic Training Acknowledgment Form that they understand the training they have received." The Auditor reviewed GSA's PREA training slides and confirmed the training contains all elements of provision (a). Review of 10 staff files confirmed all had received initial PREA training upon hire and received refresher training every year. Interview with the TO confirmed staff are provided with initial PREA training upon hire and annually. The Auditor requested two certifications of completion for ICE ERO Officers and received them onsite. Interviews with four DOs confirmed they had received training upon initial hire and thereafter received annual training.

Corrective Action:

No corrective action needed.

§115.32 - Other training.

Outcome: Meets Standard

Notes:

(a)(b)(c): GSA 11.1.6 states, "All Employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program. GSA shall ensure that all volunteers and contractors who have contact with detainees are trained on their responsibilities under GEO's Sexual abuse and Assault prevention, detection, and response policies and procedures. The level and type of training provided shall be based on the services they provide and the level of contact they have with detainees, but all who have contact with detainees shall be notified of GEO's and GSA's zero tolerance policies regarding Sexual abuse and informed how to report such incidents. Volunteers and contractors who have contact with detainees shall receive annual SA-API refresher training. Volunteers and contractors shall document through signature on the PREA Basic Training Acknowledgment Form that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-Service SA-API Training." The Auditor reviewed a Contractor/Vendor Clearance packet which includes information on zero tolerance, reporting, first response, and definitions. The Auditor also reviewed the ICE Prison Rape Elimination Act (PREA) training for contractors and volunteers with sign in sheets. Review of two volunteer files and one contractor file confirmed all had received training upon initial entry to the facility and annually. Interview with the TO confirmed contractors and staff received annual training. The Auditor interviewed one contractor and one volunteer, and both confirmed they had received initial and annual PREA training.

Corrective Action:

No corrective action needed.

§115.33 - Detainee education.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): GSA 11.1.6 states, "During the intake process, GSA shall ensure the detainee orientation program notifies and informs the detainees about GEO's zero-tolerance policy regarding all forms of sexual abuse and assault and includes instruction on: Prevention and intervention strategies; Definitions and examples of detainees-on detainees sexual abuse, employee on detainees sexual abuse, and coercive sexual activity; Explanation of methods for reporting sexual abuse, including to any employee, including an employee other than immediate point-of contact line officer (i.e., the PSA compliance manager or mental health staff), Detention and Reporting Line (DRIL), the DHS Office of Inspector General, Joint Intake Center, Consular official and if desired, anonymously report these incidents; Information about self-protection and indicators of sexual abuse; Prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings; and The right of a detainees who has been subjected to sexual abuse to receive treatment and counseling. Education 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. GSA shall maintain documentation of detainees participation in the intake process orientation which shall be retained in their individual files. GSA shall post on all housing unit bulletin boards the following notices: The DHS-prescribed sexual assault awareness notice; The name of the PSA Compliance Manager; and The name of local organizations that can assist detainees who have been victims of Sexual abuse. GSA shall make available and distribute the DHS-prescribed "Sexual Assault Awareness Information" pamphlet." During the onsite audit the Auditor observed the DHS-prescribed Sexual Assault Awareness Notice with the PSACM's name and number, information for DHS OIG, Consulate numbers, and poster for the Open Door Network in the detainee housing units. The Auditor observed three intake processes (b) (7)(E) Detainees were not given the ICE National Detainee or GSA handbook. The process of signing paperwork was not available (b) (7)(E) The facility had a video playing on television sets; however, the video was only available in English and Spanish. Review of the detainee tablet confirmed the ICE Detainee National handbook was available in all 19 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K'iche', Mam, Portuguese, Pulaar, Punjabi, Q'eqchi', Romanian, Russian, Spanish, Turkish, Vietnamese, and Wolof. The facility had 17 SAAPI pamphlets on the tablet and the two remaining languages were requested to be uploaded during the onsite audit. Review of 15 detainee files confirmed all detainees signed they had received the ICE National Detainee and GSA handbook, received a SAAPI pamphlet, and watched the video. Detainee file reviews additionally confirmed translation was provided through BIG Language Line or a staff translator. Interviews with 18 detainees confirmed 13 did not receive an ICE National Detainee handbook or facility handbook, 1 only received a facility handbook, 1 could not remember receiving any written material and three received the ICE National Detainee and facility handbook. No detainees interviewed confirmed they had received the SAAPI pamphlet. Interview with intake staff confirmed the facility handbook was only available in English and Spanish. Staff could not provide additional evidence that the SAA Information pamphlet was being distributed.

Corrective Action:

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

§115.34 - Specialized training: Investigations.

Outcome: Meets Standard

Notes:

(a)(b): The Agency policy 11062.2 states, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The lesson plan is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conduct an investigation of sexual abuse in a confinement setting. The Agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled detainees; and an overall view of the investigative process. The Agency provides rosters of trained

investigators on OPR's SharePoint site for Auditor' review; this documentation is in accordance with the standard's requirement. GSA 11.1.6 states, "Investigators shall receive specialized training in addition to the general training mandated for employees. Specialized training will include but not limited to: Interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, criteria and evidence required for administrative action or prosecutorial referral. GSA shall maintain documentation of this specialized training." The facility provided training slides for the GEO Specialized Training: Investigating Sexual Abuse in Correctional Settings and certificates of completion for three investigators. Review of eight investigation files confirmed the investigators who completed the investigations during the audit period had completed the specialized training and generalized training required under §115.31.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a): The facility does not employ DHS or agency employees who serve as full-and part-time medical or mental health practitioners; therefore, provision (a) is not applicable.

(b)(c): GSA 11.1.6 states, "GSA shall train all full-time and part-time Medical and Mental Health Care Practitioners who work regularly at GSA on certain topic areas, including detecting signs and assessing of sexual abuse and assault, preserving physical evidence of sexual. abuse, responding professionally and effectively to victims of sexual abuse, and how and whom to report allegations of suspicions of sexual abuse and assault. Medical and Mental Health Care Practitioners shall receive this specialized training in addition to the general training. GSA medical and mental health staff are employed GEO and supplemented by contractors. Specialized medical and mental health training is conducted by the medical department upon initial hire annually." Review of training curriculum and completion transcripts confirm staff have received the required training. Interviews with medical and mental health staff confirmed PREA training is received upon hire and annually thereafter. The facility provided documentation that the agency had reviewed and approved GSA 11.1.6.

Corrective Action:

No corrective action needed.

§115.41 - Assessment for risk of victimization and abusiveness.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f)(g): GSA 11.1.6 states, "All detainees at GSA shall be assessed during intake and upon transfer to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the facility. GSA shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment. In addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records (e.g., medical files or, 213/216 remand, etc.) that can assist them with risk assessment. GSA shall also consider, to the extent that the information is available, the following criteria to assess detainees for risk of sexual victimization: Mental, physical or developmental disability; Age; Physical build and appearance; Previous incarceration or detained; Nature of criminal history; Prior convictions for sex offenses against an adult or child; Whether detainees has self-identified as LGBTI or Gender Nonconforming; Whether detainees self-identified as having previously experienced sexual victimization; and, Own concerns about his/her physical safety. The intake screening shall also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional

violence or sexual abuse, as known to GSA in assessing the risk of being sexually abusive. GSA shall ensure that between 60 and 90 days from the date of initial assessment at the facility, staff shall reassess the detainee's risk for victimization or abusiveness. 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, abuse, or victimization. Disciplining detainees for refusing to answer or not providing complete information in response to certain screening questions is prohibited. GSA shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure sensitive information is not exploited by employees or other detainees." The Auditor observed three detainee intake processes (b) (7)(E). Detainees entered the facility, received a pat down search, and were put in a holding cell to await processing for paperwork, clothing change, property, initial risk assessment, and medical intake. Detainees were called to a window down a small corridor (b) (7)(E) to receive the risk assessment. One detainee was called to the window at a time; however, other detainees were seated at a bench right outside of this area. Should a detainee require interpretation services intake staff would utilize the telephone. Onsite observation (b) (7)(E) confirmed this area is not private and other detainees or staff could hear responses to the risk assessment questions. Review of 15 detainee files confirmed the intake process was completed within 12 hours of admission to the facility. Review of files additionally confirmed a reassessment was conducted between 60 and 90 days from the date of the initial assessment as required. Interviews with intake staff and the PSACM further confirmed assessments are completed at the required time frames and detainees are not disciplined for failure to answer any of the questions in the assessment. Interviews with intake staff confirmed housing decisions were determined prior to arrival, but information from the risk assessment or medical assessment could adjust the housing assignment. Review of eight investigation files confirmed a reassessment was completed on each detainee after an allegation was made.

Corrective Action:

Does not meet (g): The facility is not implementing appropriate controls on the dissemination of responses to the risk assessment questions by completing the assessment in this area. One detainee was called to the window to administer the screening at a time; however, other detainees were seated at a bench right outside of this area. Onsite observation (b) (7)(E) confirmed this area is not private and other detainees or staff could hear verbal responses to the risk assessment questions. To become compliant, the facility must establish and implement a procedure to assess detainees upon entry into the facility so that responses to the risk assessment questions remain private. The facility must provide the established procedures to the Auditor for compliance review. Once approved the facility must train applicable staff on the new procedures and provide documentation of training completion along with materials used in the training. Once implemented the facility must provide the Auditor with documentation of 10 detainee intakes conducted in private during the CAP period.

§115.42 - Use of assessment information.

Outcome: Meets Standard

Notes:

(a)(b)(c): GSA 11.1.6 states, "Screening information shall be used to inform assignment of detainees to housing, recreation, and other activities, and voluntary work. GSA 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 initial PREA Risk Screening Assessment. The "at risk" log will be kept current and include current housing locations. The detainees who are identified as At-Risk by their initial assessment will be placed in a housing unit where they can be seen at all times. The Shift Lieutenant/Intake personnel are aware of all areas in the dorm where that detainee can be placed in a safe least restrictive environment. Note: Following a reported allegation of sexual abuse, the PREA compliance manager will ensure victims are placed on the "at risk" log as soon as possible and tracked as a potential victim and housed separate from potential abusers pending the outcome of the investigation. If the investigation is determined "unfounded", the victim may be removed from the "at risk" log. The PSA compliance manager will also

maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. When making assessments and housing decisions for transgender and intersex detainees, the facility shall consider the detainee's gender self-identification and an assessment of the effects of placement on the detainee's health and safety. Housing and programming assignments for each transgender and intersex detainees shall be reassessed at least twice each year to determine any threats to safety experienced by the detainees. When operationally feasible, transgender, and intersex detainees shall be given an opportunity to shower separately from other detainees." The facility provided the Auditor with GSA's At-Risk log tracking potential victims, aggressors, and detainees considered at risk. Interviews with Classification and the PSACM further confirmed that housing assignments and voluntary work assignments are based on the screening tool and staff referenced the At-Risk log for job assignments or housing moves. Interviews with four DOs confirmed transgender and intersex detainees would be allowed to shower separately, if requested. Interview with one detainee who identified as transgender confirmed they were able to shower in private.

Corrective Action:

No corrective action needed.

§115.43 - Protective custody.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e): GSA 11.1.6 states, "GSA has written procedures governing the management of its Security Housing Unit (SMU). These procedures should be developed in consultation with the ICE Enforcement and Removal Operations Field Officer Director having jurisdiction for the Facility, must document detailed reasons of for a placement of a detainee in administrative segregation on the basis to sexual abuse or assault. Use of SMU 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. GSA 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 segregated 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. 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, A supervisory staff member shall conduct, at a minimum; an identical review after the detainees has spent seven (7) days in administrative segregation. A supervisory staff member shall conduct additional reviews every week for the first 30 days, and every 10 days thereafter as necessary. GSA shall notify the appropriate ICE Field Office Director no later than 72 hours after the initial placement in administrative segregation on the basis of a vulnerability to sexual abuse or assault for review and approval of the placement." GSA has written procedures developed governing the management of the facility's administrative segregation unit which also documents detailed reasons for placement in administrative segregation on the basis of vulnerability to sexual abuse or assault. The Auditor reviewed documentation which confirmed ICE has reviewed this policy. GSA did not have any detainees housed in segregation due to being vulnerable to sexual abuse or assault during the onsite audit. Review of eight investigation files confirmed no detainees were housed in segregation due to vulnerability. Interviews with the AFA and staff who supervise detainees in segregation confirmed detainees would not be held in administrative segregation longer than 30 days unless circumstances warranted the placement and that detainees would have access to programs, visitation, counsel, and other services available to general population. The AFA further confirmed that notification would be made to ICE by telephone and documented via email should a detainee be placed in administrative segregation based on vulnerability to sexual abuse or assault.

Corrective Action:

No corrective action needed.

§115.51 - Detainee reporting.

Outcome: Meets Standard

Notes:

(a)(b)(c): GSA 11.1.6 states, “GSA provides multiple ways for individuals 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. The facility provides contact information to detainees for relevant consular officials, the DHS Office of Inspector General or, as appropriate, another designated office, to confidentially and, if desired, anonymously, report these incidents. GSA provides 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 detainees reports of sexual abuse to Facility or GEO officials, allowing the detainees to remain anonymous upon request. GSA 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.” GSA has written procedures developed governing the management of the facility’s administrative segregation unit which also documents detailed reasons for placement in administrative segregation on the basis of vulnerability to sexual abuse or assault. During the onsite audit, the Auditor observed the DHS OIG, Consular numbers, and Open Door Network on the housing unit walls. The Auditor were able to test telephone numbers for the OIG, DRIL, and Open Door Network, which were all successful. Review of eight investigation files confirmed all allegations that were made verbally to a staff member were documented. Interviews with four random DOs confirmed they would accept reports made verbally, in writing, anonymously and from third parties, and they would promptly document verbal reports. Interviews with 15 detainees confirmed all were aware of at least one reporting method by reporting to a staff member, DRIL or DHS OIG.

Corrective Action:

No corrective action needed.

§115.52 - Grievances.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): GSA 11.1.6 states, “GSA permits 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. GSA shall not impose a time limit on when a detainee may submit a grievance regarding allegation of sexual abuse. GSA shall implement written procedures for identifying and handling time sensitive grievances that involve an immediate threat to detainees health, safety or welfare related to sexual abuse. GSA staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. GSA shall issue a decision on the grievance within five (5) days of receipt and shall respond to an appeal of the grievance decision within 30 days. A 5-day response time frame for emergency grievances is required. The grievance coordinator shall send all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process. To prepare a grievance, detainees may obtain assistance from another detainees, the housing officer or other facility staff, family members, or legal representatives. Staff shall take reasonable steps to expedite requests for assistance from other parties.” The facility handbook includes information to detainees on how to file informal, formal, and emergency grievances, the timelines associated with these grievances, the appeal process, information that they may file formal grievances at any time, or in lieu of lodging an informal grievance or complaint, and notifies the detainee they may obtain assistance from another detainee, staff, family, or legal representatives to complete the grievance. Review of eight investigation files confirmed none of the allegations were submitted by grievance. Interview with the GO confirmed detainees are allowed to file a grievance at any time and there is no time limit imposed for such grievances. The interview further confirmed that in addition to another detainee or staff member, detainees may utilize family members or legal representatives for assistance in preparing a

grievance. The GO was knowledgeable about issuing a decision within 5 days and responding to an appeal within 30 days. The interview additionally confirmed grievances are sent to ICE upon completion. Interviews with four DOs confirmed that time-sensitive grievances would be immediately processed, and should the grievance involve a medical issue, it would be forwarded to medical. Staff members were also knowledgeable about allowing family, other detainees, or legal representatives to assist the detainee in preparing the grievance.

Corrective Action:

No corrective action needed.

§115.53 - Detainee access to outside confidential support services.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): GSA 11.1.6 states, “GSA 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. GSA shall make information available to detainees 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, GSA shall make available the same information about national organizations. GSA 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. GSA 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. GSA shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements.” During the onsite audit, the Auditor observed the Open Door Network posting on the walls in the housing units with a telephone number and address. The posters were in English and Spanish. The Auditor reviewed an MOU which confirmed the Open Door Network would provide confidential support services to detainee victims. Interview with the PSACM confirmed that the Open Door Network would be utilized to provide support services to detainees. Interview with an advocate at Open Door confirmed services would be provided for detainees. Interviews with 18 detainees could not confirm any knowledge about outside confidential support services. The Auditor finds the facility has made information available to detainees about a local organization by postings for the Open Door Network in the housing units and common areas of the facility. Information about the extent communications will be monitored is posted by all housing unit telephones and in a recorded message when the telephone is utilized.

Corrective Action:

No corrective action needed.

§115.54 - Third-party reporting.

Outcome: Meets Standard

Notes:

GSA 11.1.6 states, “The GSA shall post publicly GEO's third-party reporting procedures. GEO shall post on its public website its methods of receiving third-party reports of sexual abuse or assault on behalf of detainees.” A review of the ICE web page (www.ice.gov/prea) and GEO website (<https://www.geogroup.com/prea>) confirmed it provides instructions for the public to report incidents of sexual abuse on behalf of any detainee. The Auditor tested GSA's third-party reporting system and confirmed a response was received. GSA had one investigation file where the report was received by a third party, which confirms the facility has an established method of receiving third party reports.

Corrective Action:

No corrective action needed.

§115.61 - Staff reporting duties.**Outcome:** Meets Standard**Notes:**

(a)(b)(c)(d): The Agency’s policy 11062.2 mandates, “All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” In addition, ICE Directive 11062.2 states, “If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state or local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section.” GSA 11.1.6 states, “Employees are required to immediately report, in accordance with agency policy, any of the following: Knowledge, suspicion, or information regarding an incident of sexual abuse or assault that occurred in a facility whether or not it is a GEO facility; Retaliation against detainees or employees who reported such an incident or participated in an investigation about such incident; and Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions. Employees reporting sexual abuse shall be afforded the opportunity to report such information to the chief of security or upper-level executive privately if requested and may also utilize the employee hotline or contact the corporate PREA coordinator directly to privately report these 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, the facility shall report to designated state or local services agencies under applicable mandatory reporting laws.” There were four investigation files where a detainee reported an allegation to a staff member. Review of the documents confirmed the allegation was promptly reported and documented. Interviews with four DOs confirmed they were knowledgeable regarding their responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation or staff neglect that may have contributed to the abuse and that they could make a report of sexual abuse outside the chain of command by utilizing the GEO hotline number. Interviews further confirmed they would not reveal any information regarding an allegation of sexual abuse to anyone other than to the extent necessary and only to those with a need to know. Interview with the AFA confirmed if a detainee victim was under 18 or considered a vulnerable adult under state law, the allegation would be reported to ICE and the designated State or local services agency. The facility does not house juveniles. The Auditor was provided with documentation of the agency’s review and approval of the facility policy.

Corrective Action:

No corrective action needed.

§115.62 - Protection duties.**Outcome:** Meets Standard**Notes:**

GSA 11.1.6 states, “When an employee or facility staff member has reasonable belief that a detainee is subject to substantial risk of imminent sexual abuse, he /she shall take immediate action to protect that detainee.” Review of eight investigation files confirmed that upon notification of an allegation, staff members took immediate action to provide safety to the detainee. Interviews with the AFA, PSACM, and four DOs confirmed that should they

become aware that a detainee is subject to a substantial risk of imminent sexual abuse, the detainee would be removed from the situation immediately.

Corrective Action:

No corrective action needed.

§115.63 - Reporting to other confinement facilities.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): GSA 11.1.6 states, "In the event that a detainees alleges that sexual abuse occurred while confined at another Facility, GSA shall document those allegations and the GSA Administrator or Assistant Facility Administrator (in the absence of the GSA Administrator) 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. GSA 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 and corporate PREA Coordinator. Any Facility that receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA standards and reported to the appropriate ICE Field Office Director." Review of eight investigation files confirmed no detainees were transferred to GSA or transferred from GSA to another facility that reported an allegation applicable to this standard. Interviews with the AFA and PSACM confirmed that should a detainee be transferred and GSA is notified of an allegation that happened at their facility, the ICE FOD would be notified, and an investigation would be initiated.

Corrective Action:

No corrective action needed.

§115.64 - Responder duties.

Outcome: Meets Standard

Notes:

(a)(b): GSA 11.1.6 states, "Staff members who become aware of alleged assault shall immediately follow the reporting requirements set forth in written policies and procedures. Staff members who become aware of an alleged assault immediately follow the reporting requirements set forth in the written policies and procedures. When a detainee(s) is alleged to be the perpetrator, GSA administrator ensures that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction for investigation and reported to the Field Office Director. When an employee, contractor, or volunteer is alleged to be the perpetrator, GSA administrator ensures that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction for investigation and reported to the Field Office Director. The local government entity or contractor that owns or operates GSA is also notified. Separate the alleged victim and abuser; Immediately notify the on duty or on call supervisor and remain on the scene until relieved by responding personnel; and Preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence. If the sexual abuse occurred within 96 hours or within a time period that still allows or the collection of evidence, request the alleged victim and ensure the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking or eating. If the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify security staff." Review of eight investigation files confirmed all first responders initiated an appropriate response consistent with the requirements of this standard. Review of training curriculum for initial and additional PREA training confirmed instruction is given that the victim should be requested not to take action to destroy evidence and staff should ensure the alleged perpetrator does not take actions to destroy physical evidence. Interview with three non-custody staff members confirmed they would ask the victim not to

take action to destroy evidence and report the incident to custody staff immediately. Interviews with four DOs confirmed they could articulate they should request the victim and ensure the perpetrator not take action to destroy evidence.

Corrective Action:

No corrective action needed.

§115.65 - Coordinated response.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): GSA 11.1.6 states, "GSA has developed written 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. GSA shall use a coordinated, multidisciplinary team approach to responding to sexual abuse. The Prevention of Sexual Assault (PSA) Compliance Manager shall be a required participant and the corporate PREA coordinator may be consulted as part of this coordinated response. If the victim of Sexual Abuse is transferred between facilities covered by subpart A or subpart B of DHS PREA standards, GSA staff shall as permitted by law inform the receiving facility of the incident and the victim's potential need for medical or social services. If the victim of sexual abuse is transferred from GSA 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." GSA has a facility coordinated response plan. Review of this plan confirms it coordinates actions by staff first responders, medical and mental health practitioners, investigators, and facility leadership. Interviews with the AFA and PSACM confirmed the facility would use this plan as guidance when responding to an incident of sexual abuse. The AFA further confirmed that should a detainee be transferred to another DHS facility, GSA would inform the receiving facility of the detainee's need for potential medical or social services and further confirmed that should a detainee be transferred to a non-DHS facility, they would provide the same information unless the detainee requested otherwise.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

GSA 11.1.6 states, "Employees, contractors and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainees 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. GSA shall not enter into or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged employee sexual abusers from contact with any detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted." Review of eight investigation files revealed there was one allegation that involved an accusation against a staff member. Although a non-contact order was initiated, the staff member did not return to the facility and resigned. Interview with the AFA confirmed staff, contractors, and volunteers would be removed from contact with detainees until an investigation was concluded. Staff would be located to a post that does not have detainee contact and volunteers or contractors would not be allowed to enter the facility until the investigation process was complete.

Corrective Action:

No corrective action needed.

§115.67 - Agency protection against retaliation.

Outcome: Meets Standard

Notes:

(a)(b)(c): Agency policy 11062.2 mandates, "ICE employees shall not retaliate against any person, including a detainees, who reports, complains about, or participates in an investigation into an allegation of sexual abuse or assault, or for participating in sexual activity as a result of force, coercion, threats, or fear of force." GSA 11.1.6 states, "Employees, contractors, 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. GSA 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. For at least 90 days following a report of sexual abuse, GSA shall monitor the conduct and treatment of detainees 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. The GSA shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. For at least 90 days following a report of Staff Sexual Misconduct (abuse or harassment) by another employee, the facility's Human Resources Staff or Facility Investigator as designated by GSA Administrator shall monitor the conduct and treatment of the employee who reported the Staff Sexual Misconduct (abuse or harassment) or employee Witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Items that should be monitored include negative performance reviews or reassignments of staff." The Auditor reviewed eight investigation files and confirmed that retaliation monitoring was conducted in each case. There was no staff retaliation monitoring to review. Detainee retaliation monitoring was initiated within one week of the allegation being reported. Monitoring was conducted on the designed GEO form and monitored disciplinary reports, program changes, housing changes, performance evaluations and review of staff reassignments with a block to add comments and boxes for the victim and monitor to sign. Interview with the PSACM/Retaliation Monitor confirmed multiple protection measures are employed, and monitoring would continue for 90 days unless circumstances indicate additional monitoring. Interview with the HRM confirmed staff monitoring would be conducted.

Corrective Action:

No corrective action needed.

§115.68 - Post-allegation protective custody.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): GSA 11.1.6 states, "GSA shall take care to place detainees 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. Detainees 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 detainees. A detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a proper reassessment, taking into consideration any increased vulnerability of the detainees as a result of the sexual abuse, is completed. GSA 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." During the onsite audit, the Auditor observed the segregation units, but no detainee victims were housed there by the facility due to protective measures related to an allegation. Review of eight investigation files confirmed one allegation resulted in a detainee requesting protective custody after the incident. Reviews were conducted pursuant to 115.43. Interviews with the PSACM and staff that supervise detainees in segregation

confirmed detainee victims would not be held any longer than five days in any administrative segregation except in an unusual circumstance or at the request of the detainee. The PSACM further confirmed a reassessment would be completed prior to a detainee's return to general population. Interview with the AFA confirmed if a detainee was placed in administrative segregation due to an incident of sexual abuse, a notification would immediately be made to the ICE FOD.

Corrective Action:

No corrective action needed.

§115.71 - Criminal and administrative investigations.

Outcome: Meets Standard

Notes:

(a)(b)(c)(e)(f): GEO Corporate Policy and Procedure Manual 5.1.2-F states, "When the facility conducts its own investigations into allegations of sexual abuse, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. An administrative investigation shall be completed for all allegations of sexual abuse at GEO facilities, regardless of whether a criminal investigation is completed. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the victim and suspected perpetrator. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as detainee, staff, or employee. No agency shall require a detainee who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such allegation. GEO shall retain written reports referenced in this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years." Review of eight investigation files confirmed all were prompt, thorough, objective, and conducted by a qualified investigator. There were no allegations that resulted in criminal investigation. Interview with an investigator confirmed that should an allegation result in a criminal investigation, an administrative investigation would always be completed at the conclusion and in consultation with the appropriate investigative office within DHS. The interview further confirmed that should the alleged victim or abuser leave the facility or control of the facility, the investigation would continue until it was finished. Should a criminal investigation be conducted, GSA will remain informed through telephone calls, emails or in person updates with the MPD. Interview with the PSACM confirmed that the facility utilizes GEO corporate policy for administrative investigation procedures. Review of this policy confirmed that it includes the coordination and proper sequencing of administrative and criminal investigation.

Corrective Action:

No corrective action needed.

§115.72 - Evidentiary standard for administrative investigations.

Outcome: Meets Standard

Notes:

ICE Policy 11062.2 states, "Administrative investigations impose no standard higher than the preponderance of the evidence to substantiate an allegation of sexual abuse or assault." Additionally, the ICE OPR Investigations Incidents of Sexual Abuse and Assault training required for investigators includes the evidentiary standard for administrative investigations. GEO Corporate Policy and Procedure Manual 5.1.2-F states, "Facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated." Interview with the Investigator confirmed there is no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse are substantiated. Review

of eight investigation files confirmed that no standard higher than a preponderance of evidence was utilized to determine the outcome.

Corrective Action:

No corrective action needed.

§115.73 - Reporting to detainees.

Outcome: Meets Standard

Notes:

GSA 11.1.6 states, “At the conclusion of all investigations (once the investigation has been reviewed and approved by corporate staff), when the detainee is still in custody, or where otherwise feasible, following an investigation into a detainee’s allegation of sexual abuse the facility investigator or staff member designated by the facility administrator shall notify the detainee victim of sexual abuse in writing; whether the allegation has been: substantiated, unsubstantiated or unfounded and any responsive action (disciplinary or criminal sanctions). The Auditor reviewed eight investigation files. During the Pre-audit phase the Auditor submitted the Notification of PREA Investigation Result to Detainee form to the TL on September 5, 2025, requesting verification that detainees were notified of the investigation disposition. Review of the returned form and investigation files confirmed all detainees were notified of the results of the investigation. Interview with an investigator confirmed results of an investigation would be provided to the detainee if still housed at GSA and if the detainee was transferred notification would be given to ICE/ERO and they would notify the detainee of the outcome of the investigation.

Corrective Action:

No corrective action needed.

§115.76 - Disciplinary sanctions for staff.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): GEO Corporate Policy and Procedure Manual 5.1.2-F 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. Each facility 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. Each facility shall make reasonable efforts to report removals or resignations in lieu of removal for violations of Agency or facility Sexual Abuse policies to any relevant licensing bodies, to the extent known.” The Auditor reviewed eight investigation files, and one involved a staff member. This allegation resulted in a substantiated finding; however, staff resigned before disciplinary actions could be taken. The facility provided documents to confirm the agency has reviewed and approved the facility’s policy. Interview with the AFA and HRM confirmed staff are subject to disciplinary action that includes termination for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies. The AFA further confirmed that removals or resignations are reported to law enforcement unless the incident is clearly not criminal, and efforts will be made to report these types of incidents to the appropriate licensing bodies.

Corrective Action:

No corrective action needed.

§115.77 - Corrective action for contractors and volunteers.

Outcome: Meets Standard

Notes:

(a)(b)(c): GSA 11.1.6 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 in writing from Facility Management via memo or email within 24 hours of the reported allegation. The email or memorandum shall be printed and maintained as part of the related investigation file.” The Auditor reviewed eight investigation files, but none involved a contractor or volunteer. Interview with the AFA confirmed any contractor or volunteer suspected of engaging in or suspected of perpetrating sexual abuse would be removed from detainee contact immediately pending the outcome of an investigation. He further confirmed efforts would be made to notify any licensing body as required and law enforcement would be notified immediately unless there was clear evidence the incident was not criminal. The interview further confirmed that should a contractor or volunteer violate other PREA related provisions GSA would review the incident to determine if further detainee contact should be prohibited.

Corrective Action:

No corrective action needed.

§115.78 - Disciplinary sanctions for detainees.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): GEO Corporate Policy and Procedure Manual 5.1.2-F states, “Each facility shall subject detainees to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainees 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 detainees to conform to rules and regulations in the future. Each facility holding detainees in custody 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. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the allegation occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation.” Review of the GSA detainee handbook confirmed offenses are listed as Greatest, High, High Moderate, and Low Moderate. Sanctions imposed for the infraction are progressive and appear to be commensurate with the prohibited act. The Auditor reviewed eight investigation files; however, none resulted in disciplinary action against a detainee due to the detainee being released prior to the completion of the investigation. Interview with the DHO confirmed the disciplinary process is progressive with increasing penalties and several layers of appeals. Additionally, reports made in good faith are not disciplined and a detainee’s mental disability or illness would be considered prior to determining any sanctions.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c): GSA 11.1.6 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 detainees has experienced prior

victimization or perpetrated sexual abuse, the detainees 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 detainees 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 detainees shall receive a mental health evaluation no later than 72 hours after the referral.” Review of 15 detainee files confirmed if the detainee’s risk assessment indicated prior victimization or history of sexual abusiveness a block would be checked to indicate a referral was made to medical/mental health. During detainee file reviews, five files indicated a detainee’s prior victimization, and documents confirmed that all detainees were provided with a referral to mental health. Interviews with intake staff confirmed should a detainee disclose prior victimization or is identified as a potential abuser from the risk screening form; an email is sent to the medical unit for scheduling for a mental health encounter. Interview the HSA confirmed prior sexual victimization and abusiveness questions are additionally asked as part of the medical intake process. Should a detainee disclose prior victimization or abusiveness, a referral is placed in the system to mental health. Medical referrals would be conducted within 48 hours. They also receive an email and a copy of the risk assessment form for mental health scheduling. Interview with mental health staff confirmed that if a referral is received, the detainee would be seen within 72 hours. Interviews with two detainees who reported previous sexual victimization on the risk screening form confirmed they were referred for a mental health appointment after their intake within 48 hours.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b): GSA 11.1.6 states, “Victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by medical and mental health practitioners. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. All services shall be provided without financial cost to the victim regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. No attempt will be made by medical staff to clean or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim's medical condition; however, visible injuries shall be documented both photographically and in writing and placed in the victim’s medical record. Medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Victims/Abusers shall either be transported to Dignity Health for examination by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) or one shall be brought into GSA to conduct the examination. All refusals of medical services shall be documented.” Interview with the HSA confirmed emergency medical treatment would be provided for detainees at Dignity Health and the SAFE/SANE examination would be performed there. Emergency medical treatment would be provided at no cost to the detainee and provided whether or not the detainee cooperates with the investigation. Interviews with medical and mental health staff confirmed any treatment plans would be continued at the facility and follow-up care would be provided to include any sexually transmitted infections, prophylaxis, emergency contraception, and crisis intervention in accordance with professionally accepted standards of care.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c)(e)(f)(g): GSA 11.1.6 states, “GSA offers medical and mental health evaluations (and treatment where appropriate) to all victims of sexual abuse while in immigration detention. The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community. Victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services. Victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. GSA 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 a SAAPI investigation determined either administratively substantiated or substantiated by outside law enforcement. All refusals for mental health services shall be documented.” Review of eight investigation files confirmed all victims were offered advocacy services and received a referral to mental health following the allegation. Interview with medical staff confirmed victim treatment plans would be continued at the facility should a detainee need to be transported for a SAFE/SANE examination. The interview further confirmed mental health evaluations would be conducted on known detainee-on-detainee abusers within 60 days, documentation received onsite confirmed evaluations were completed for the perpetrators involved in the three substantiated investigations. Medical and mental health staff confirmed during interviews the care detainees receive while in custody equal to or better than care received in the community. Staff additionally confirmed treatment would be provided without cost whether or not the victim names the abuser or cooperates with the investigation.

(d): The facility does not house female detainees; therefore, this provision of the standard is not applicable.

Corrective Action:

No corrective action needed.

§115.86 - Sexual abuse incident reviews.

Outcome: Meets Standard

Notes:

(a)(b)(c): GSA 11.1.6 states, “GSA shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation. GSA will use a multidisciplinary team approach for responding sexual abuse, which includes HSA/or medical designee, Mental Health Staff/or designee, PSA Compliance Manager, AFA/or designee, Certified PREA Investigator, Compliance Administrator, Chief of Security, as well as representatives from outside entities that provide relevant services and expertise. Such review shall occur within 30 days of the conclusion of the investigation. Annually, GSA 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 GSA has not had any reports of sexual abuse during the annual reporting period, then GSA shall prepare a negative report. The results and findings shall be provided to GSA Administrator, Field Office Director or his/her designee and Corporate PREA Coordinator upon completion.” Review of eight investigation files confirmed a sexual abuse incident review was completed within 30 days after the conclusion of an investigation. Documentation further confirmed the reviews considered all elements of provision (b) and was forwarded to the SDDO and then to the agency PSA Coordinator upon completion. Interview with the PSACM confirmed a review would be conducted on all allegations. Interviews with the PSACM and an Incident Review Team member further confirmed that reviews consider all elements of provision (b). The facility provided documentation showing they completed a 2024 PREA Annual Report and it was forwarded to the SDDO and Field Office Director.

Corrective Action:

No corrective action needed.

§115.87 - Data collection.

Outcome: Meets Standard

Notes:

(a): GSA 11.1.6 states, “GSA shall maintain in a secure area all case records associated with claims of sexual abuse, including incident reports, investigative reports, detainees information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling in accordance with the SAPPI/PREA standards and applicable agency policies and established schedules”. The Auditor observed a locked file cabinet in the facility investigator’s office where all investigation records associated with allegations of sexual abuse are maintained. This office is additionally secured behind a locked office door.

Corrective Action:

No corrective action needed.

§115.201 - Scope of audits.

Outcome: Meets Standard

Notes:

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

Corrective Action:

No corrective action needed.

AUDITOR CERTIFICATION:

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

Jodi Upshaw

10/28/2025

Auditor's Signature & Date

11/20/2025

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

Program Manager's Signature & Date

11/20/2025

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

Assistant Program Manager's Signature & Date



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