

Office of Professional Responsibility

CAP Final Determination Report and PREA Compliance Audit Report

Folkston Main (ICE Processing Center)

January 7 - 9, 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:	Atlanta
Field Office Director:	Kristen Sullivan
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	180 Ted Turner Drive SW, Atlanta, GA 30303

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Folkston Main (ICE Processing Center)
Physical address:	3026 Hwy 252 East, Folkston, Georgia 31537
Telephone number:	(912) 496-6905
Facility type:	Dedicated Inter-governmental Service Agreement
PREA Incorporation Date:	12/16/2016

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone #:	(912) 496-(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 #:	(912) 496-(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 Folkston Main (ICE Processing Center) met 32 standards, had 1 standard that exceeded, had 2 standards that were non-applicable, and had 6 non-compliant standards. As a result of the facility being out of compliance with 6 standards, the facility entered into a 180-day corrective action period which began on March 12, 2025, and ended on September 08, 2025. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

Number of Standards Initially Not Met: 6

- §115.15 - Limits to cross-gender viewing and searches.
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.33 - Detainee education.
- §115.34 - Specialized training: Investigations.
- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.64 - Responder duties.

Number of Standards Exceeded: 1

- §115.33 - Detainee education.

Number of Standards Met: 5

- §115.15 - Limits to cross-gender viewing and searches.
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.34 - Specialized training: Investigations.
- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.64 - Responder duties.

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.

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

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

Notes:

(b)(d): FIPC 10.1.1 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. Cross-gender pat-down searches of female detainees, absent exigent circumstances are prohibited. All strip searches, visual body cavity searches, and cross-gender pat-down searches shall be documented." The facility provided a memorandum which stated there have been no cross-gender pat-down searches conducted during the review period and a blank Cross Gender Pat Search log. During the onsite audit, the Auditor observed (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 10 random detention officers confirmed FIPC does not conduct cross gender pat searches and that they are prohibited. Staff further confirmed these searches could be conducted only in an emergency situation and should one occur, it would need to be documented. Interviews with 29 detainees further confirmed they had been pat searched upon entry into the facility in a professional and respectful manner by a staff member of the same gender.

(c): FIPC is an all-male facility therefore this provision is not applicable.

(e)(f): FIPC 10.1.1 states, "Cross-gender strip searches or cross-gender visual body cavity searches shall not be conducted except in exigent circumstances, including consideration of officer safety, or when performed by Medical Practitioners. All strip searches, visual body cavity searches, and cross-gender pat-down searches shall be documented." The facility provided a memorandum which stated there have not been any cross-gender visual body cavity searches conducted during the review period. Interviews with 10 detention officers confirmed cross-gender strip searches are not authorized at FIPC. Interviews with 29 detainees also confirmed they had not been strip searched while housed at FIPC. FIPC does not house juveniles.

(g): FIPC 10.1.1 states, "FIPC shall implemented policies and procedures which allow detainees to shower, change clothes, and perform bodily functions without Employees of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine cell checks or otherwise appropriate in connection with a medical examination or monitored bowel movement. Employees of the opposite gender shall announce their presence when entering housing units or any areas where detainees are likely to be showering, performing bodily functions, or changing clothes." (b) (7)(E)

. Interview with the PSACM confirmed detainees changing clothing in the holding cells was not proper procedure for FIPC and clothing changes should occur in a different area in the back of the intake unit. Additionally, the Support Auditor observed direct viewing into the first-floor showers at the Annex. The facility was able to correct the shower discrepancy onsite by moving shower curtains closer to the shower nozzles. During the onsite audit, the Auditor observed opposite gender staff making gender announcements adequately when entering a housing unit; however, on additional days staff were sporadic with no announcement made. Interviews with 23 detainees indicated they were not aware when opposite gender staff enter the unit.

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

(i)(j) FIPC 10.1.1 states, “Staff shall not search or physically examine a detainee for the sole purposes of determining the detainee’s genital characterizes. If the detainee’s gender is unknown, it may be determined during private conversations with the detainee, by reviewing medical records, or by learning that information as part of a standard medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private by a medical practitioner. Security staff shall be trained to conduct pat-down searches, including cross-gender pat-down searches and searches of transgender and intersex detainees in a professional and respectful manner, and in the least intrusive manner possible, including consideration of officer safety.” The Auditor reviewed FIPC’s Cross-Gender Viewing and Searches curriculum and confirmed it includes instruction on pat down searches, visual searches, steps to perform a body cavity search, and transgender and intersex search considerations. The facility additionally provided an electronic training transcript to confirm staff had completed the training. The Auditors reviewed 15 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 10 detention officers 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 FIPC. Interviews further confirmed the detention officers had received cross-gender pat-down search training to include conducting a pat-search of a transgender or intersex detainee. Interviews with two medical staff confirmed there have not been any detainees housed at FIPC where the gender was unknown. There were no transgender or intersex detainees housed at FIPC during the onsite audit to interview.

Corrective Action:

Does not meet (g): While watching a (b) (7)(E), the Auditor viewed detainees changing clothing in the one of the (b) (7)(E). To become compliant the facility must implement a procedure to ensure detainees are able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. Once the procedure has been implemented, the facility must train applicable staff of the procedure and provide training documents to the Auditor. Female staff members are not adequately announcing their presence when they enter an area where detainees are likely to be showering, performing bodily functions, or changing clothing. To become compliant, the facility must implement a procedure requiring opposite gender staff to make announcements at the housing unit doors. The facility must provide documentation to the Auditor that all applicable staff have been re-trained on the procedure.

Corrective Action Taken:

On May 20, 2025, the facility submitted a quarterly training attendance roster with staff signatures for the topics of PREA/(b) (7)(E) /Suicide Prevention and GEO Sexual Abuse and Assault Prevention & Intervention (PREA) training; and a PREA training attendance roster for intake staff with signed acknowledgements. On June 20, 2025, the facility submitted copies of logbook entries for Alpha 1, Apha 8, and Bravo 4. The entries included first and second shift annotations of female entry into the pods. The Auditor finds the facility has demonstrated compliance with provision (g) and is now compliant with this standard.

§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): FIPC 10.1.1 states, “FIPC 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 company’s efforts to prevent, detect, and respond to sexual abuse and assault. FIPC 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, FIPC shall provide in-person or telephonic interpretation services that enable effective, accurate and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for a detainee interpreter and Facility determines that such interpretation is appropriate. Any use of these interpreters under these type circumstances shall be justified and fully documented in the written investigative report. The facility shall provide communication assistance to detainees with disabilities and who are limited in their English proficiency (LEP). The facility will provide detainees with disabilities with effective communication, which may include the provision of auxiliary aids, such as readers, materials in Braille, audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunications devices for deaf persons (TTYs), interpreters and note takers, as needed. The facility will also provide detainees who are LEP with language assistance, including bilingual staff or professional interpretation and translation services, to provide them with meaningful access to its programs and activities. All written materials provided to detainees shall generally be translated into Spanish. Where practicable, provisions for written translation shall be made for other significant segments of the population with limited English proficiency. Oral interpretation or assistance shall be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate.” During the onsite audit the Auditor observed the DRIL posters, ERO Language Services resource flyers and the DHS-prescribed Sexual Assault Awareness Notice with facility contact name and number posted in English and Spanish. The DHS-prescribed ICE SAA Information pamphlet was posted in the housing units in nine languages and the Satilla Advocacy Services posting was in English, Spanish, Haitian Creole, and Punjabi. The ICE National Detainee Handbook is available on detainee tablets in 17 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K’iche’, Portuguese, Pulaar, Punjabi, Romanian, Russian, Spanish, Turkish, Vietnamese, and Wolof. Interview with Intake staff confirmed that FIPC utilizes BIG Language Solutions for interpretation services. Intake staff had access to a TTY machine located in Classification and the Auditor observed Intake staff sign into a video service that provides sign language. 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. The Auditor requested the files for the four detainees (b) (7)(E) being processed into the facility. All acknowledgement forms for detainee education confirmed use of the DDD; however, the Auditor did not see this device utilized (b) (7)(E) or written material being provided to the detainee. Interviews with 10 detention officers confirmed that they would not allow a detainee to interpret for another in allegations of sexual abuse but would under limited circumstances if requested by the detainee and supervision approved. Review of six investigation files confirmed mental health encounters and interviews after an allegation were documented. Interviews with 24 LEP detainees confirmed 7 did not receive any PREA information upon intake, 10 received papers about the tablet or facility rules, and 12 received the ICE National Detainee Handbook. Interview with Classification staff confirmed detainees were given informational sheets about the tablet, commissary, and facility rules after assignment to a housing unit. Review of the same detainee files confirmed information was given to the detainees by a staff interpreter or by a handheld translator, the DoDo Duck (DDD). There were no LEP detainees interviewed that confirmed the DDD was utilized at intake to provide an equal opportunity to participate in or benefit from all aspects of the agency’s and facility’s efforts to prevent, detect, and respond to sexual abuse. During the onsite there were no disabled detainees housed at FIPC to interview.

Corrective Action:

Does Not Meet (b)(c): 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 of LEP detainees. Intake forms indicated a DDD or staff interpreter was utilized to give PREA information; however, no detainees confirmed the use of the DDD even though file reviews of interviewed detainees documented the use of the DDD. To become compliant the facility must develop a practice that provides LEP detainees access and equal opportunity to the

Agency's and facility's efforts to prevent, detect, and respond to sexual abuse. The facility documents use of the DDD to provide PREA information on intake forms but must provide confirmation to the Auditor the device is being utilized. The facility must submit to the Auditor documentation for 10 detainees received 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 LEP, deaf or hard of hearing, blind or have limited sight, or may have intellectual, psychiatric, or a speech disability since there were no disabled detainees to interview during the onsite. FIPC 10.1.1 is not compliant with the requirement that if a detainee expresses a preference for another detainee to provide interpretation and the agency determines that such interpretation is appropriate with DHS policy. To become compliant, the facility must update policy to include this verbiage and provide documentation to the Auditor.

Corrective Action Taken:

On May 20, 2025, the facility provided an updated SAAPI policy effective April 2, 2025, with AFOD approval; nine SAAPI Risk Assessments for detainees who spoke a language other than English or Spanish; and a PREA training attendance roster for intake staff with signed acknowledgements indicating staff were retrained on PREA Risk Screening (115.16). On June 20, 2025, the facility submitted one SAAPI Risk Assessment for a detainee with a hearing disability who spoke Spanish. This form documented the use of a staff interpreter. The Auditor finds the facility has demonstrated compliance with provisions (b) and (c) and is now compliant with this standard.

§115.33 - Detainee education.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c)(d)(e)(f): FIPC 10.1.1 states, "During the intake process, FIPC shall ensure that the detainee orientation program notifies and informs the detainees about the company's zero-tolerance policy regarding all forms of sexual abuse/assault and sexual harassment and includes instruction on: Prevention and intervention strategies; Definitions and examples of detainee-on-detainee sexual abuse, employee-on-detainee sexual abuse and coercive sexual activity; Explanation of methods for reporting sexual abuse, including to any employee, including an employee other than immediate point-of contact line officer (e.g., the PSA compliance manager or mental health staff), the Detention and Reporting Information Line (DRIL), the DHS Office of Inspector General, and the Joint Intake Center and ICE/OPR investigation process; 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 detainee who has been subjected to sexual abuse to receive treatment and counseling. At FIPC, education/notification shall be provided in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills. FIPC shall maintain documentation of detainee participation in the intake process orientation which shall be retained in their individual files. FIPC 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. Facilities shall make available and distribute to DHS-prescribed Sexual Assault Awareness Information pamphlet." During the onsite audit the Auditor observed an intake (b) (7)(E) [REDACTED]. Detainees were not given any written educational material and only signed pages within a pre-made detainee folder. The facility had a video playing on television sets within the intake unit in English and Spanish. The video did not include information on all required elements under provision (a). The Auditors observed the DHS-prescribed Sexual Assault Awareness Notice with facility contact name and number, the DHS-prescribed ICE SAA Information pamphlet in nine languages, contact information for DHS OIG, poster for the DRIL line, and posters for Satilla Advocacy Services in the housing units. Intake staff had the ability to print The ICE National Detainee Handbook in 17 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K'iche', Portuguese, Pulaar, Punjabi, Romanian, Russian, Spanish, Turkish, Vietnamese, and Wolof. The Intake area had the ICE National Detainee Handbook printed or available on the computer system for printing as

needed. When the Auditor requested to observe the DHS-prescribed ICE SAA Information pamphlet on the computer for printing, Intake staff had difficulty finding the pamphlets. After searching the computer system, the DHS-prescribed ICE SAA Information pamphlet was found and available in 17 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Pulaar, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, Uzbek, and Vietnamese. Review of the detainee tablet confirmed the ICE National Detainee Handbook was available in all 17 languages. Review of 34 detainee files confirmed detainees who spoke Adu, Chinese, Hindi, Mandarin, Pakistani, and Russian signed they had received PREA education through the facility video, received a SA-API pamphlet, and received an ICE National Detainee Handbook. Detainee file review additionally confirmed translation was provided through a handheld translating device DoDo Duck (DDD) or a staff translator. The Auditor requested the files for the four detainees (b) (7)(E) being processed into the facility. All acknowledgement forms for detainee education confirmed use of the DDD; however, the Auditor did not see this device utilized (b) (7)(E) or written material being provided to the detainee. Interviews with 29 detainees confirmed 10 detainees received the ICE National Detainee Handbook, with the others reporting they did not receive anything or papers that had information about the tablets, rules of the facility, and some PREA information.

Corrective Action:

Does Not Meet (a)(b)(c)(e): FIPC's detainee education is not compliant with the requirements of this standard. To become compliant, the facility must establish and implement a detainee orientation process that adheres to all elements of provision (a), is available to LEP detainees, ensures detainee education is documented accurately. Additionally, the facility must distribute the DHS-prescribed SAA Information pamphlet to detainees in a language of their understanding. Once implemented the facility must provide documentation to the Auditor that applicable Intake staff have been trained on the newly implemented procedure and confirmation that 30 detainees have received the newly implemented detainee education.

Corrective Action Taken:

On May 20, 2025, the facility submitted 30 detainee-signed handouts titled "Excerpt from Folkston ICE Processing Center Supplemental Detainee Handbook on Sexual Abuse Assault Awareness/Comprehensive Education & Reporting Procedures"; 30 detainee-signed acknowledgements for receipt of the ICE Detainee Handbook/PREA Pamphlet; blank supplements in the 19 languages required by ICE; and an attendance roster for intake staff with signed acknowledgements indicating staff were retrained on PREA Education/Handbook (115.33). The Auditor observed the detainee signature line, date, language utilized, a line for the translator identification number, and a line for staff signature on the "Excerpt from Folkston ICE Processing Center Supplemental Detainee Handbook on Sexual Abuse Assault Awareness/Comprehensive Education & Reporting Procedures." The facility has exceeded the requirements of this standard by providing the facility's detainee education material in 19 languages (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K'iche', Mam, Portuguese, Pulaar, Punjabi, Qeqchi, Romanian, Russian, Spanish, Turkish, Vietnamese, and Wolof). The Auditor finds the facility has demonstrated compliance with provisions (a), (b), (c), and (e) and has exceeded the requirements for this standard.

§115.34 - Specialized training: Investigations.

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

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 Auditors' review; this documentation is in accordance with the standard's requirement. FIPC 10.1.1 states, "FIPC investigators shall be trained in conducting such investigations on sexual abuse and effective cross-agency coordination. All investigations into alleged sexual abuse must be conducted by qualified investigators. Investigators shall receive this specialized training in addition to the general training mandated for employees. Facilities shall maintain documentation of this specialized training in the employees training file." The facility provided the PREA Specialized Training Investigating Sexual Abuse in Adult/Juvenile Correctional Setting curriculum from the PRC, certificates of completion for Specialized Training: Investigating Sexual Abuse in Correctional Settings GEO, and a memorandum that specialized training is located on the ERAU SharePoint. The facility additionally provided electronic transcripts that the PSACM/Investigator had received the general PREA training required by §115.31. Review of six investigation files confirmed the PSACM/Investigator conducted the investigations. Review of the curriculum provided confirmed the course material did not provide training on effective cross-agency coordination.

Corrective Action:

Does Not Meet (a): The facility provided training curriculum and certificates of completion for Specialized Training: Investigating Sexual Abuse in Correctional Settings GEO; however, the training curriculum does not contain material on cross-agency coordination in conducting investigations. To become compliant, the facility must ensure all investigators who conduct sexual abuse investigations have been trained in effective cross-agency coordination and provide documentation of this training and the related curriculum to the Auditor.

Corrective Action Taken:

On April 1, 2025, the facility provided training from the National PREA Resource Center, Modules 1 – 9; training transcripts with completion date for the training modules; and a certificate of training for Specialized PREA Investigations training. The Auditor finds the facility has demonstrated compliance with provision (a) and is now compliant with this standard.

§115.41 - Assessment for risk of victimization and abusiveness.

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

Notes:

(a)(b)(c)(d)(e)(f)(g): FIPC 10.1.1 states, "All detainees shall be assessed during intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the facility. Facilities shall use the GEO PREA Risk Assessment Tool 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. FIPC 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 detainee self-identified as LGBTI or Gender Nonconforming; Whether detainee self-identified as having previously experienced sexual victimization; and, Own concerns about his/her physical safety. The intake screening shall also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the Facility, in assessing the risk of being sexually abusive. FIPC shall ensure that between 60 and 90 days from the initial assessment at the Facility, staff shall reassess each detainee's risk for victimization or abusiveness using the PREA Vulnerability Reassessment Questionnaire which is to be completed by case managers. The PREA Risk

Assessment form is completed initially upon arrival. Facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire to conduct the reassessment. At any point after the initial intake screening, a detainee shall be reassessed for risk of victimization or abusiveness when warranted based upon the receipt of additional, relevant information or following an incident or abuse or victimization. Disciplining detainees for refusing to answer or not providing complete information in response to certain screening questions is prohibited. FIPC shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness to ensure that sensitive information is not exploited by employees or other detainees. Sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions.” The Auditor was able to observe an intake during the onsite audit (b) (7)(E). All detainees were kept in the intake area until processed and no other detainees were allowed in the area or were able to casually walk through or to the area while the detainee was being processed. The Auditor observed premade files and intake staff pointing and detainees signed various documents within the file. The Auditor additionally observed two detainees being processed at once. The Auditor reviewed an initial PREA Risk Assessment which confirmed all elements of subsections (c) and (d) are evaluated upon intake; however, observation of the (b) (7)(E) the information was not obtained during the intake process. The Auditor reviewed 34 detainee files and confirmed all assessments were completed within 12 hours of admission into the facility and all reassessments had been completed within the 60-90-day requirement of the standard. The Auditor reviewed six investigation files, and all detainees received a reassessment required of subsection (e). Interviews with Intake staff, Classification 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 on the assessment. Interview with Classification staff confirmed housing decisions were determined by intake. Interview with Classification staff additionally confirmed that hard copies of the assessments are kept in detainee files locked in the records office, which the Auditor observed. Interviews with 29 detainees confirmed no detainee was asked all of the risk assessment questions required of the standard by intake staff but were only asked a few of these questions that were required of the medical intake assessment (questions about prior sexual victimization).

Corrective Action:

Does not meet (a)(c)(g): The facility is not assessing detainees on intake to identify those likely to be sexual aggressors or sexual abuse victims. To become complaint, the facility must establish and implement a procedure to assess detainees upon entry into the facility. To become compliant with provision (a) and (c) the facility must provide the Auditor with documentation the questions required to be asked of the detainee in provision (c) are being asked to each detainee. To comply with provision (g) the facility should provide documentation that each detainee is given the risk assessment in a private area to ensure sensitive information is not exploited to the detainee’s detriment by staff or other detainees. The facility must provide the Auditor with 30 intake files during the CAP period to confirm risk assessments are being completed upon intake and in private.

Corrective Action Taken:

On May 20, 2025, the facility provided photographs of three rooms available for conducting PREA risk assessments; a photograph of a staff member conducting a risk assessment in private; and 30 risk assessments. The Auditor finds the facility has demonstrated compliance with provisions (a)(c) and (g) and is now compliant with this standard.

§115.64 - Responder duties.

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

Notes:

(a)(b): FIPC 10.1.1 states, “Upon learning of an allegation that a detainee was sexually abused, or if the employee sees the abuse, the first security staff member to respond to the report shall: Separate the alleged victim and abuser; Immediately notify the on-duty security supervisor and remain on the scene until relieved by

responding personnel; Preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; and ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; The alleged abuser should be placed (separately) in a dry cell, or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; until the forensic examination can be performed. A security staff of the same sex shall be placed outside the cell or area for direct observation to ensure these actions are not performed; If the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify security staff.” The facility provided GEO Sexual Abuse and Assault Prevention & Intervention (PREA) training curriculum for staff and contractors and associated transcripts of training completion for the Auditor to review. Review of first responder cards carried on FIPC staff revealed some staff had incorrect cards which stated, “Do not let the alleged victim or abuser take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.” Interview with two non-security staff confirmed as a responder they would request the victim not to take any actions to destroy evidence and report the incident to security immediately. Interviews with 10 detention officers confirmed staff would separate the victim and alleged abuser, secure the scene, and report the incident. None of the staff interviewed could not articulate the requirement to request the victim and ensure the alleged abuser not take actions that destroy evidence. Review of six investigation files confirmed the detainee was removed from the area immediately.

Corrective Action:

Does Not Meet (a): Detention staff could not articulate the requirement that they should request the victim and ensure the alleged abuser not take actions that destroy evidence. To become compliant, the facility must provide documentation that applicable staff have been trained on the requirement that if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and ensure the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Documentation that applicable staff have been trained should be provided to the Auditor.

Corrective Action Taken:

On April 1, 2025, the facility provided an updated Sexual Abuse First Responder Duties card and staff signatures acknowledging they have the correct card for Classification, Administration, Food Service, Maintenance, Intake staff, Medical, Security staff A, B, C, and D shift, and Security staff 5-day shift. The Auditor finds the facility has demonstrated compliance with provision (a) and is now compliant with this standard.

AUDITOR CERTIFICATION:

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

Jodi Upshaw

7/14/2025

Auditor's Signature & Date

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

8/16/2025

Program Manager's Signature & Date

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

8/15/2025

Assistant Program Manager's Signature & Date

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



**Homeland
Security**

AUDIT DATES

.From:	1/7/2025	.To:	1/9/2025
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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:	Atlanta
.Field Office Director:	Kristen Sullivan
.ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
.Field Office HQ physical address:	180 Ted Turner Drive SW, Atlanta, GA 30303

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

.Name of facility:	Folkston Main ICE Processing Center
.Physical address:	3026 Hwy 252 East Folkston, Georgia 31537
.Telephone number:	(912) 496-6905
.Facility type:	Dedicated Inter-governmental Service Agreement
.PREA Incorporation Date:	12/16/2016

Facility Leadership

.Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
.Email address:	(b) (6), (b) (7)(C)	Telephone #:	(912) 496- (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 #:	(912) 496- (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 Folkston ICE Processing Center (FIPC) was conducted on January 7 – 9, 2025, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditors, Jodi Upshaw, Lead Auditor, and (b) (6), (b) (7)(C), Support Auditor, employed by Creative Corrections, LLC. The Auditors were 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 Auditors. The PM's role is to provide oversight to the U.S. Immigration and Customs Enforcement (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. FIPC is operated by GEO Group and is located in Folkston, GA. This is the facility's third PREA audit. The current audit period is February 1, 2022 – January 9, 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's policies, facility's policies, and other pertinent documents through the ICE Audit Management and Review System SharePoint. Supporting documentation was organized and placed within folders for ease of auditing. The main policy that governs FIPC's PREA Program is 10.1.1 Sexual Abuse Assault Prevention and Intervention (SAAPI) Program for Immigration Facilities. Supporting documentation and the policy were reviewed by the Auditor. The Auditor reviewed the Agency's website (www.ice.gov/prea) and the facility's website (www.geogroup.com/PREA).

FIPC 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 is separated into a Main facility, with a capacity of 780, and an Annex, with a capacity of 340, for a total of 1120 beds. The facility reported 6,685 detainees have been booked into the facility in the last 12 months. The average length of time in custody is 20 days. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities processed through FIPC are from Colombia, Guatemala, and Mexico. On the first day of the audit, the facility reported 801 male detainees were housed at the facility. The Main facility is comprised of one single cell housing unit, eight open bay/dormitory housing units, five multiple occupancy cell housing units, one segregation housing unit, and a medical unit with five beds. The Annex is comprised of one single cell housing unit, one open bay/dormitory housing unit, five multiple occupancy cell housing units, one segregation housing unit, and a medical unit with four beds.

The entry briefing was held in the Facility Administrator's (FA) conference room on January 7, 2025. The ICE/OPR/ERAU TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C), PREA Compliance Manager, GEO
(b) (6), (b) (7)(C), Facility Administrator, FIPC
(b) (6), (b) (7)(C), Assistant Facility Administrator (AFA), FIPC
(b) (6), (b) (7)(C), PSA Compliance Manager (PSACM), FIPC
(b) (6), (b) (7)(C), Compliance Administrator (CA), FIPC
(b) (6), (b) (7)(C), Health Services Administrator (HSA), FIPC
(b) (6), (b) (7)(C), Assistant Field Office Director (AFOD), ICE ERO
(b) (6), (b) (7)(C), Acting Supervisory Detention and Deportation Officer (A)(SDDO), ICE ERO
(b) (6), (b) (7)(C), TL, Inspections and Compliance Specialist (ICS), ICE OPR/ERAU via telephone
(b) (6), (b) (7)(C), ICS, ICE OPR/ERAU

Jodi Upshaw, Lead Certified Auditor, Creative Corrections, LLC
(b) (6), (b) (7)(C), Support Certified Auditor, Creative Corrections, LLC

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

The onsite inspection commenced on January 7, 2025, and included the sallyport, intake areas, medical unit, housing units, segregation unit, food service, laundry, library, gym, and visitation. In addition, the Auditors observed the control center and administrative offices. During the onsite audit, the Auditors made visual observations of bathrooms and shower areas, camera locations, noted sight lines, potential blind spots, and the number of staff assigned in all areas of the facility. Housing units have a common seating area, telephones, toilet area with sinks, and a shower area. The Auditors observed PREA information in all common areas of the facility and within the detainee housing areas, which included the audit notice, the DHS-prescribed Sexual Assault Awareness Notice with facility contact name and number, the DHS-prescribed ICE Sexual Abuse Awareness (SAA) Information pamphlet, DHS Office of Inspector General (OIG) poster, consular numbers, and Satilla Advocacy Services poster. The posters were predominately in English and Spanish, with the exception of the DHS-prescribed ICE SAA Information pamphlet, which was posted in nine languages on the housing unit bulletin boards. During the onsite audit, the Auditors tested the numbers provided for Detainee Reporting Information Line (DRIL), OIG, Satilla Advocacy Services, and the facility PREA Hotline and confirmed they were in good working order.

The Lead Auditor was able to observe a detainee intake process (b) (7)(E). Detainees were brought into the intake area 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 two at a time and signed prefilled paperwork, took a photograph for their facility identification card, and verified personal property that was being held by the facility. Detainees are classified by intake staff prior to arrival.

(b) (7)(E)

FIPC employs 211 detention officers (108 male and 103 female) with the remaining staff consisting of administrative, management, food service, contractors, and support staff. There are 31 GEO medical, 37 IHSC medical, 3 GEO mental health staff, and 2 IHSC medical health staff. The facility currently does not utilize volunteers. The Auditors conducted 23 staff interviews which consisted of the FA, PSACM, Human Resources Manager (HRM), Intake staff (2), Classification, Staff Training Administrator (STA), Grievance Officer (GO), staff member who supervises detainees in segregation, staff member who conducts unannounced rounds, random detention officers (10), Medical IHSC, Mental Health IHSC, and a GEO Medical Staff member. The PSACM is the designated Investigator, Disciplinary Officer, Grievance Officer, Training Officer, and Retaliation Monitor for PREA incidents and was also interviewed in the role of Incident Review Team Member. The Auditors also interviewed the SDDO and an advocate from Satilla Advocacy Services. The Auditors conducted 29 detainee interviews. Interviews included Limited English Proficient (LEP) (24), Lesbian, Gay, Bisexual (LGB) (1), and (1) detainee who reported prior sexual victimization during

screening). The facility had several housing units that were quarantined due to a flu outbreak which resulted in the Auditors not being able to obtain additional targeted detainee interviews.

The facility PAQ reported there are two facility investigators; however, only one conducts investigations of sexual abuse. The Auditor conducted file reviews for 6 closed allegations.

On January 9, 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), PREA Compliance Manager, GEO
(b) (6), (b) (7)(C), FA, FIPC
(b) (6), (b) (7)(C), Executive Secretary, FIPC
(b) (6), (b) (7)(C), AFA, FIPC
(b) (6), (b) (7)(C), PSACM, FIPC
(b) (6), (b) (7)(C), CA, FIPC
(b) (6), (b) (7)(C), HSA, FIPC
(b) (6), (b) (7)(C), Business Manager, FIPC
(b) (6), (b) (7)(C), AFOD, ICE ERO
(b) (6), (b) (7)(C), SDDO, ICE ERO
(b) (6), (b) (7)(C), (A)SDDO, ICE ERO
(b) (6), (b) (7)(C), Deportation Officer, ICE ERO
(b) (6), (b) (7)(C), TL, ICS, ICE OPR/ERAU via telephone
(b) (6), (b) (7)(C), ICS, ICE OPR/ERAU
Jodi Upshaw, Lead Certified Auditor, Creative Corrections, LLC
(b) (6), (b) (7)(C) Support 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: 1

- §115.13 - Detainee supervision and monitoring.

Number of Standards Met: 31

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator.
- §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.
- §115.35 - 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.
- §115.65 - 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: 6

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

- §115.64 - Responder duties.

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): FIPC 10.1.1 states, “FIPC maintains a zero-tolerance policy for all forms of sexual abuse and assault. It is the policy of the FIPC to provide a safe and secure environment for all detainees, employees, contractors, and volunteers, free from the threat of sexual abuse or assault, by maintaining a Sexual Abuse and Assault Prevention and Intervention Program that ensures effective procedures for preventing, detecting, reporting, responding to, investigating, and tracking incidents or allegations of sexual abuse or assault.” During the onsite audit, the Auditors observed the DHS ICE Zero Tolerance for Sexual Abuse poster in the intake area, all housing units, the medical unit, library, food service area and visitation room. Interviews with 23 FIPC staff confirmed all were aware of the facility’s and Agency’s zero-tolerance policy toward all forms of sexual abuse. The facility provided confirmation FIPC 10.1.1 has been reviewed and approved by the agency.

(d): FIPC 10.1.1 states, “Each facility administrator shall designate a local PSA compliance manager for each immigration facility who will assist in ensuring facility compliance with sexual abuse and assault prevention and intervention policies and procedures and who shall serve as the facility point of contact for the DHS PSA coordinator and corporate PREA coordinator.” The Auditor reviewed the organizational chart and observed the PSACM reports directly to the FA. Interview with the PSACM confirmed he is the point of contact for the Agency PSA Coordinator. In addition, the PSACM confirmed he 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: Exceeds Standard

Notes:

(a)(b)(c): FIPC 10.1.1 states, “FIPC shall ensure that it maintains sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse. FIPC shall develop and document comprehensive detainee supervision guidelines to determine and meet the detainee supervision needs and shall review those guidelines at least annually. In determining adequate levels of detainee supervision and determining the need for video monitoring, FIPC shall take into consideration: Generally accepted detention and correctional practices; Any judicial findings of inadequacy; The physical layout of each facility; The composition of the detainee population; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; The findings and recommendations of sexual abuse incident review reports; Any other relevant factors, including but not limited to the length of time detainees spend in custody.” According to the PAQ, FIPC employs a total of 211 security staff, consisting of 108 males and 103 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 31 GEO employed medical, 37 IHSC medical, 3 GEO mental health staff, and 2 IHSC mental health staff. Detention officers work two 12-hour

shifts: 6:00 a.m. - 6:00 p.m. and 6:00 p.m. – 6:00 a.m. The Auditors observed appropriate staffing levels in the booking/intake area, medical unit, and housing units during the onsite audit. (b) (7)(E)

The facility has developed comprehensive detainee supervision guidelines through facility Post Orders and GEO policies. The facility provided minutes for a Policy Review Meeting, dated April 17, 2024, that confirmed policies and post orders are reviewed on an annual basis. The Auditor observed an Annual PREA Facility Assessment – Adult Prisons and Jails for 2024. The completed assessment took into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, the physical layout of the facility, composition of detainee population, review of substantiated and unsubstantiated incidents, the findings and recommendations of prior sexual abuse incident review reports, and other relevant factors. During the onsite audit, the Auditor observed random post orders and confirmed the post orders were updated yearly. Interviews with the FA and PSACM confirmed that appropriate staffing levels are determined as part of an annual staffing plan review and detainee supervision guidelines are reviewed annually.

(d): FIPC 10.1.1 states, “FIPC Supervisory staff (intermediate and high-level supervisors) shall conduct and document random unannounced security inspections to identify and deter staff sexual abuse and sexual harassment of detainees. These “PREA Unannounced Security Inspections” may be conducted in conjunction with other daily and weekly rounds as required. PREA Unannounced Security Inspections shall be conducted at least once per shift by the Assistant Shift Supervisor and Shift Supervisor. Daily Unannounced Security Inspections through each housing unit will be conducted by the shift supervisor documented in the housing unit logbook as PREA Unannounced Security Inspections in red ink. 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 FIPC.” During the onsite audit, the Auditors randomly checked post logbooks and confirmed unannounced rounds were being conducted on day and night shifts. The Lead Auditor also observed post logbooks in two housing units that were vacant and found that the logbooks contained documented unannounced PREA rounds that were consistently conducted in these areas even while the units were vacant. These rounds were continued over time and prominently documented in the post logbooks maintained in the vacant units. The standard states the facility shall conduct frequent unannounced rounds. The Auditor finds conducting these rounds in occupied and unoccupied areas and the prompt documentation of rounds exceeds the standard. The Lead Auditor interviewed a supervisor who conducted unannounced rounds and confirmed the staff member could articulate these rounds were different than the safety and sanitation inspections required daily. Interviews with 10 detention officers additionally confirmed supervisors conduct rounds randomly and they do not alert other areas these rounds are occurring.

Corrective Action:

No corrective action needed.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable

Notes:

(a)(b)(c)(d): According to the PAQ and interviews with the FA, PSACM, and 10 detention officers, FIPC 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: Does Not Meet Standard

Notes:

(b)(d): FIPC 10.1.1 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. Cross-gender pat-down searches of female detainees, absent exigent circumstances are prohibited. All strip searches, visual body cavity searches, and cross-gender pat-down searches shall be documented.” The facility provided a memorandum, which stated there have been no cross-gender pat-down searches conducted during the review period, and a blank Cross Gender Pat Search log. During the onsite audit, the Auditor observed an (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 10 random detention officers confirmed FIPC does not conduct cross gender pat searches and that they are prohibited. Staff further confirmed these searches could be conducted only in an emergency situation, and should one occur, it would need to be documented. Interviews with 29 detainees further confirmed they had been pat searched upon entry into the facility in a professional and respectful manner by a staff member of the same gender.

(c): FIPC is an all-male facility; therefore, this provision is not applicable.

(e)(f): FIPC 10.1.1 states, “Cross-gender strip searches or cross-gender visual body cavity searches shall not be conducted except in exigent circumstances, including consideration of officer safety, or when performed by Medical Practitioners. All strip searches, visual body cavity searches, and cross-gender pat-down searches shall be documented.” The facility provided a memorandum which stated there have not been any cross-gender visual body cavity searches conducted during the review period. Interviews with 10 detention officers confirmed cross-gender strip searches are not authorized at FIPC. Interviews with 29 detainees also confirmed they had not been strip searched while housed at FIPC. FIPC does not house juveniles.

(g): FIPC 10.1.1 states, “FIPC shall implemented policies and procedures which allow detainees to shower, change clothes, and perform bodily functions without Employees of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine cell checks or otherwise appropriate in connection with a medical examination or monitored bowel movement. Employees of the opposite gender shall announce their presence when entering housing units or any areas where detainees are likely to be showering, performing bodily functions, or changing clothes.” (b) (7)(E)

Interview with the PSACM confirmed detainees changing clothing in the holding cells was not proper procedure for FIPC and clothing changes should occur in a different area in the back of the intake unit. Additionally, the Support Auditor observed direct viewing into the first-floor showers at the Annex. The facility was able to correct the shower discrepancy onsite by moving shower curtains closer to the shower nozzles. During the onsite audit, the Auditor observed opposite gender staff making gender announcements adequately when entering a housing unit; however, on additional days staff were sporadic with no announcement made. Interviews with 23 detainees indicated they were not aware when opposite gender staff enter the unit.

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

(i)(j): FIPC 10.1.1 states, “Staff shall not search or physically examine a detainee for the sole purposes of determining the detainee’s genital characterizes. If the detainee’s gender is unknown, it may be determined during private conversations with the detainee, by reviewing medical records, or by learning that information as part of a standard medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private by a medical practitioner. Security staff shall be trained to conduct pat-down searches, including cross-gender pat-down searches and searches of transgender and intersex detainees in a professional and respectful manner, and in the least intrusive manner possible, including consideration of officer safety.” The Auditor reviewed FIPC’s Cross-Gender Viewing and Searches curriculum and confirmed it includes

instruction on pat down searches, visual searches, steps to perform a body cavity search, and transgender and intersex search considerations. The facility additionally provided an electronic training transcript to confirm staff had completed the training. The Auditors reviewed 15 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 10 detention officers 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 FIPC. Interviews further confirmed the detention officers had received cross-gender pat-down search training to include conducting a pat-search of a transgender or intersex detainee. Interviews with two medical staff confirmed there have not been any detainees housed at FIPC where the gender was unknown. There were no transgender or intersex detainees housed at FIPC during the onsite audit to interview.

Corrective Action:

Does not meet (g): While watching a (b) (7)(E), the Auditor viewed detainees changing clothing in one of the (b) (7)(E). To become compliant, the facility must implement a procedure to ensure detainees are able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. Once the procedure has been implemented, the facility must train applicable staff of the procedure and provide training documents to the Auditor. Female staff members are not adequately announcing their presence when they enter an area where detainees are likely to be showering, performing bodily functions, or changing clothing. To become compliant, the facility must implement a practice of opposite gender staff to make announcements at the housing unit doors. The facility must provide documentation to the Auditor that all applicable staff have been re-trained on the procedure.

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

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): FIPC 10.1.1 states, “FIPC 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 company’s efforts to prevent, detect, and respond to sexual abuse and assault. FIPC 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, FIPC shall provide in-person or telephonic interpretation services that enable effective, accurate and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for a detainee interpreter and Facility determines that such interpretation is appropriate. Any use of these interpreters under these type circumstances shall be justified and fully documented in the written investigative report. The facility shall provide communication assistance to detainees with disabilities and who are limited in their English proficiency (LEP). The facility will provide detainees with disabilities with effective communication, which may include the provision of auxiliary aids, such as readers, materials in Braille, audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunications devices for deaf persons (TTYs), interpreters and note takers, as needed. The facility will also provide detainees who are LEP with language assistance, including bilingual staff or professional interpretation and translation services, to provide them with meaningful access to its programs and activities. All written materials provided to detainees shall generally be translated into Spanish. Where practicable, provisions for written translation shall be made for other significant segments of the population with limited English proficiency. Oral interpretation or assistance shall be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate.” During the onsite audit, the Auditor observed the DRIL posters, ERO Language Services resource flyers, and the DHS-prescribed Sexual Assault Awareness Notice, with facility contact name and number, and all were posted in English and Spanish. The DHS-prescribed ICE SAA Information pamphlet was posted in the housing units in nine languages, and the Satilla Advocacy

Services posting was in English, Spanish, Haitian Creole, and Punjabi. The ICE National Detainee Handbook is available on detainee tablets in 17 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K'iche', Portuguese, Pulaar, Punjabi, Romanian, Russian, Spanish, Turkish, Vietnamese, and Wolof. Interview with Intake staff confirmed that FIPC utilizes BIG Language Solutions for interpretation services. Intake staff had access to a TTY machine located in classification, and the Auditor observed Intake staff sign into a video service that provides sign language. 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. The Auditor requested the files for the four detainees (b) (7)(E) being processed into the facility. All acknowledgement forms for detainee education confirmed use of the DoDo Duck (DDD), a handheld translation device; however, the Auditor did not see this device utilized on the (b) (7)(E) written material being provided to the detainee. Interviews with 10 detention officers confirmed that they would not allow a detainee to interpret for another in allegations of sexual abuse but would under limited circumstances if requested by the detainee and supervision approved. Review of six investigation files confirmed mental health encounters and interviews, after an allegation, were documented. Interviews with 24 LEP detainees confirmed 7 did not receive any written PREA information upon intake, 10 received informational papers about the tablet or facility rules, and 12 received the ICE National Detainee Handbook. Interview with Classification staff confirmed detainees were given informational sheets about the tablet, commissary, and facility rules after assignment to a housing unit. Review of the same detainee files confirmed information was given to the detainees by a staff interpreter or by a handheld translator, the DDD. There were no LEP detainees interviewed that confirmed the DDD was utilized at intake to provide an equal opportunity to participate in or benefit from all aspects of the agency's and facility's efforts to prevent, detect, and respond to sexual abuse. During the onsite, there were no disabled detainees housed at FIPC to interview.

Corrective Action:

Does Not Meet (b)(c): 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 a DDD or staff interpreter was utilized to give PREA information; however, no detainees confirmed the use of the DDD even though file reviews of interviewed detainees documented the use of the DDD. To become compliant, the facility must develop a practice that provides LEP detainees access and equal opportunity to the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse. The facility documents use of the DDD to provide PREA information on intake forms but must provide confirmation to the Auditor the device is being utilized. The facility must submit to the Auditor documentation for 10 detainees received 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 LEP, deaf or hard of hearing, blind or have limited sight, or may have intellectual, psychiatric, or a speech disability since there were no disabled detainees to interview during the onsite. FIPC 10.1.1 is not compliant with the requirement that if a detainee expresses a preference for another detainee to provide interpretation and the agency determines that such interpretation is appropriate with DHS policy, that the interpretation will be allowed. To become compliant, the facility must update policy to include this verbiage and provide documentation to the Auditor.

§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. Additionally, the Unit Chief of OPR Personnel Security Operations (PSD) informed Auditors, who attended virtual training in September 2024, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity." Additionally, in an email provided by the Personnel Security Division (PSD) Unit Chief, dated September 30, 2024, Auditors were informed "during federal staff promotions, Office of Human Capital (OHC) notifies the PSD the individual has selected the tentative job offer and PSD then collects the "PREA Questionnaire", form DHS 6 CFR 115, as part of the vetting process." The Auditor reviewed the "PREA Questionnaire" and confirmed it includes asking the applicant about any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity.

FIPC 10.1.1 states, "FIPC 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. FIPC shall conduct a background investigation to determine whether the candidate for hire is suitable for employment, including a criminal background records check and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees. Background investigations, including criminal background records checks shall be repeated for all employees at least every five years. Upon request, FIPC shall submit written documentation showing the detailed elements of the Facility's background check for each employee and the facility's conclusions. FIPC 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, FIPC shall provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for who 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 OPR Personnel Security Division (PSD) Unit for review. The form included ICE staff, GEO staff, and contractor names, which confirmed all except one had the required background checks completed. One GEO staff member did not have a record of investigation; however, the background was confirmed as complete by verification of the staff file. The Auditor reviewed 15 staff and 2 contractor files and confirmed all had signed a PREA Disclosure and Authorization form, PREA Related Positions, prior to employment, to disclose if they had engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility or other institution; if they had 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 they had been civilly or administratively adjudicated to have engaged in such activity. This form is also utilized for promotions, contractors, and volunteers. At the end of the form is a statement that reads, "I understand GEO employees have a continuing duty to disclose any conduct identified in questions above and that any omission regarding such misconduct, or the provision of materially false information, shall be grounds for termination." Two of the staff files reviewed indicated the staff had prior institutional experience. In each file, there was a form for HR to document contact with the prior institutional employer. Review of the 17 files additionally confirmed that all had received a background check prior to employment and if applicable, the five-year background investigations required of the standard. Interview with 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 HRM stated if an applicant disclosed prior institutional experience, the prior institution would be contacted and that the form documenting the contact would be placed in the staff file. The HRM further confirmed FIPC would share any lawful, relevant information on substantiated allegations of sexual abuse involving a former employee applying to a different institutional employer.

Corrective Action:

No corrective action needed.

§115.18 - Upgrades to facilities and technologies.

Outcome: Not Applicable

Notes:

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

Corrective Action:

No corrective action needed.

§115.21 - Evidence protocols and forensic medical examinations.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e): The Agency's policy 11062.2 SA-API 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." FIPC

10.1.1-A states, "FIPC is responsible for investigating allegations of Sexual Abuse and is required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for juveniles where applicable and developed in coordination with the Department of Homeland Security (DHS). FIPC may not utilize facility Employees as victim advocates unless the following documentation exists: Documentation is on file that no other alternatives are available in the community; and Documentation exists that validate designated Employees have been screened for appropriateness to serve in this role and have received education concerning sexual assault and forensic examination issues in general. The outside or internal victim advocate shall provide emotional support, crisis intervention, information, and referrals. FIPC shall offer to all Detainees who experience Sexual Abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim's consent and without cost to the Detainee regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite qualified medical practitioner may perform the examination if a SAFE or SANE is not available. As requested by the victim, the presence of his or her outside or internal victim advocate, including any available victim advocacy services offered by a hospital conducting the forensic exam, shall be allowed for support during a forensic exam and investigatory interviews." The Auditor was provided with documentation that ICE has reviewed facility policy. The Auditor reviewed a Memorandum of Understanding (MOU) between FIPC and Satilla Advocacy Services. The Auditor additionally reviewed mutual assistance agreement between FIPC and the Charlton County Sheriff's Office. Review of six investigation files confirmed all detainees were offered victim advocacy services after an allegation and that a uniform evidence protocol was followed to the extent required by the incident. None of the incidents required the victim to be transferred to a medical facility for a SAFE/SANE examination. Interviews with medical staff confirmed detainees would be sent to Memorial Satilla Health or Waycross Memorial Hospital for a SAFE/SANE examination if needed. Interview with the PSACM/Investigator confirmed that the Charlton County Sheriff's Office (CCSO) would conduct criminal investigations and FIPC follows a uniform evidence protocol that has been developed in coordination with DHS and is developmentally appropriate for juveniles. The facility does not house juveniles.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): The Agency provided policy 11062.2, which states in part that, "When an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary. b) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG)." FIPC 10.1.1-A states, "The facility shall ensure that each allegation of sexual abuse or assault is investigated by appropriate criminal and administrative investigative entities and shall cooperate with all investigative efforts to ensure thorough and objective investigations. An administrative investigation shall be completed for all allegations of sexual abuse at FIPC; regardless of whether a criminal investigation is completed. GEO Corporate shall publish such Corporate policy on its website. FIPC shall have a policy in place to ensure that all allegations of sexual abuse are referred for investigation to a law enforcement agency with legal

authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. When a detainee of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, FIPC shall ensure that the incident is promptly reported to the appropriate ICE Field Office Director, and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for the investigation. When an Employee, Contractor or Volunteer is alleged to be the perpetrator of detainee sexual abuse, FIPC shall ensure the incident is promptly reported to the appropriate ICE Field Office Director. If the allegation is potentially criminal, also referred to an appropriate law enforcement agency jurisdiction for investigation.” FIPC 10.1.1 states, “Data collected pursuant to this procedure shall be securely retained for at least 10 years or longer if required by state statute. All case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations-for post-release treatment and/or counseling are retained in accordance with an established schedule. When a sexual abuse is alleged ensure that the facility administrator, ICE Field Office, PSA compliance manager, facility investigator, corporate PREA coordinator, and other designated individuals are notified within two (2) hours of the occurrence.” A review of Agency policy and FIPC 10.1.1 and 10.1.1-A 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 (www.ice.gov/prea) and the facility website (www.geogroup.com/PREA) and confirmed the Agency website includes the Agency’s investigative protocol and the facility website also includes verbiage that all allegations of sexual abuse will be investigated. Interviews with the FA and PSACM/Investigator confirmed that all allegations of sexual abuse would be referred for investigation and that such records will be maintained for at least five years. Interviews further indicated that when a staff member, contractor, or volunteer is the perpetrator of detainee sexual abuse, the facility will notify ICE and the appropriate investigative authority unless the allegation does not involve potentially criminal behavior. Interview with the SDDO confirmed notification would be made immediately to the AFOD, who in turn would notify the JIC and ICE OPR or DHS OIG. Review of six 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): FIPC 10.1.1 states, “All employees, contractors and volunteers shall receive training on GEO’s Sexually Abusive Behavior Prevention and Intervention Program. FIPC shall train all employees who may have contact with detainees on: It’s 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 or assault; 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 methods of preventing and responding 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 to make decisions concerning the victim's welfare and for law enforcement or investigative purposes. Working with vulnerable populations and addressing their potential vulnerability in the general population. PREA refresher training shall be conducted each year thereafter for all employees. Refresher training shall include updates to sexual abuse and assault policies. Employees shall document through signature on the PREA Basic Training Acknowledgement Form 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 FIPC’s Sexual Abuse and Assault Prevention & Intervention

(PREA) training for staff and confirmed the training contains all requirements of provision (a). The facility provided and the Auditor reviewed electronic transcripts of training completion for staff. The Auditor additionally reviewed 17 staff files which confirmed training had been received upon hire and refresher training received annually. Interview with the PSACM confirmed he conducts the PREA training for staff for classroom training and refresher training is web-based training. Interview with the PSACM confirmed staff receive training prior to assuming duties and annually thereafter. Interview with the (A)SDDO confirmed he had completed the required training. The Auditor additionally requested two ICE staff PREA training certificates, which were provided onsite. Interviews with 10 detention officers confirmed they had received training upon initial hire and annually thereafter.

Corrective Action:

No corrective action needed.

§115.32 - Other training.

Outcome: Meets Standard

Notes:

(a)(b)(c): FIPC 10.1.1 states, “The facility shall ensure that all volunteers and other contractors who have contact with detainees have been trained on their responsibilities under the facility's sexual abuse prevention, detection, intervention and response policies and procedures. The level and type of training for volunteers and contractors will be based on the services they provide and their level of contact with detainees; however, all volunteers and contractors who have any contact with detainees must be notified of the facility's zero-tolerance policy and informed how to report such incidents. The facility must maintain written documentation verifying employee, volunteer, and contractor training.” The facility currently does not have volunteers, has not had volunteers recently, and does not anticipate volunteers into the facility in the near future. The Auditor reviewed the training curriculum for other contractors and signed Prison Rape Elimination Act (PREA) Basic Training Acknowledgement forms. Review of the curriculum confirms it adheres to all elements required of the standard. The Auditor additionally reviewed two contractor files and confirmed the facility has maintained written confirmation that contractors who have contact with detainees have completed the required training. During the onsite audit the Auditor noticed at the entry point to the facility the front desk detention officer took identification cards and signed nonemployees into a log. Interview with the STA confirmed that once other contractor training has been completed, he does not send notification to the front desk, but a department head would meet with the nonemployee upon entry. The STA further confirmed that volunteer training would be the same process as a contractor.

RECOMMENDATION: The Auditor recommends that the facility maintain confirmation at the entry point of the facility that volunteers and other contractors who have contact with detainees have completed the training required under this standard.

Corrective Action:

No corrective action needed.

§115.33 - Detainee education.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): FIPC 10.1.1 states, “During the intake process, FIPC shall ensure that the detainee orientation program notifies and informs the detainees about the company’s zero-tolerance policy regarding all forms of sexual abuse/assault and sexual harassment and includes instruction on: Prevention and intervention strategies; Definitions and examples of detainee-on detainee sexual abuse, employee-on-detainee sexual abuse and coercive sexual activity; Explanation of methods for reporting sexual abuse, including to any employee, including an employee other than immediate point-of contact line officer (e.g., the PSA compliance manager or mental health

staff), the Detention and Reporting Information Line (DRIL), the DHS Office of Inspector General, and the Joint Intake Center and ICE/OPR investigation process; 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 detainee who has been subjected to sexual abuse to receive treatment and counseling. At FIPC, education/notification shall be provided in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills. FIPC shall maintain documentation of detainee participation in the intake process orientation which shall be retained in their individual files. FIPC 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. Facilities shall make available and distribute to DHS-prescribed Sexual Assault Awareness Information pamphlet.” During the onsite audit, the Auditor observed an intake process [REDACTED]. Detainees were not given any written educational material and only signed pages within a pre-made detainee folder. The facility had a video playing on television sets within the intake unit in English and Spanish. The video did not include information on all required elements under provision (a). Specifically, the video did not contain information on prevention and intervention strategies, definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse, and coercive sexual activity, explanation of methods for reporting sexual abuse to someone other than a staff member, and prohibition against retaliation or that reporting abuse would not negatively impact a detainee's immigration status. The Auditors observed the DHS-prescribed Sexual Assault Awareness Notice with facility contact name and number, the DHS-prescribed ICE SAA Information pamphlet in nine languages, contact information for DHS OIG, poster for the DRIL line, and posters for Satilla Advocacy Services in the housing units. Intake staff had the ability to print the ICE National Detainee Handbook in 17 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K'iche', Portuguese, Pulaar, Punjabi, Romanian, Russian, Spanish, Turkish, Vietnamese, and Wolof. The Intake area had the ICE National Detainee Handbook printed or available on the computer system for printing as needed. When the Auditor requested to observe the DHS-prescribed ICE SAA Information pamphlet on the computer for printing, Intake staff had difficulty finding the pamphlets. After searching the computer system, the DHS-prescribed ICE SAA Information pamphlet was found and available in 17 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Pulaar, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, Uzbek, and Vietnamese. Review of the detainee tablet confirmed the ICE National Detainee Handbook was available in all 17 languages. Review of 34 detainee files confirmed detainees who spoke Hindi, Mandarin Chinese, Russian, and Urdu signed they had received PREA education (b) (7)(E), received an ICE SAA Information pamphlet, and received an ICE National Detainee Handbook. Detainee file review additionally confirmed translation was provided through a handheld translating device DDD or a staff translator. The Auditor requested the files for the four detainees (b) (7)(E) being processed into the facility. All acknowledgement forms for detainee education confirmed use of the DDD; however, the Auditor did not see this device utilized (b) (7)(E) nor written material being provided to the detainee. Interviews with 29 detainees confirmed 10 detainees received the ICE National Detainee Handbook, with 19 detainees reporting they did not receive any written material, or received informational papers about the tablets, and rules of the facility. During the onsite audit, the facility provided the Auditor with an “Excerpt from Folkston ICE Processing Center Supplemental Detainee Handbook on Sexual Abuse Assault Awareness” informational sheets updated with additional information that contained all elements of provision (a) and translated into 19 languages to be used during orientation.

Corrective Action:

Does Not Meet (a)(b)(c)(e): FIPC's detainee education is not compliant with the requirements of this standard. To become compliant, the facility must establish and implement a detainee orientation process that adheres to all elements of provision (a) including information on prevention and intervention strategies, definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse, and coercive sexual activity, explanation of methods for reporting sexual abuse to someone other than a staff member, and

prohibition against retaliation or that reporting abuse would not negatively impact a detainee's immigration status. The orientation must be available to LEP detainees, and the facility must ensure detainee education is documented accurately. Additionally, the facility must distribute the DHS-prescribed SAA Information pamphlet to detainees in a language of their understanding. Once implemented the facility must provide documentation to the Auditor that applicable Intake staff have been trained on the newly implemented procedure and confirmation that 30 detainees have received the newly implemented detainee education. Recommendation: The Auditor recommends adding a detainee signature line, date, language utilized, and line for a translator number along with a staff signature line to the "Excerpt from Folkston ICE Processing Center Supplemental Detainee Handbook on Sexual Abuse Assault Awareness" to obtain compliance with this standard.

§115.34 - Specialized training: Investigations.

Outcome: Does Not Meet 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 Auditors' review; this documentation is in accordance with the standard's requirement. FIPC 10.1.1 states, "FIPC investigators shall be trained in conducting such investigations on sexual abuse and effective cross-agency coordination. All investigations into alleged sexual abuse must be conducted by qualified investigators. Investigators shall receive this specialized training in addition to the general training mandated for employees. Facilities shall maintain documentation of this specialized training in the employees training file." The facility provided the PREA Specialized Training Investigating Sexual Abuse in Adult/Juvenile Correctional Setting curriculum from the PREA Resource Center, certificates of completion for Specialized Training: Investigating Sexual Abuse in Correctional Settings GEO, and a memorandum that specialized training is located on the ERAU SharePoint. The facility additionally provided electronic transcripts that the PSACM/Investigator had received the general PREA training required by §115.31. Review of six investigation files confirmed the PSACM/Investigator conducted the investigations. Review of the curriculum provided confirmed the course material did not provide training on effective cross-agency coordination.

Corrective Action:

Does Not Meet (a): The facility provided training curriculum and certificates of completion for Specialized Training: Investigating Sexual Abuse in Correctional Settings GEO; however, the training curriculum does not contain material on cross-agency coordination in conducting investigations. To become compliant, the facility must ensure all investigators who conduct sexual abuse investigations have been trained in effective cross-agency coordination and provide documentation of this training and the related curriculum to the Auditor.

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

Outcome: Meets Standard

Notes:

(a)(b)(c): IHSC Directive 03-01 Sexual Abuse and Assault Prevention and Intervention states, "Training must include: Definitions and examples of prohibited and illegal sexual behavior, recognizing situations where sexual abuse or assault may occur; Prevention, detection, response, and treatment of physically or sexually abused and assaulted patients in ICE custody; Appropriate interventions when a sexual abuse or assault occurs; Recognition of the physical, behavioral, and emotional signs and ways to prevent and respond to such occurrences;

Description of how to respond effectively and professionally to a victim of sexual abuse or assault; How to recognize the physical, behavioral, and emotional signs of sexual abuse or assault; Discussion of how to communicate effectively and professionally with bisexual, transgender, intersex, lesbian, gay, or gender nonconforming patients; Instructions on how to identify and protect/safeguard physical evidence with patients of sexual abuse or assaults; Steps for reporting allegations or suspicious of sexual abuse and assault. IHSC staff do not suffer retaliation for reporting abuse or assaults; Appropriate response to allegations or suspicions of sexual assault involving patients with mental or physical disabilities; How to avoid inappropriate relationships with patients; Limitations on reporting of sexual abuse and assault to personnel with a need-to-know to make decisions concerning the patient’s welfare, and for law enforcement and investigative purposes; and Staff disciplinary actions for patient sexual abuse or assault.” FIPC 10.1.1 states, “FIPC shall train all full-time and part-time medical and mental health practitioners who work regularly in its facilities on certain topic areas, including detecting signs of sexual abuse and assault, preserving physical evidence of sexual abuse, responding professionally to victims of sexual abuse and proper reporting of allegations or suspicions of sexual abuse and assault. Note: this training shall be completed as part of the newly hired employee pre-service orientation. Medical and mental health practitioners shall receive this specialized training in addition to the general training mandated for employees or contractors depending upon their status at the facility. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Forensic examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite qualified medical practitioner may perform the examination if a SAFE or SANE is not available.” The facility provided sign in sheets for IHSC PREA and Sexual Abuse Training, an electronic transcript of completed training for GEO medical/mental health staff, completed training certificates, and training curriculum. Review of the curriculum confirmed it contains all elements of provision (b). Interviews with a medical staff and a mental health staff confirmed they had received annual in-service training and specialized training required under this standard. The facility does not conduct forensic examinations. The facility provided documentation that the agency had reviewed and approved FIPC 10.1.1.

Corrective Action:

No corrective action needed.

§115.41 - Assessment for risk of victimization and abusiveness.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f)(g): FIPC 10.1.1 states, “All detainees shall be assessed during intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the facility. Facilities shall use the GEO PREA Risk Assessment Tool 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. FIPC 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 detainee self-identified as LGBTI or Gender Nonconforming; Whether detainee self-identified as having previously experienced sexual victimization; and, Own concerns about his/her physical safety. The intake screening shall also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the Facility, in assessing the risk of being sexually abusive. FIPC shall ensure that between 60 and 90 days from the initial assessment at the Facility, staff shall reassess each detainee's risk for victimization or abusiveness using the PREA Vulnerability Reassessment Questionnaire which is to be completed by case managers. The PREA Risk Assessment form is completed initially upon arrival. Facilities shall use the GEO PREA Vulnerability

Reassessment Questionnaire to conduct the reassessment. At any point after the initial intake screening, a detainee shall be reassessed for risk of victimization or abusiveness when warranted based upon the receipt of additional, relevant information or following an incident or abuse or victimization. Disciplining detainees for refusing to answer or not providing complete information in response to certain screening questions is prohibited. FIPC shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness to ensure that sensitive information is not exploited by employees or other detainees. Sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions.” The Auditor was able to observe an intake during the onsite audit (b) (7)(E). All detainees were kept in the intake area until processed and no other detainees were allowed in the area or were able to casually walk through or to the area while the detainee was being processed. The Auditor observed premade files and intake staff pointing and detainees signed various documents within the file. The Auditor additionally observed two detainees being processed simultaneously with two officers in close proximity and no privacy. The Auditor reviewed an initial PREA Risk Assessment which confirmed all elements of subsections (c) and (d) are evaluated upon intake; however, observation of (b) (7)(E) confirmed the information was not obtained from the detainee during the intake process. Only a few of the questions pertaining to prior sexual victimization were asked during the medical intake process. The Auditor reviewed 34 detainee files and confirmed all assessments were completed within 12 hours of admission into the facility and all reassessments had been completed within the 60-90-day requirement of the standard. The Auditor reviewed six investigation files, and all detainees received a reassessment required of subsection (e). Interviews with Intake staff, Classification 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 on the assessment. Interview with Classification staff confirmed housing decisions were determined by intake. Interview with Classification staff additionally confirmed that hard copies of the assessments are kept in detainee files locked in the records office, which the Auditor observed. Interviews with 29 detainees confirmed no detainee was asked all of the risk assessment questions required of the standard by intake staff but were only asked a few of these questions that were required of the medical intake assessment (questions about prior sexual victimization).

Corrective Action:

Does not meet (a)(c)(g): The facility is not assessing detainees on intake to identify those likely to be sexual aggressors or sexual abuse victims. To become complaint, the facility must establish and implement a procedure to assess detainees upon entry into the facility. To become compliant with provision (a) and (c) the facility must provide the Auditor with documentation the questions required to be asked of the detainee in provision (c) are being asked to each detainee. To comply with provision (g) the facility should provide documentation that each detainee is given the risk assessment in a private area to ensure sensitive information is not exploited to the detainee’s detriment by staff or other detainees. The facility must provide the Auditor with 30 intake files during the CAP period to confirm risk assessments are being completed upon intake and in private.

§115.42 - Use of assessment information.

Outcome: Meets Standard

Notes:

(a)(b)(c): FIPC 10.1.1 states, “Screening information shall be used to inform assignment of detainee to housing, recreation, and other activities, and voluntary work. FIPC 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. Note: Following a reported allegation of sexual abuse, the PREA compliance manager will ensure victims are placed on the “at risk” as soon as possible and tracked as a potential victim and housed separate from potential abusers “unfounded”, the victim may be removed from the “at risk” log. PSA compliance managers will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. When making assessments and housing decisions for transgender and

intersex detainees, FIPC 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 transgender or intersex detainees shall be reassessed at least twice each year to determine any threats to safety experienced by the detainee. When operationally feasible, transgender, and intersex detainees shall be given an opportunity to show separately from other detainees." The facility provided the Auditor with a Mental Health Referrals/PREA tracking log identifying potential victims and aggressors and current housing units. Interview with Intake and the PSACM confirmed should a detainee identify as transgender, they would be housed in medical or administrative housing until a transport could be arranged for a different facility. Interview with the PSACM further confirmed that housing assignments and voluntary work assignments are based on the screening tool. Interviews with 10 detention officers confirmed transgender and intersex detainees would be allowed to shower separately in the intake area or medical, if requested. During the onsite audit, there were no transgender or intersex detainees housed at FIPC to interview.

Corrective Action:

No corrective action needed.

§115.43 - Protective custody.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e): FIPC 10.1.1 states, "FIPC shall develop and follow written procedures governing the management of its administrative restriction unit. These procedures should be developed in consultation with the ICE Enforcement and Removal Operations Field Office Director having jurisdiction for the facility, must document detailed reasons for placement of an individual in administrative restriction based on a vulnerability to sexual abuse or assault. Use of administrative restriction to protect detainees vulnerable to sexual abuse or assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing option exists, as a last resort. FIPC should assign detainees vulnerable to sexual abuse or assault to administrative restriction for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If restricted housing is used to protect vulnerable detainees, they shall have access to programs, visitation, counsel, and other services available to the general population to the maximum extent practicable. Facilities shall implement written procedures for the regular reviews of all detainees held in administrative restriction for their protection as follows: 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 detainee has spent seven (7) days in administrative restriction, and every week thereafter for the first 30 days, and every 10 days thereafter. Facilities shall utilize the "DHS Sexual Assault/Abuse Available Alternatives Assessment" form to document the assessments. All completed forms shall be reviewed and signed by the facility administrator or assistant facility administrator upon completion. Facilities shall notify the appropriate ICE Field Office Director no later than 72 hours after the initial placement in administrative restriction based on a vulnerability to sexual abuse or assault for review and approval of the placement." FIPC 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. FIPC did not place a detainee in administrative segregation due to vulnerability of a sexual abuse or assault in the last year but provided a blank Administrative Segregation Review form for the Auditor to review. Interview with the FA and staff who supervise detainees in segregation confirmed detainees would not be held in administrative segregation longer than 30 days unless circumstances warranted the placement and that detainees would have access to programs, visitation, counsel, and other services available to general population. The FA further confirmed that notification would be made to ICE by telephone and documented via email should a detainee be placed in administrative segregation based on vulnerability to sexual abuse or assault.

Corrective Action:

No corrective action needed.

§115.51 - Detainee reporting.

Outcome: Meets Standard

Notes:

(a)(b)(c): FIPC 10.1.1 states, “FIPC shall provide multiple ways for residents to privately report sexual abuse and assault, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. Facilities shall provide contact information to detainees for relevant consular officials, the DHS Office of Inspector General, the Joint Intake Center, as appropriate another designated office, to confidentially and, if desired, anonymously, report these incidents. Facilities shall provide detainees contact information on how to report sexual abuse or assault to a public or private entity or office that is not part of GEO (i.e., contracting agency ICE) and that is able to receive and immediately forward resident reports of sexual abuse to facility or GEO officials, allowing the resident to remain anonymous upon request. Facilities shall provide detainees contact information on how to report sexual abuse or assault to the facility PSA compliance manger. Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document verbal reports.” During the onsite audit, the Auditor observed the DHS-prescribed Sexual Assault Awareness Notice with facility contact name and number, the DHS-prescribed ICE SAA Information pamphlet, contact information for DHS OIG, reporting numbers for the ICE DRIL, and consulate contact numbers. The Auditor was able to test telephone numbers for the OIG, OPR, DRIL, and the facility hotline option. All telephone numbers connected successfully, and the lead Auditor was notified the facility hotline received both test calls placed from both Auditors. Interview with the PSACM confirmed detainees could report allegations by telephone to the OIG, OPR, DRIL or facility hotline number and remain anonymous, if requested. Interviews with 10 detention officers confirmed they would accept reports made verbally, in writing, anonymously and from third parties and they would promptly document verbal reports. The Auditor reviewed six investigation files and confirmed verbal reports were promptly documented by the staff member receiving the verbal report and forwarded immediately for investigation through their supervisor.

Corrective Action:

No corrective action needed.

§115.52 - Grievances.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): FIPC 10.1.1 states, “FIPC grievance polices include the following procedures regarding sexual abuse grievances: FIPC shall permit a detainee to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint; FIPC shall not impose a time limit on when a resident may submit a grievance regarding allegation of sexual abuse; FIPC shall implemented written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to resident health, safety, or welfare related to sexual abuse; FIPC staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment; To prepare a grievance, a detainee may obtain assistance from another resident, the housing officer or other facility staff, family members, or legal representatives. Staff shall take reasonable steps to expedite requests for assistance from these other parties; and FIPC 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. FIPC shall send all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process. The PSA compliance manager shall receive copies of all grievances related to sexual abuse or sexual activity for monitoring purposes.” The facility provided a memorandum that stated there have not been any grievances during the audit period related to or alleging sexual abuse. The Auditor reviewed the facility handbook section titled, “Grievance Procedures.” The section includes information to detainees on how to file

informal, formal, and emergency grievances, the timelines associated with these grievances, appeal process, information that they may file formal grievances at time 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. Interview with the PSACM and GO confirmed that detainees are allowed to file a grievance at any time and there is no time limit imposed for such grievances. Interviews further confirmed that in addition to other detainee and staff, detainees may utilize family members or legal representatives for assistance in preparing a grievance. Both staff members were knowledgeable about issuing a decision within 5 days and a response to an appeal within 30 days. Interviews with 10 detention officers 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): FIPC 10.1.1 states, “FIPC shall utilize available community resources and services to provide valuable 1 15.53(b) 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. FIPC shall make available to detainees information about local organizations that can assist detainees who have been victims of sexual abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available). If local providers are not available, FIPC shall make available the same information about national organizations. FIPC 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. FIPC 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. FIPC shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements.” The facility provided a signed memorandum of understanding with Satilla Advocacy Services to provide a hotline for emotional support services, provide the service free of cost, and provide advocacy services during a SANE/SAFE examination. During the onsite audit, the Auditors observed posters for Satilla Advocacy Services with telephone numbers and address on the walls within the intake areas and all housing units in English, Spanish, Haitian Creole, and Punjabi. The facility additionally provided supplemental PREA material to the facility handbook in 17 languages that included information for Satilla Advocacy Services and information concerning mandated reporting laws. Interview with an advocate at Satilla Advocacy Services confirmed they would provide counseling services, support during the SANE/SAFE examination, and additional support with follow up care. Satilla Advocacy Services further confirmed they had a language line they could utilize for LEP detainees. Twenty-nine detainees were interviewed; however, a majority of detainees stated they were not aware of outside support services, or they did not know what advocacy was. The Auditor finds the facility has made information available to detainees about a local organization by postings for Satilla Advocacy Services on the walls throughout the facility and inclusion of information in the supplemental information material for the facility handbook.

Corrective Action:

No corrective action needed.

§115.54 - Third-party reporting.

Outcome: Meets Standard

Notes:

FIPC 10.1.1 states, “The FIPC shall publicly post GEO's third-party reporting procedures. In addition, GEO shall post on its public website its methods of receiving third-party reports of sexual abuse or assault on behalf of detainees.” A review of the Agency website (www.ice.gov/prea) confirmed it provides the public with information (telephone number & address) regarding third-party reporting of sexual abuse on behalf of the detainee. In addition, the Auditor reviewed the GEO website (www.geogroup/prea) and confirmed the website advises the public how to report allegations of sexual abuse/sexual harassment of detainees housed in a GEO facility. A review of the GEO website further confirmed contact information is provided for the GEO Group PREA Coordinator, including a phone number. There were no investigation files that contained a report from a third party.

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 off 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.” FIPC 10.1.1 states, “Employees are required to immediately report, in accordance with agency policy, any of the following: Knowledge, suspicion, or information regarding an incident of sexual abuse or assault that occurred in a facility whether or not it is a GEO facility; Retaliation against 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 type incidents. Allegations of sexual abuse in which the alleged victim is under the age of 18 or considered a vulnerable adult under state or local vulnerable person’s statute, FIPC shall report to designated state or local services agencies under applicable mandatory reporting laws.” Review of six investigation files confirmed reported allegations made to staff were reported promptly to supervisors, and staff followed the facility reporting guidelines. Two allegations were verbally reported to mental health staff and additionally documented and reported for investigation. Interviews with 10 random detention officers 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 Compliance Hotline or email on the GEO website. In addition, interviews 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 PSACM and FA confirmed if a detainee victim was under 18 or considered a vulnerable adult under state law, the allegation would be reported to ICE and the designated State or local services agency. The facility does not house juveniles. There have been no allegations of sexual abuse that included a vulnerable adult during the audit period. 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:

FIPC 10.1.1 states, "When an employee or FIPC staff member has reasonable belief that a resident is subject to substantial risk of imminent sexual abuse, he or she shall take immediate action to protect the detainee." Review of six investigation files confirmed that upon notification of an allegation, staff members took immediate action to provide safety to the detainee. Interviews with the FA, PSACM, and 10 detention officers 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): FIPC 10.1.1 states, "If a detainee alleges that sexual abuse occurred while confined at another facility, FIPC shall document those allegations and the facility administrator or assistant facility administrator (in the absence of the facility administrator) where the allegation was made shall contact the facility administrator or designee where the abuse is alleged to have occurred and notify the ICE Field Office as soon as possible, but no later than 72 hours after receiving the notification. FIPC 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. If FIPC 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 six investigation files confirmed there were no allegations received from another facility of an incident occurring at FIPC or any allegations that needed to be reported to another facility for investigation. Interviews with the FA and PSACM confirmed that should FIPC receive information a detainee was sexually abused while housed at another facility, notifications would be made to the facility where the abuse occurred and ICE FOD notification will be made within 72 hours. Should a detainee be transferred and FIPC is notified of an allegation that happened at their facility, the ICE FOD would be notified, and an investigation would be initiated immediately upon receiving the allegation. In addition, the FA and PSA Compliance Manager confirmed that notification would be done by telephone with a follow up email.

Corrective Action:

No corrective action needed.

§115.64 - Responder duties.

Outcome: Does Not Meet Standard

Notes:

(a)(b): FIPC 10.1.1 states, "Upon learning of an allegation that a detainee was sexually abused, or if the employee sees the abuse, the first security staff member to respond to the report shall: Separate the alleged victim and abuser; Immediately notify the on-duty security supervisor and remain on the scene until relieved by

responding personnel; Preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; and ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; The alleged abuser should be placed (separately) in a dry cell, or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; until the forensic examination can be performed. A security staff of the same sex shall be placed outside the cell or area for direct observation to ensure these actions are not performed; If the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify security staff.” The facility provided GEO Sexual Abuse and Assault Prevention & Intervention (PREA) training curriculum for staff and contractors and associated transcripts of training completion for the Auditor to review. Review of first responder cards carried on FIPC staff revealed some staff had incorrect cards which stated, “Do not let the alleged victim or abuser take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.” Interview with two non-security staff confirmed as a responder they would request the victim not to take any actions to destroy evidence and report the incident to security immediately. Interviews with 10 detention officers confirmed staff would separate the victim and alleged abuser, secure the scene, and report the incident. None of the staff interviewed could articulate the requirement to request the victim and ensure the alleged abuser not take actions that destroy evidence. Review of six investigation files confirmed the detainee was removed from the area immediately.

Corrective Action:

Does Not Meet (a): Detention staff could not articulate the requirement that they should request the victim and ensure the alleged abuser not take actions that destroy evidence. To become compliant, the facility must provide documentation that applicable staff have been trained on the requirement that if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and ensure the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Documentation that applicable staff have been trained should be provided to the Auditor.

§115.65 - Coordinated response.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): FIPC 10.1.1 states, “FIPC shall develop written Facility plans to coordinate the actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse and assault. FIPC shall use a coordinated, multidisciplinary team approach to responding to sexual abuse and assault. The PSA compliance manager shall be a required participant and the corporate PREA coordinator may be consulted as part of this coordinated response. If the victim of Sexual Abuse is transferred between DHS Immigration Detention Facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services. If the victim of sexual abuse is transferred to a non-DHS facility, 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.” FIPC submitted a memorandum which stated there has not been a detainee who reported abuse after transfer to another facility from FIPC or a detainee who reported abuse upon transfer to FIPC during the auditing period. FIPC has a coordinated response plan included in a facility binder. The plan identifies roles that will be assigned to the Sexual Abuse Response Team (SART), assigned duties for each role and coordinating actions. Interview with the FA and PSACM confirmed the facility would use this plan should an incident occur. The auditor’s review of six investigation files found that none of the incidents warranted a full coordinated response. The FA further confirmed that should a detainee be transferred to another DHS facility,

FIPC would inform the receiving facility of the detainee's need for potential medical or social services. The FA 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:

FIPC 10.1.1 states, "Employees, contractors and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring resident 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. FIPC shall not enter into or renew any collective bargaining agreement or other agreement that limits the FIPC's ability to remove alleged employee sexual abusers from contact with any resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted." Interviews with the FA, PSACM, and the HRM confirmed that staff, contractors, and volunteers are removed from contact with detainees until an investigation has been concluded. The Auditor reviewed one investigation file involving a contractor. The Auditor observed a "no detainee contact order" signed by the contractor within the file. The Auditor additionally observed notification to the contractor when the investigation was completed for their return to duty.

Corrective Action:

No corrective action needed.

§115.67 - Agency protection against retaliation.

Outcome: Meets Standard

Notes:

(a)(b)(c): Agency policy 11062.2 mandates, "ICE employees shall not retaliate against any person, including a detainee, 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." FIPC 10.1.1 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. FIPC 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. FIPC's PSA compliance manager, facility investigator, or mental health personnel shall be responsible for monitoring detainee retaliation. Facilities shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims who fear retaliation for reporting sexual abuse or for cooperating with investigators. A mental health staff member, facility investigator, or the PSA compliance manager shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. Any issues discussed shall be noted on the "Protection from Retaliation Log, to include corrective actions taken to address the issue. For at least 90 days following a report of sexual abuse, FIPC shall monitor the conduct and treatment of the alleged victim in a GEO program or employees who reported the sexual abuse to see if there are changes that may suggest possible retaliation by detainees or staff and shall act promptly to remedy such retaliation. Items to be monitored for detainees include disciplinary reports and housing or program changes. For at least 90 days following a report of staff sexual misconduct (abuse or harassment) by another employee, the facility human resources staff or facility investigator

as designated by the facility administrator shall monitor the conduct and treatment of the employee who reported the staff sexual misconduct (abuse or harassment) or employee witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded or deemed not PREA by corporate oversight. Designated staff shall meet every 30 days for 90 days with employees in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. The Employee Assistance Program (EAP) may also be offered for emotional support services for employees who fear retaliation. Any issues discussed shall be noted on the Employee Protection from Retaliation Log to include corrective actions taken to address the issue. Items to be monitored for employees include negative performance reviews and employee reassignments. If any other individual expresses a fear of retaliation, the FIPC shall take appropriate measures to protect that individual as well. Completed Monitoring Logs shall be retained in the investigative file of the corresponding SAPPI incident.” The Auditor reviewed six investigation files and confirmed that retaliation monitoring was conducted in each case. There were no staff retaliation monitoring to review. Detainee retaliation monitoring was initiated within one week of the allegation being reported. Monitoring was conducted on the designed GEO form and included documentation of 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 PSACM /Retaliation Monitor confirmed multiple protection measures are employed, and monitoring would continue for 90 days unless circumstances indicate additional monitoring. There were no detainees to interview housed at FIPC that reported a sexual abuse.

Corrective Action:

No corrective action needed.

§115.68 - Post-allegation protective custody.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): FIPC 10.1.1 states, “FIPC shall take care to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible (e.g., protective custody), subject to the requirements of 115.43. Such detainees should be assigned to administrative segregation for protective custody only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. Detainee victims shall not be held for longer than five (5) days in any type of administrative restriction, except in unusual circumstances or at the request of the detainee. A detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a proper reassessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse. FIPC shall notify the appropriate ICE Enforcement and Removal Operations Field Office Director whenever a detainee victim has been held in administrative restriction for 72 hours.” The facility provided a memorandum that stated FIPC has not placed any detainee in protective custody due to an allegation of sexual abuse during the review period. During the onsite audit, the Auditors observed the segregation units, but no detainee victims were housed there during the onsite audit. Review of six investigation files confirmed one allegation resulted in a detainee requesting protective custody after the incident. Reviews were conducted pursuant to 115.43. Although the detainee was housed in protective custody longer than five days, it was due to his request and documented thoroughly. Interviews with the PSACM and staff that supervise detainees in segregation confirmed detainee victims would not be held any longer than five days in any administrative segregation, except in an unusual circumstance or at the request of the detainee. The PSACM further confirmed a reassessment would be completed prior to a detainee’s return to general population. Interview with the FA confirmed that should a detainee be placed in administrative segregation due to an incident of sexual abuse; 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): FIPC 10.1.1-A states, “When FIPC 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. The Facility Administrator will assign the investigation to an investigator who has received specialized training in conducting sexual abuse investigations. An administrative investigation shall be completed for all allegations of sexual abuse at FIPC: 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 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 or staff. FIPC shall not 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 an allegation. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. FIPC shall retain all written reports referenced 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. Coordination of internal administrative investigations as well as coordination with the ICE Office of Responsibility (OPR) should be coordinated in a way as to not interfere with the assigned criminal investigative entity criminal investigations. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. When outside agencies investigate sexual abuse, FIPC shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.” Review of six investigation files confirmed the administrative investigation was completed promptly, thoroughly, objectively. Interview with the PSACM/Investigator confirmed if an allegation results in a criminal investigation, an administrative investigation would always be completed at the conclusion and in consultation with the appropriate investigative office within DHS. Interview with the FA and PSACM/Investigator further confirmed the facility utilizes Policy 10.1.1-A for investigation procedures. Review of policy confirmed it includes the coordination and proper sequencing of administrative and criminal investigations. The interview further confirmed that should the alleged victim or abuser leave the facility or control of the facility; the investigation would continue until it was finished. Should a criminal investigation need to be conducted, FIPC would remain informed through telephone calls, emails or in person updates with the CCSO.

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. FIPC 10.1.1-A Investigating Allegations of Sexual Abuse and Assault and Evidence Collection in Immigration Detention Facilities 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 PSACM/Investigator confirmed that there is no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse are substantiated. The facility had six closed allegations the Auditor could review. A review of the investigatory documentation 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:

FIPC 10.1.1-A Investigating Allegations of Sexual Abuse and Assault and Evidence Collection in Immigration Detention Facilities states, “At the conclusion of all investigations conducted by facility investigators, the facility investigator or staff member designated by the Facility Administrator shall inform the detainee victim of sexual abuse in writing, whether the allegation has been substantiated, unsubstantiated, or unfounded. The detainee shall receive the original completed “Notification of Outcome of Allegation” form in a timely manner and a copy of the form shall be retained as part of the investigation file.” The Auditor reviewed six investigation files and observed the Notification of Outcome of Allegation form in each file. The Auditor submitted the Notification to Detainee of PREA Investigation Results form to the TL as well. Review of the returned form confirmed all detainees were notified of the results of the investigation.

Corrective Action:

No corrective action needed.

§115.76 - Disciplinary sanctions for staff.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): FIPC 10.1.1-A states, “Staff shall be subject to disciplinary or adverse action up to and including removal from their position and the Federal service for substantiated allegations of Sexual Abuse or for violating agency or facility Sexual Abuse policies. The Agency shall review and approve facility policies and procedures regarding disciplinary or adverse actions for staff and shall ensure that the facility policy and procedures specify disciplinary or adverse actions for staff, up to and including removal from their position and from the Federal service for staff, when there is a substantiated allegation of Sexual Abuse, or when there has been a violation of agency sexual abuse rules, policies, or standards. Removal from their position and from the Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in Sexual Abuse, as defined under the definition of Sexual Abuse of a detainee by an employee, contractor, or volunteer. FIPC shall report all removals or resignations in lieu of removal for violations of Agency or facility Sexual Abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal. The facility shall also report all such incidents of substantiated abuse, removals or resignations in lieu of removal to the Field Office Director, regardless of whether the activity was criminal, and shall make reasonable efforts to report such information to any relevant licensing bodies, to the extent known. FIPC 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.” FIPC submitted memorandums stating they did not have any incidents involving a staff member that needed notification to law enforcement or relevant licensing bodies, or notifications for a removal or resignation in lieu of removal. The facility provided documents to confirm the agency has reviewed and approved their policy. There was one allegation during the last year that involved a staff member; however, the allegation was determined to be unsubstantiated. The allegation did not involve a sanction for the staff member, result in a removal or resignation, or notifications to law enforcement or licensing bodies. Interview with the FA and the HRM confirmed staff are subject to disciplinary action that includes termination for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse

policies. The FA further confirmed that removals or resignations are reported to law enforcement unless the incident was 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): FIPC 10.1.1-A states, “Any contractor or volunteer who has engaged in Sexual Abuse shall be prohibited from contact with detainees. FIPC shall make reasonable efforts to report to any relevant licensing body, to the extent known, incidents of substantiated Sexual Abuse by a contractor or Volunteer. Such incidents shall also be reported to law enforcement agencies, unless the activity was clearly not criminal. The facility shall also report all such incidents of substantiated abuse by a contractor or volunteer to the Field Office Director, regardless of whether the activity was criminal, and shall make reasonable efforts to report such information to any relevant licensing bodies, to the extent known. Contractors and volunteers suspected of perpetrating Sexual Abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. FIPC shall take appropriate remedial measures and shall consider whether to prohibit further contact with Detainees by Contractors or Volunteers who have not engaged in Sexual Abuse but have violated other provisions within these standards.” Review of six investigation files confirmed one allegation involved a contractor. The contractor was removed from detainee contact pending the outcome of the investigation, confirmed by a signed document in the file. The allegation was not criminal and did not require a notification to a relevant licensing body or law enforcement and was determined to be unsubstantiated. Interview with the FA confirmed any contractor or volunteer suspected of engaging in or suspected of perpetrating sexual abuse would be removed from detainee contact immediately, pending the outcome of an investigation. The FA further confirmed that 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, FIPC 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): FIPC 10.1.1-A states, “FIPC shall subject a detainee to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in Sexual Abuse. At all steps in the disciplinary process any sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform to rules and regulations in the future. FIPC 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. FIPC shall not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of Sexual Abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The PSA Compliance Manager shall receive copies of all disciplinary reports regarding Sexual Activity and Sexual Abuse for monitoring purposes.” Review of the facility detainee handbook confirmed

offenses are listed as Greatest, High, High Moderate, and Low Moderate. Sanctions imposed for the infraction are progressive and appear to be commensurate with the prohibited act. The Auditor reviewed six investigation files, and one substantiated allegation resulted in detainee discipline. Review of the disciplinary packet could not confirm the detainee's mental disability or illness contributed to the behavior when the sanctions were imposed. Interview with the PSACM confirmed he is the designated Disciplinary Officer for PREA and he 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 health status is evaluated prior to determining sanctions imposed.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c): FIPC 10.1.1 states, "If during the intake assessment, persons tasked with screening determine that a detainee is at risk for either sexual victimization or abusiveness, or if the detainee has experienced prior victimization or perpetrated sexual abuse, the detainee shall be referred to a qualified medical and/or mental health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two (2) working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral." Review of 34 detainee files confirmed if the detainee risk assessment indicated prior victimization or history of sexual abusiveness, a block was checked to indicate a referral was made to medical/mental health. Interview with Intake staff confirmed the referral would be sent to the PSACM and medical/mental health. Interview with medical staff confirmed detainees are initially processed by medical within 12 hours and subsequently receive a thorough evaluation in which sexual victimization or previous sexual abusiveness is evaluated along with other medical history. Should a detainee indicate victimization or previous sexual abusiveness on the medical intake, a referral is then put in the medical system for follow up for mental health. Review of medical/mental health referrals confirmed refusal for care or evaluations were completed within the time frames required of provisions (b) and (c) of the standard.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b): FIPC 10.1.1 states, "Victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by medical and mental health practitioners. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. All services shall be provided without financial cost to the victim regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. No attempt will be made by medical staff to clean or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim's medical condition. Medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Victims/Abusers shall either be transported to a local community facility for examination by a SAFE or SANE or one shall be brought into the facility to conduct the examination. All refusals of medical services shall be documented." The Auditor reviewed six investigation files. Review of all six files confirmed appropriate referrals were made to medical and mental health. Additionally, all detainee victims were provided informational material for Satilla Advocacy

Services. None of the allegations required transport for a SAFE/SANE examination. Interview with medical staff confirmed that emergency medical treatment for detainees would be free and conducted at Memorial Satilla Health or Waycross Memorial Hospital. Medical and mental health staff confirmed that any treatment plans would be continued at the facility and follow up care would be provided to include and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care. The facility does not house females. There were no detainees to interview who filed a PREA allegation.

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): FIPC 10.1.1 states, “FIPC shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of sexual abuse while in immigration detention. The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community. Victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services. Victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. FIPC 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 SA-API investigation determined either administratively substantiated or substantiated by outside law enforcement. All refusals for mental health services shall be documented.” The Auditor reviewed six investigation case files. Review of documentation confirmed all victims were referred appropriately to medical and mental health. None of the allegations involved a sexual assault, therefore the detainee victim did not require testing for sexually transmitted infections. Review of the investigation files further confirmed the alleged abusers were referred to mental health and given the opportunity to participate in available treatment options. Review of detainees housed at the facility who had prior convictions for a sex offense found they were also referred to mental health for evaluations. Interviews with medical and mental health staff confirmed detainees are assessed upon entrance into the facility. Detainees who have experienced prior victimization or perpetrated sexual abuse are referred to mental health for further evaluation and continued care if needed. Medical and mental health staff equally confirmed the care detainees receive while in custody is better than care received in the community. Interviews further confirmed testing for sexually transmitted diseases would be part of the SAFE/SANE examination offered at the local hospital. Staff additionally confirmed treatment would be provided without cost or whether or not the victim cooperates with the investigation. Mental health staff confirmed and provided mental health evaluations for detainee-on-detainee abusers and detainees who had been convicted for prior sexual offenses. Continued mental health treatment is offered if the detainee wishes to participate.

(d): The facility does not house females; 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): FIPC 10.1.1 states, “FIPC is required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation. Such a review shall occur within 30 days of the conclusion of the investigation. The review team shall consist of upper-level management officials, the FIPC PSA compliance manager, medical and mental health practitioners. The corporate PREA coordinator may attend via telephone or in person. A DHS Sexual Abuse or Assault Incident Review form of the team's findings shall be submitted to the corporate PREA coordinator no later than 30 working days after the review via the GEO PREA database. FIPC shall implement the recommendations for improvement or document its reasons for not doing so. Annually, FIPC shall conduct a review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. If there have not been any reports of sexual abuse during the annual reporting period, then FIPC shall prepare a negative report. FIPC shall document the review utilizing the "DHS Annual Review of SEXUAL Abuse Incidents" form. The results and finding shall be provided to the facility administrator, Field Office Director or his/her designee and corporate PREA coordinator upon completion.” The Auditor reviewed six investigation files and verified that a Sexual Abuse Incident review was conducted within 30 days on all of them. The facility considered if any changes should be made to policy or practice. The facility additionally evaluated whether the incidents were motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics. Interviews with the FA and PSACM confirmed reviews are conducted at the completion of all investigations of sexual abuse and the report is forwarded to the agency PSA Coordinator. Interviews also confirmed that annual reviews of all sexual abuse investigations are conducted and forwarded to the FOD or designee and the agency PSA Coordinator. The FA and PSA Compliance Manager further confirmed that should there be no reports during the year a negative report is also forwarded to the FOD and the agency PSA Coordinator. The facility provided documentation that the annual review for 2024 was forwarded to the FOD or designee and the agency PSA Coordinator.

Corrective Action:

No corrective action needed.

§115.87 - Data collection.

Outcome: Meets Standard

Notes:

(a): FIPC 10.1.1 states, “FIPC shall maintain in a secure area all case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling in accordance with the PREA standards and applicable agency policies and established schedules.” During the onsite audit, the Auditor observed the files and confirmed they were locked in a filing cabinet in the PSACM’s office, further secured by the door to his office. Interview with the PSACM confirmed all case records associated with allegations of sexual abuse are maintained in his office in the observed file cabinet.

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 FIPC’s PREA compliance. Interviews with staff and detainees were conducted in private while onsite. The Auditors observed

the notification of audit posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. No detainees, outside entity, or staff correspondence was received prior to the onsite audit or during the post audit review.

Corrective Action:

No corrective action needed.

AUDITOR CERTIFICATION:

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

Jodi Upshaw 3/5/2025

Auditor's Signature & Date

(b) (6), (b) (7)(C) 3/6/2025

Program Manager's Signature & Date

(b) (6), (b) (7)(C) 2/27/2025

Assistant Program Manager's Signature & Date

Office of Professional Responsibility

