

# Office of Professional Responsibility

## CAP Final Determination Report and PREA Compliance Audit Report Denver Contract Detention Facility

July 9 - 11, 2024



U.S. Immigration  
and Customs  
Enforcement

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



**Homeland  
Security**

**AUDITOR INFORMATION**

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

**PROGRAM MANAGER INFORMATION**

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

**AGENCY INFORMATION**

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

<b>Name of Field Office:</b>	Denver
<b>Field Office Director:</b>	Arthur Wilson
<b>ERO PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	12445 E. Caley Avenue Centennial, CO 80111

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

**Basic Information About the Facility**

<b>Name of facility:</b>	Denver Contract Detention Facility
<b>Physical address:</b>	3130 Oakland St Aurora, Colorado 80010
<b>Telephone number:</b>	303-361-6612
<b>Facility type:</b>	Contract Detention Facility
<b>PREA Incorporation Date:</b>	6/18/2015

**Facility Leadership**

<b>Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Facility Administrator
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	303-361- (b) (6), (b) (7)(C)
<b>Name of PSA Compliance Manager:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	PSA Compliance Manager
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	303-361- (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 Denver Contract Detention Facility met 37 standards, had 0 standards that exceeded, had 2 standards that were non-applicable, and had 2 non-compliant standards. As a result of the facility being out of compliance with 2 standards, the facility entered into a 180-day corrective action period which began on September 05, 2024, and ended on March 04, 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: 2**

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

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

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

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

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

## PROVISIONS

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

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

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

#### **Notes:**

(a)(b)(c): DCDF 5.1.2 states, "The AIPC shall ensure that residents with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the AIPC's efforts to prevent, detect, and respond to sexual abuse and assault. The AIPC shall ensure that it provides written materials to every resident in formats or through methods that ensure effective communication with residents 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. The Intake processing area has iPads that can be used to make video interpretive services calls and American Sign Language interpretive calls. In matters relating to allegations of sexual abuse, the [...] AIPC shall provide in-person or telephonic interpretation services that enable effective, accurate and impartial interpretation, by someone other than another resident, unless the resident expresses a preference for a resident to provide interpretation and the agency determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, alleged abusers, residents who witnessed the alleged abuse and residents who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse. Any use of these interpreters under these type circumstances shall be justified and fully documented in the written investigative report. The AIPC uses Big Language Solutions to provide telephonic interpretation services and staff who are qualified to interpret in other languages. The PSA compliance manager maintains a current list of employees and the languages they can interpret." During the onsite audit the Auditor observed the DRIL posters, the DHS-prescribed ICE Sexual Abuse Awareness (SAA) Information pamphlet in English and Spanish, The Blue Bench posters, ERO Language Services resource flyers and the DHS ICE Zero Tolerance for Sexual Abuse poster in English and Spanish with facility contact name and number on display. Detainees are provided with the ICE National Detainee Handbook during intake in a language of their understanding. The ICE National Detainee Handbook is available in 15 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K'iche', Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, and Vietnamese. The SAA pamphlet is available in 15 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese. The Auditors observed posters for BIG Language Solutions posted on the walls within the intake area. Review of 30 detainee files confirmed that the language line was utilized, or a staff interpreter was used for translation during the intake process. The Lead Auditor additionally observed detainee tablets which included the SAA pamphlets and ICE National Detainee Handbooks in all available 15 languages. The facility also has printed copies of these publications if needed for distribution. Interview with Intake staff confirmed that BIG Language Solutions would be utilized for translation services. 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. Interview with Intake staff further confirmed that should a detainee have a visual disability, intake information would be read to them and if the detainee had a hearing disability, material would be provided in written formats. Interviews with eight security officers confirmed that they would prefer not to allow a detainee to interpret for another in allegations of sexual abuse but would under limited

circumstances if requested by the detainee and if the agency deems it is appropriate. Interviews with 30 detainees confirmed that ICE National Detainee Handbooks were received at intake by the detainee; however, some handbooks were received in a language not of their understanding or disabled detainees (those who could not read or write) were not accommodated. Review of the same 30 detainee files and interviews utilizing the Creative Corrections contract with Language Line with those detainees further confirmed a detainee from China who could not read was given written material in English that he could not understand, a detainee who could not read or write was given written material in Spanish that could not be understood but they took the information, and a detainee who spoke Hindi was given material in English, which he could not understand. While onsite the facility the facility was notified of the housing units of these detainees so PREA information could be verbally given. The facility employs a staff interpreter who speaks over five languages and additionally provided the Auditors with a list of 39 languages staff could interpret; however, detainees who could not read or write were not provided the education required under this standard.

**Corrective Action:**

Does Not Meet (a)(b): Review of detainee files and interviews with the same detainees confirmed that the facility does not take appropriate steps to provide detainees who are LEP or have disabilities (cannot read or write) equal opportunity to participate or benefit from all aspects of the agency's and facility's efforts to prevent, detect, and respond to sexual abuse. To become compliant the facility must develop a practice that will provide all detainees who are LEP or who cannot read or write access and equal opportunity to the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse. The facility must identify and utilize available resources to provide the information contained in the ICE National Detainee Handbook and facility handbook to detainees who cannot read or write or who speak/understand a language other than English. The facility must submit to the Auditor documentation for (10) detainees who have been provided with the PREA information and are identified as LEP, disabled (visual/hearing/cognitive), or are unable to read, during the CAP period to confirm the new procedure has been implemented and is institutionalized.

**Corrective Action Taken:**

On October 14, 2024, the auditor reviewed the corrective action plan provided by the facility on October 3, 2024, and documentation provided by the facility that included a verbal orientation process designed for detainees with LEP or disabilities, a verbal orientation/handbook PREA information acknowledgement form, employee training roster, and completed signed acknowledgements for four detainees currently housed at the facility. On November 14, 2024, the Auditor reviewed a signed Resident with Reading and/or Writing Disability orientation form for one detainee submitted by the facility. The form notes that the PREA information sheet(s)/pamphlet/orientation video/handbook PREA information was read to the detainee in their preferred language. The detainee additionally signed for a Resident Communication Card, which the detainee could present to staff if assistance were needed to communicate. On March 10, 2025, the Auditor reviewed one additional Resident with Reading and/or Writing Disability form submitted by the facility. The form documented PREA information sheet(s)/pamphlet/orientation video/handbook PREA information was read to the detainee. The detainee signed for a Resident Communication Card, which can be presented to staff if assistance is needed to communicate. The facility has demonstrated compliance with provisions (a) and (b) and is now compliant with this standard.

**§115.33 - Detainee education.**

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

**Notes:**

(a)(b)(c)(d)(e)(f): DCDF 5.1.2 states, "During the intake process, 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), and for ICE detainees, the DHS Office of Inspector General, and the Joint Intake Center; Information about self-protection and indicators of sexual abuse; Prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings; and The right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. The education shall be provided in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills. Documentation of detainee participation in the intake process orientation shall be retained in their individual files. In addition to providing such education, DCDF will ensure that key information is continuously and readily available or visible to detainees through posters, inmate handbooks, tablets, or other written formats. The following notices shall be posted in all ICE housing units: 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 ICE detainees the DHS prescribed Sexual Assault Awareness Information pamphlet." During the onsite audit the Auditor observed the intake process which included written material that included providing detainees with the ICE National Detainee Handbook, facility handbook, and PREA video. Information was given to the detainee in their preferred language. The Auditor observed the PREA video and confirmed that information presented in the PREA video contains all information required of this standard and can be provided in written format for languages other than English or Spanish. Within the Intake area and housing units, the Auditor observed the DHS-prescribed sexual assault awareness notice in English and Spanish with facility PSACM's contact name and number, contact information for DHS OIG, reporting numbers for the ICE DRIL, the DHS sexual assault awareness pamphlet and poster for The Blue Bench. The ICE National Detainee Handbook is available for printing in 15 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K'iche', Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, and Vietnamese. The SAA pamphlet is available in 15 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese. The Auditor was able to observe all handbooks on the computer system. The Auditor was able to view a detainee tablet and verified that the ICE National Detainee Handbook and SAA pamphlets in all available languages, and the facility handbook available in English and Spanish is accessible. The facility also has access to the PDF version of the ICE National Detainee Handbook and SAA pamphlet publications in all 15 available languages if needed for distribution. Review of 30 detainee files confirmed that all had signed acknowledgement forms they received a copy of the ICE National Detainee Handbook and SAA pamphlet in a language of their understanding and viewed the video. Interview with Intake staff confirmed that BIG Language Solutions or a staff interpreter is utilized to provide information to detainees as needed. Should a detainee be deaf or have a hearing disability, the video transcript could be printed for the detainee to read. Should a detainee be blind or visually impaired the material would be read to them. Intake staff further confirmed that should a detainee have a cognitive disability, they would read the material to them with vocabulary the detainee could understand. Interviews with 30 detainees confirmed that all had received the ICE National Detainee Handbook; however, 3 of the detainees could not read or write and stated during their interview they could not understand the PREA video and PREA information was not provided verbally by an interpreter.

### **Corrective Action:**

Does Not Meet (b): Review of detainee files and interviews with the same detainees confirmed that the facility does not take appropriate steps to provide detainees who are LEP or have disabilities (cannot read or write) adequate PREA participation or benefit in the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse. To become compliant the facility must develop a practice that will provide all detainees who cannot read or write access and equal opportunity to the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse. The facility must identify and utilize available resources to provide the information contained in the ICE National Detainee Handbook and facility handbook to detainees who cannot read or write or who speak/understand a language other than English. The facility must submit to the Auditor documentation for (10) detainees who have been provided with the PREA information and are identified as LEP, disabled

(visual/hearing/cognitive), or are unable to read, during the CAP period to confirm the new procedure has been implemented and is institutionalized.

**Corrective Action Taken:**

On October 14, 2024, the auditor reviewed the corrective action plan provided by the facility on October 3, 2024, and documentation provided by the facility that included a verbal orientation process designed for detainees with LEP or disabilities, a verbal orientation/handbook PREA information acknowledgement form, employee training roster, and completed signed acknowledgements for four detainees currently housed at the facility. On November 14, 2024, the Auditor reviewed a signed Resident with Reading and/or Writing Disability Orientation form for one detainee submitted by the facility. The form notes that the PREA information sheet(s)/pamphlet/orientation video/handbook PREA information was read to the detainee in their preferred language. The detainee additionally signed for a Resident Communication Card, which the detainee could present to staff if assistance were needed to communicate. On March 10, 2025, the Auditor reviewed one additional Resident with Reading and/or Writing Disability form submitted by the facility. The form documented PREA information sheet(s)/pamphlet/orientation video/handbook PREA information was read to the detainee. The detainee signed for a Resident Communication Card, which can be presented to staff if assistance is needed to communicate. The facility has demonstrated compliance with provision (b) 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*

3/10/2025

**Auditor's Signature & Date**

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

3/26/2025

**Program Manager's Signature & Date**

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

3/24/2025

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



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



**Homeland  
Security**

**AUDIT DATES**

<b>From:</b>	7/09/2024	<b>To:</b>	7/11/2024
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**AUDITOR INFORMATION**

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

**PROGRAM MANAGER INFORMATION**

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

**AGENCY INFORMATION**

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

<b>Name of Field Office:</b>	Denver
<b>Field Office Director:</b>	Arthur Wilson
<b>ERO PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	12445 E. Caley Avenue, Centennial, CO 80111

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

**Basic Information About the Facility**

<b>Name of facility:</b>	Denver Contract Detention Facility
<b>Physical address:</b>	3130 Oakland St, Aurora, Colorado 80010
<b>Telephone number:</b>	303-361-6612
<b>Facility type:</b>	Contract Detention Facility
<b>PREA Incorporation Date:</b>	6/18/2015

**Facility Leadership**

<b>Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	(A) Facility Administrator
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	303-361- (b) (6), (b) (7)(C)
<b>Name of PSA Compliance Manager:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	PSA Compliance Manager
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	303-361- (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 Rate Elimination Act (PREA) audit of the Denver Contract Detention Facility (DCDF) (also known as the Aurora ICE Processing Center) was conducted on July 9 – 11, 2024, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditors, Jodi Upshaw, Lead Auditor, and Robin Bruck, Support Auditor, employed by Creative Corrections, LLC. The Auditors were provided guidance and review during the audit report writing and review process by the 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. DCDF is operated by GEO and is located in Aurora, Colorado. This is the facility's third PREA audit and includes a review of the period between August 27, 2021, through July 11, 2024.

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 (AMRS) SharePoint. Supporting documentation was organized and placed within folders for ease of auditing. The main policy that governs DCDF's PREA Program is 5.1.2.D Sexual Abuse and Assault Prevention and Intervention (SAAPI) for ICE Residents. Supporting documentation and the policy were reviewed by the Auditor. The Auditor reviewed the Agency website (<https://www.ice.gov/prea>) and the facility website (<https://www.geogroup.com/PREA>). No correspondence was received from any detainee, outside individual, or staff member prior to the onsite.

DCDF houses low, medium, and high custody level male and female detainees who are pending immigration reviews, such as asylum decisions and expedited removal. The facility does not house juveniles or family units. The design capacity for the facility is 1,440. The facility reported that 7,356 detainees have been booked into the facility in the last 12 months. The average length of time in custody is 35 days. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities processed through DCDF are from Mexico, Russia, and Venezuela. On the first day of the audit, the facility reported 829 males and 126 females were housed at the facility. The facility is comprised of 50 single cell housing units, 14 open bay/dormitory style housing units with one male and one female segregation unit. The medical unit has seven cells that house one detainee in each cell.

The entry briefing was held in the Facility Administrator's (FA) conference room on July 9, 2024. 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), Executive Secretary, DCDF  
(b) (6), (b) (7)(C), Health Services Administrator (HSA), DCDF  
(b) (6), (b) (7)(C), Compliance Administrator (CA), DCDF  
(b) (6), (b) (7)(C), PREA Compliance Manager (PCM)/PSA Compliance Manager (PSACM), DCDF  
(b) (6), (b) (7)(C), Chief of Security (COS), DCDF  
(b) (6), (b) (7)(C), Captain, Security, DCDF  
(b) (6), (b) (7)(C), PREA Investigator, DCDF  
(b) (6), (b) (7)(C), Programs Manager, DCDF  
(b) (6), (b) (7)(C), Lieutenant, Intake, DCDF

(b) (6), (b) (7)(C), Acting Assistant Field Officer Director (A) (AFOD), ICE/Enforcement and Removal Office (ERO)

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

(b) (6), (b) (7)(C), TL, Inspections and Compliance Specialist (ICS), ICE/OPR/ERAU

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

Jodi Upshaw, Lead Auditor, Creative Corrections, LLC

Robin Bruck, Support 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 tour, provided documentation review, and information obtained from staff and detainee interviews.

An onsite site review commenced on July 9, 2024, and included an inspection of the facility encompassing the sally port, intake areas, medical unit, housing units, segregation unit, food service, laundry, library, gym, and visitation area. 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, and the number of staff assigned in all areas of the facility. The Auditors observed PREA information in all common areas of the facility and within the detainee housing areas, which included the PREA Audit notice, the DHS ICE Zero Tolerance for Sexual Abuse poster 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, the Detention and Reporting Information Line (DRIL) poster, and poster for the external advocate The Blue Bench. All posters displayed were in English and Spanish. During the onsite audit, the Auditors tested the numbers provided for DRIL, OIG, The Blue Bench, and the facility PREA Hotline and confirmed they were in good working order.

The Support Auditor was able to observe the detainee intake process. 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 and processed one at a time. Detainees are classified during the intake process by Classification staff. During the classification, detainees are provided with written PREA education information which consists of a facility handbook, the DHS-prescribed SAA Information pamphlet, and the ICE National Detainee Handbook in a language easily understood by the detainee. DCDF has (b) (7)(E) located throughout all areas of the facility. (b) (7)(E)

(b) (7)(E). (b) (7)(E). The Auditor observed placement of the video cameras and found them to be strategically placed in areas that benefit from additional surveillance to maximize detainee and staff safety. (b) (7)(E)

DCDF employs 217 security officers (136 male and 81 female) with the remaining staff consisting of administrative, management, food service, and support staff. Medical and Mental Health staff are employed by GEO and supplemented by medical/mental health contractors for a total of 51 medical and 5 mental health staff. DCDF contracts medical/mental health staff through Maxim, Innovent, Locum Tennenets, and the Doctor's Network. The facility utilizes religious volunteers. The Auditors conducted 27 staff interviews which consisted of the Acting Facility Administrator (A)(FA), PSACM, Human Resources Manager (HRM), HR specialist, Intake staff, Classification staff, Training Officer (TO), Investigator, Medical staff, Mental health staff, Staff who Supervise Detainees in Segregation (2), Incident Review Team member, Retaliation Monitor,

Grievance Coordinator (GO)/Disciplinary Officer (DO), Staff who Conduct Unannounced Rounds, Custody First Responder, Non-Custody First Responder, Religious Volunteer, and Security Officers (8). The Lead Auditor also interviewed a counselor with The Blue Bench and two ICE officers.

The Auditors conducted 30 detainee interviews using the Random Sample of Detainees survey. Interviews included females (5) and males (25). In addition to the random sample interview protocols, interviews also included (19) detainees from targeted categories including limited English proficient (LEP); lesbian, gay, bisexual, transgender, or intersex (LGBTI); reported sexual abuse at the facility; and reported prior sexual abuse during risk screening.

The facility PAQ reported there are two facility investigators; however, only one conducts investigations of sexual abuse. This investigator has received specialized training on investigating sexual abuse. There were 26 allegations of sexual abuse reported during the audit period. During the last year there were 14 allegations; however, 7 were still open and the Auditor could only conduct file reviews for 7 closed allegations.

On July 11, 2024, 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), (A)FA

(b) (6), (b) (7)(C), Field Medical Coordinator, ICE Health Services Corps (via Teams)

(b) (6), (b) (7)(C), CA, DCDF

(b) (6), (b) (7)(C), PCM/PSACM, DCDF

(b) (6), (b) (7)(C), COS, DCDF

(b) (6), (b) (7)(C), Captain, Security, DCDF

(b) (6), (b) (7)(C), Security, DCDF

(b) (6), (b) (7)(C), PREA Investigator, DCDF

(b) (6), (b) (7)(C), Deputy Field Office Director (via Teams)

(b) (6), (b) (7)(C), (A) AFOD, ICE/ERO

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

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

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

Jodi Upshaw, Lead Auditor, Creative Corrections, LLC

Robin Bruck, Support Auditor, Creative Corrections, LLC

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

## SUMMARY OF AUDIT FINDINGS

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

**Number of Standards Exceeded: 0**

**Number of Standards Met: 37**

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

**Number of Standards Not Met: 2**

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

**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): DCDF 5.1.2 states, “It is the policy of the Aurora ICE Processing Center (AIPC) to maintain a zero-tolerance policy for all forms of sexual abuse and assault and to provide a safe and secure environment for all residents, employees, contractors, and volunteers, free from the threat of sexual abuse or assault, by maintaining a Sexual Abuse and Assault Prevention (SAAPI) Program that ensures effective process for preventing, reporting, responding to, investigating, and tracking incidents or allegations of sexual abuse or assault. Sexual abuse or assault of residents by other residents or by employees, contractors, or volunteers is prohibited and subject to administrative, disciplinary, and criminal sanctions.” During the onsite audit, the Auditor observed the DHS ICE Zero Tolerance for Sexual Abuse poster in the intake area, all housing units, the medical unit, library, food service area and visitation room. Interviews with 27 DCDF staff confirmed all were aware of the facility and Agency zero-tolerance policy toward all forms of sexual abuse. The facility provided the PREA policy signed by the AFOD that confirmed the agency has reviewed and approved its PREA policy.

(d): DCDF 5.1.2 states, “The AIPC facility administrator has designated a local PSA compliance manager who serves as the AIPC point of contact for the DHS PSA Coordinator and Corporate PREA Coordinator.” The Auditor reviewed the organizational chart and observed the PCM/PSACM reports directly to the FA. Interview with the PCM/PSACM confirmed she is the point of contact for the Agency PSA Coordinator. In addition, the PCM/PSACM confirmed she has sufficient time and the authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): DCDF 5.1.2 states, “The AIPC shall ensure that it maintains sufficient supervision of residents, including through appropriate staffing levels and, where applicable, video monitoring, to protect residents against sexual abuse. The AIPC shall develop and document comprehensive resident supervision guidelines to determine and meet the AIPC’s resident supervision needs and shall review those guidelines at least annually. In determining adequate levels of resident supervision and determining the need for video monitoring, the AIPC shall take into consideration: Generally accepted detention and correctional practices; Any judicial findings of inadequacy; The physical layout of the AIPC; The composition of the resident 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 residents spend in AIPC custody.” The facility provided a Post Order index, DCDF’s General Post Order and Post Orders relevant to the supervision of detainees, which are all utilized as detainee supervision guidelines. The facility provided memoranda for the years 2021, 2022, and 2023 confirming the post orders had been reviewed. The

Lead Auditor reviewed the staffing plan review for the years 2023 and 2024. Interviews with the (A)FA and PCM/PSACM confirmed that appropriate staffing levels are determined as part of an annual staffing plan review, the comprehensive detainee supervision guidelines and the PREA Facility Assessment SAAPI Staffing Plan Assessment which are reviewed yearly.

(d): DCDF 5.1.2 states, “Staff shall conduct frequent, unannounced security inspections to identify and deter sexual abuse of residents. Unannounced security inspections will be documented in the housing unit/area logbook. Housing unit officers shall conduct security checks at random intervals with no more than 40 minutes between security checks. AIPC management staff and supervisors will conduct and document unannounced security inspections to identify and deter sexual abuse no less than once per week.” During the onsite audit the Auditors checked several logbooks that confirmed unannounced rounds were being conducted on day and night shifts. The Auditor interviewed two security staff that conduct unannounced rounds; however, staff could not properly articulate what they should be looking for when conducting these rounds. On the job training sheets are tools DCDF utilizes when staff assume a new position. The sheets contain specific tasks that must be accomplished and initials for the supervising staff member who observed the successful completion. The Auditor’s review of a blank form indicated that the staff are trained on the correct procedure for making unannounced rounds. Interview with the COS further confirmed the training sheets contain the procedures for PREA unannounced security rounds. Based on the required training, confirmation of the required procedure included on the training, review of consistent entries at required times in the logbooks, and interview with the COS, the Auditor allowed the facility to make an immediate onsite correction by sending out an email with read receipt to all applicable staff reminding them what to look for when conducting unannounced rounds.

**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 (A)FA, PCM/PSACM, and eight security officers, DCDF does not accept juvenile or family units; therefore, the standard is not applicable.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(b)(c)(d): DCDF 5.1.2 states, “Cross-gender pat-down searches of male residents 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 residents are prohibited, absent exigent circumstances. 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 audit period. Interviews with the PCM/PSACM and eight security officers confirmed they were aware cross-gender pat-down searches, cross-gender strip searches or visual body cavity searches are strictly prohibited to be conducted at the facility. Interviews further confirmed if there were exigent circumstances which required these types of searches, they would be documented on a Cross-Gender Pat Search log or the Cross-Gender Strip Search log. Interviews with 30 detainees 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 and they had not been strip searched. Security staff interviews further confirmed their knowledge to document strip searches should one be conducted in the future. During the onsite audit, the support Auditor observed an intake



process which confirmed pat searches were conducted professionally and respectfully by staff of the same gender as the detainee being searched.

(e)(f): DCDF 5.1.2 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. Visual body cavity searches of juveniles shall not be conducted and, instead, all such body cavity searches of juveniles shall be referred to an offsite medical practitioner.” The facility provided a strip search log which indicated the gender of the detainee and the officer conducting the strip search as the same gender. Interviews with eight security staff confirmed cross-gender strip searches are not authorized. Interviews with 30 detainees also confirmed they had not been strip searched at DCDF.

(g): DCDF 5.1.2 states, “The AIPC has implemented policies and procedures which allow residents 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 residents are likely to be showering, performing bodily functions, or changing clothes.” During the onsite audit, the Auditors observed opposite gender staff making opposite gender announcements adequately when entering a housing unit. Interviews with 30 detainees indicated they were aware when opposite gender staff enter the unit.

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

(i)(j): DCDF 5.1.2 states, “Staff shall not search or physically examine a resident for the sole purposes of determining the resident's genital characteristics. If the resident's gender is unknown, it may be determined during conversations with the resident, by reviewing medical records, or by learning that information as part of a standard medical examination that all residents 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 residents in a professional and respectful manner, and in the least intrusive manner possible, including consideration of officer safety.” The Auditor reviewed GEO’s Searches training curriculum and confirmed the curriculum includes instruction on pat down searches, visual searches, and steps to perform a body cavity search. The Auditor reviewed 17 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 the PCM/PSACM and eight security officers confirmed they would not search or physically examine a transgender or intersex detainee for the sole purpose of determining their genital status. Interviews with security staff further confirmed they have received cross-gender pat-down search training to include conducting a pat-search of a transgender or intersex detainee.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Does Not Meet Standard

**Notes:**

(a)(b)(c): DCDF 5.1.2 states, “The AIPC shall ensure that residents with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the AIPC's efforts to prevent, detect, and respond to sexual abuse and assault. The AIPC shall ensure that it provides written materials to every resident in formats or through methods that ensure effective communication with residents 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. The Intake processing area has iPads that can be used to make video interpretive services calls and American Sign Language interpretive calls. In matters relating to allegations of sexual abuse, the [...] AIPC shall provide in-person or telephonic interpretation services that enable effective, accurate and impartial interpretation, by someone other than another resident, unless the resident expresses a preference for a resident to provide interpretation and the agency determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, alleged abusers, residents who witnessed the alleged abuse and residents who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse. Any use of these interpreters under these type circumstances shall be justified and fully documented in the written investigative report. The AIPC uses Big Language Solutions to provide telephonic interpretation services and staff who are qualified to interpret in other languages. The PSA compliance manager maintains a current list of employees and the languages they can interpret.” During the onsite audit, the Auditor observed the DRIL posters, the DHS-prescribed ICE SAA Information pamphlet in English and Spanish, The Blue Bench posters, ERO Language Services resource flyers and the DHS ICE Zero Tolerance for Sexual Abuse poster in English and Spanish with facility contact name and number on display. Detainees are provided with the ICE National Detainee Handbook during intake in a language of their understanding. The ICE National Detainee Handbook is available in 15 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K’iche’, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, and Vietnamese. The SAA pamphlet is available in 15 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese. The Auditors observed posters for BIG Language Solutions posted on the walls within the intake area. Review of 30 detainee files confirmed that the language line was utilized, or a staff interpreter was used for translation during the intake process. The Lead Auditor additionally observed detainee tablets which included the SAA Information pamphlets and ICE National Detainee Handbooks in all available 15 languages. The facility also has printed copies of these publications if needed for distribution. Interview with Intake staff confirmed that BIG Language Solutions would be utilized for translation services. 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. Interview with Intake staff further confirmed that should a detainee have a visual disability, intake information would be read to them and if the detainee had a hearing disability, material would be provided in written formats. Interviews with eight security officers confirmed that they would prefer not to allow a detainee to interpret for another in allegations of sexual abuse but would under limited circumstances if requested by the detainee and if the agency deems it is appropriate. Interviews with 30 detainees confirmed that ICE National Detainee Handbooks were received at intake by the detainee; however, some handbooks were received in a language not of their understanding or disabled detainees (those who could not read or write) were not accommodated. Interviews with LEP detainees were conducted using interpreters from the Language Line Creative Corrections contract. Review of the files for the 30 detainees who were interviewed and results from the interviews confirmed a detainee from China who could not read was given written material in English that he could not understand, a detainee who could not read or write was given written material in Spanish that could not be understood, and a detainee who spoke Hindi was given material in English, which he could not understand. While onsite, the facility was notified of the by the Auditor of this information so PREA information could be provided to these detainees in a format of their understanding. The facility employs a staff interpreter who speaks over five languages, and additionally provided the Auditors with a list of 39 languages staff could interpret; however, detainees who could not read or write were not provided the education required under this standard.

### **Corrective Action:**

Does Not Meet (a)(b): Review of detainee files and interviews with the same detainees confirmed that the facility does not take appropriate steps to provide detainees who are LEP or have disabilities (cannot read or write) equal opportunity to participate or benefit from all aspects of the agency’s and facility’s efforts to prevent, detect, and respond to sexual abuse. To become compliant the facility must develop a practice that will provide all detainees who are LEP or who cannot read or write access and equal opportunity to the Agency’s and facility’s efforts to

prevent, detect, and respond to sexual abuse. The facility must identify and utilize available resources to provide the information contained in the ICE National Detainee Handbook and facility handbook to detainees who cannot read or write or who speak/understand a language other than English. The facility must submit to the Auditor documentation for (10) detainees who have been provided with the PREA information and are identified as LEP, disabled (visual/hearing/cognitive), or are unable to read, during the CAP period to confirm the new procedure has been implemented and is institutionalized.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, collectively require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks.” ICE Directive 6-7.0 outlines “misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application.” The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors, who attended virtual training in November 2021, 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.” DCDF 5.1.2 states, “The AIPC is prohibited from contracting with anyone (who will have direct contact with residents) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or in the community. The AIPC shall conduct a background investigation, including a criminal background 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 enlisting the services of any contractor or volunteer. Background investigations, including criminal background checks shall be repeated for all contractors or volunteers at least every five years. Upon request, the AIPC shall submit written documentation showing the detailed elements of the background check for each contractor or volunteer and conclusions.” The Auditor reviewed 17 staff, 2 Contractor, and 1 Volunteer file and confirmed that all had received a background check prior to employment. The Lead Auditor submitted a background check through PSD, which confirmed DCDF staff, contractors, and ICE were current on the required five-year background investigation. None of the files selected required a prior institutional employer check. DCDF staff files also confirmed through signatures that material omissions regarding conduct will be grounds for dismissal or withdrawal of offer of employment. Review of staff files further confirmed that staff signed continuing affirmative duty to disclose sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997); who has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. Interview with HR staff 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 process. HR staff further confirmed DCDF would share any lawful relevant information on substantiated allegations of sexual abuse involving a former employee applying to a different institutional employer. HR staff further stated that if an applicant disclosed prior institutional experience, the prior institution

would be contacted. Should the applicant disclose prior GEO employment, the GEO system could be checked as this information is entered upon resignation or termination.

**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 (A)FA and PCM/PSACM confirmed the facility has not acquired a new facility or made a substantial expansion to the existing facility or installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology during the audit period. Therefore, subsections (a) and (b) of the standard are not applicable.

**Corrective Action:**

No corrective action needed.

**§115.21 - Evidence protocols and forensic medical examinations.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e): The Agency's policy 11062.2 Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency's evidence and investigation protocols. Per policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted. DCDF 5.1.2.F states, "The Aurora ICE Processing Center while investigating allegations of Sexual Abuse 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 adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011, and shall be developed in coordination with DHS. DCDF shall offer all detainees who experience sexual abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim's consent and without cost to the detainee and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Examinations shall be performed by a Sexual Assault Nurse 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 shall document its efforts to provide SAFEs or SANEs. A victim advocate from a rape crisis center shall be made available to accompany the victim through examinations and investigatory interviews. A rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. Upon request by the victim and with the victim's consent, either in writing or on audio tape, the victim advocate may participate in supporting the victim throughout the forensic medical examination process (ensuring compliance with confidentiality laws) and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The victim advocate may not obstruct or interfere with the course of the investigation in any manner and will not serve as a translator. DCDF 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 Auditor was provided with documentation that ICE has reviewed and approved the facility policy. The Auditor reviewed a Memorandum of Understanding (MOU) between DCDF and The Blue Bench and an extension until 2025 which confirms forensic medical examinations will be conducted by a SAFE/SANE or other qualified medical practitioner with no cost to the victim. The facility provided a memorandum from Denver Health that stated the facility provides SANE examinations provided by qualified practitioners and additionally provides counseling and other care deemed necessary. The Auditor reviewed a memorandum between DCDF and the Aurora Police Department which confirmed DCDF requested the police department follow the requirements of subsections (a) through (d) of the standard. Interview with the PCM/PSACM confirmed that DCDF follows a uniform evidence protocol that has been developed in coordination with DHS and is developmentally appropriate for juveniles. Review of seven investigation files confirmed that all detainees were offered victim advocacy services after an allegation and that a uniform evidence protocol was followed to the extent required by the incident. None of the incidents required a full Sexual Assault Response Team (SART) activation. Interview with the facility Investigator confirmed that the Aurora Police Department would conduct criminal investigations.

**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).” DCDF 5.1.2 states, “DCDF shall have a policy in place to ensure that all allegations of sexual abuse or sexual harassment 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. DCDF shall document all referrals. DCDF’s policy shall ensure a. Allegations of sexually abusive behavior receive prompt intervention upon report; b. Perpetrators of sexually abusive behavior are disciplined and, when appropriate, referred for prosecution in accordance with GEO policy and federal, state, or local laws; c. Allegations of sexual abuse that include penetration or touching of the genital areas are referred to outside law enforcement agencies. Facilities shall document all referrals. When an ICE detainee of DCDF where an alleged ICE detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure the incident is promptly reported to Enforcement and Removal Operations (ERO), who shall ensure the incident is properly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or DHS Office of the Inspector General and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation. When an employee, contractor, or volunteer is alleged to be the perpetrator of sexual abuse against an ICE detainee, the facility shall ensure the incident is promptly reported to ERO, who shall ensure the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of the Inspector General. If the allegation is potentially criminal, the facility shall ensure it is promptly referred to an appropriate law enforcement agency having jurisdiction for investigation. DCDF shall attempt to secure a

PREA Memorandum of Understanding (MOU) with local law enforcement outlining [sic] the responsibilities of each entity related to conducting PREA investigations that involve potentially criminal behavior and unsuccessful attempts to secure a law enforcement MOU. GEO shall publish such policy on its website and shall make local protocol available to the public. When an ICE resident of the facility in which an alleged resident victim is housed is alleged to be the perpetrator of a resident sexual abuse, the facility shall ensure that the facility administrator, PSA Compliance Manager, Facility Investigator, Corporate PREA Coordinator, and other designated individuals are notified within two (2) hours of the occurrence. If the incident is “potentially criminal,” and involves coercion, force, threats, or intimidation, the facility should promptly contact the local law enforcement having jurisdiction for investigation. [...] If the allegation involves an ICE detainee, ERO is notified within two (2) hours, whether the alleged abuser is a staff member or a detainee.” A review of Agency policy and DCDF 5.1.2.F confirm there is established protocol to ensure all allegations of sexual abuse are investigated by the agency or facility or referred to an appropriate investigative authority. The Auditor reviewed the Agency website (<https://www.ice.gov/prea>) and the facility’s website, (<https://www.geogroup.com/PREA>) 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 (A)FA and Investigator confirmed that all allegations of sexual abuse would be referred for investigation and that such records will be maintained in hard copy and electronic format 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 Contracting Officer’s Representative confirmed notification would be made to the AFOD, who in turn would notify the JIC and ICE OPR or DHS OIG; additionally, APD would be notified to conduct any criminal investigation. Based on the Auditor’s review of seven investigation files, all notifications were made appropriately.

**Corrective Action:**

No corrective action needed.

**§115.31 - Staff training.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): DCDF 5.1.2 states, “All employees, contractors and volunteers shall receive training on AIPC's SA-API Program. See Section F for volunteer requirements and Section G for contractor requirements. The AIPC shall train all employees who may have contact with residents on Its zero-tolerance policy for sexual abuse and assault; How to fulfill their responsibilities under agency sexual abuse and assault prevention, detection, reporting and response policies and procedures, to include procedures for reporting knowledge or suspicions of sexual abuse; Recognition of situations where sexual abuse may occur; The right of residents 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, including LGBTI or gender non-conforming residents; How to avoid inappropriate relationships with residents; How to communicate effectively and professionally with residents, including LGBTI or Gender Non-conforming residents; and The requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes. SA-API 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 DCDF’s training curriculum for staff and confirmed that the training contains all requirements of the standard. The facility provided and the Auditor reviewed electronic transcripts of training completion. The Auditor additionally reviewed 17 staff files which confirmed training had been received at the required time frames. Interview with

the TO confirmed staff receive training prior to assuming duties and annually. Interviews with two ICE staff additionally confirmed they had completed the required training and provided certificates of completion for confirmation. Interviews with eight security staff additionally confirmed that they had received PREA training prior to assuming duties and annually thereafter.

**Corrective Action:**

No corrective action needed.

**§115.32 - Other training.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): DCDF 5.1.2 states, “All employees, contractors and volunteers shall receive training on AIPC's SAAPI Program. The AIPC shall ensure that all volunteers who have contact with residents are trained on their responsibilities under AIPC's Sexual abuse and Assault prevention, detection, and response policies and procedures. The level and type of training provided to volunteers shall be based on the services they provide and the level of contact they have with residents, but all volunteers who have contact with residents shall be notified of both GEO's and the AIPC's zero-tolerance policies regarding sexual abuse and informed how to report such incidents. Volunteers who have contact with residents shall receive annual SAAPI refresher training. Volunteers 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 SAAPI Training. All employees, contractors and volunteers shall receive training on GEO's SAAPI Program. The AIPC shall ensure that all contractors who have contact with residents are trained on their responsibilities under GEO's sexual abuse and assault prevention, detection, and response policies and procedures. The level and type of training provided to contractors shall be based on the services they provide and the level of contact they have with residents, but all contractors who have contact with residents shall be notified of both GEO's and the AIPC's zero-tolerance policies regarding sexual abuse and informed how to report such incidents. Contractors who have contact with residents shall receive annual SAAPI refresher training. Medical and mental healthcare contractors shall receive the specialized training required in standard §115.35. Contractors 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 SMPI Training.” The Auditor reviewed DCDF’s training handbook for contractors and volunteers, a sampling of certificates of completion for the training, and sign-in sheets for volunteer training. Review of the curriculum confirms it adheres to all elements required of the standard. The Auditor additionally reviewed two contractor files and one religious volunteer file which confirmed the facility has maintained written confirmation that volunteers and contractors who have contact with detainees have completed the required training. During the onsite audit, the Auditor noticed that contractors were being notified of the agency’s and facility’s zero-tolerance policies regarding sexual abuse and informed how to report such incidents by way of a facility sign-in at the front desk. Interviews with the PCM/PSACM and TO confirmed volunteers and contractors are required to complete PREA training prior to performance of their duties and are required to sign an acknowledgement of completion for the Prison Rape Elimination Act training. Interview with one contracted mental health practitioner further confirmed he had completed initial PREA training and completes PREA training annually.

**Corrective Action:**

No corrective action needed.

**§115.33 - Detainee education.**

**Outcome:** Does Not Meet Standard

**Notes:**

(a)(b)(c)(d)(e)(f): DCDF 5.1.2 states, “During the intake process, 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), and for ICE detainees, the DHS Office of Inspector General, and the Joint Intake Center; Information about self-protection and indicators of sexual abuse; Prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings; and The right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. The education shall be provided in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills. Documentation of detainee participation in the intake process orientation shall be retained in their individual files. In addition to providing such education, DCDF will ensure that key information is continuously and readily available or visible to detainees through posters, inmate handbooks, tablets, or other written formats. The following notices shall be posted in all ICE housing units: 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 ICE detainees the DHS prescribed Sexual Assault Awareness Information pamphlet." During the onsite audit the Auditor observed the intake process which included written material that included providing detainees with the ICE National Detainee Handbook, facility handbook, and PREA video. Information was given to the detainee in their preferred language. The Auditor observed the PREA video and confirmed that information presented in the PREA video contains all information required of this standard and can be provided in written format for languages other than English or Spanish. Within the Intake area and housing units, the Auditor observed the DHS-prescribed sexual assault awareness notice in English and Spanish with facility PSACM's contact name and number, contact information for DHS OIG, reporting numbers for the ICE DRIL, the DHS sexual assault awareness pamphlet and poster for The Blue Bench. The ICE National Detainee Handbook is available for printing in 15 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K'iche', Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, and Vietnamese. The SAA pamphlet is available in 15 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese. The Auditor was able to observe all handbooks on the computer system. The Auditor was able to view a detainee tablet and verified that the ICE National Detainee Handbook and SAA pamphlets in all available languages, and the facility handbook available in English and Spanish is accessible. The facility also has access to the PDF version of the ICE National Detainee Handbook and SAA pamphlet publications in all 15 available languages if needed for distribution. Review of 30 detainee files confirmed that all had signed acknowledgement forms they received a copy of the ICE National Detainee Handbook and SAA pamphlet in a language of their understanding and viewed the video. Interview with Intake staff confirmed that BIG Language Solutions or a staff interpreter is utilized to provide information to detainees as needed. Should a detainee be deaf or have a hearing disability, the video transcript could be printed for the detainee to read. Should a detainee be blind or visually impaired the material would be read to them. Intake staff further confirmed that should a detainee have a cognitive disability, they would read the material to them with vocabulary the detainee could understand. Interviews with 30 detainees confirmed that all had received the ICE National Detainee Handbook; however, 3 of the detainees could not read or write and stated during their interview they could not understand the PREA video and PREA information was not provided verbally by an interpreter.

### **Corrective Action:**

Does Not Meet (b): Review of detainee files and interviews with the same detainees confirmed that the facility does not take appropriate steps to provide detainees who are LEP or have disabilities (cannot read or write) adequate PREA participation or benefit in the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse. To become compliant the facility must develop a practice that will provide all detainees who cannot read or write access and equal opportunity to the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse. The facility must identify and utilize available resources to provide the information



contained in the ICE National Detainee Handbook and facility handbook to detainees who cannot read or write or who speak/understand a language other than English. The facility must submit to the Auditor documentation for (10) detainees who have been provided with the PREA information and are identified as LEP, disabled (visual/hearing/cognitive), or are unable to read, during the CAP period to confirm the new procedure has been implemented and is institutionalized.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b): The Agency policy 11062.2 states, “OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate.” The lesson plan is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conduct an investigation of sexual abuse in a confinement setting. The Agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled residents; and an overall view of the investigative process. The Agency provides rosters of trained investigators on OPR’s SharePoint site for Auditors’ review; this documentation is in accordance with the standard’s requirement. DCDF 5.1.2 states, “AIPC investigators who conduct investigations into allegations of sexual abuse shall be trained in conducting such investigations 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. The AIPC shall maintain documentation of this specialized training in the employees training file.” During the audit period, DCDF utilized one investigator for PREA allegations who has completed the general and specialized training. The Auditor reviewed the training curriculum and confirmed all required elements are included in the training. The Auditor was provided certificates of training completion for the Investigator which confirmed the specialized training had been completed. In addition, the Auditor verified the investigator had received general PREA training as required by §115.31 by review of training records. Interview with the Investigator confirmed she was knowledgeable in conducting investigations and PREA standards related to the investigation of sexual abuse. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed the investigations were completed by the trained investigator.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

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

(b)(c): DCDF 5.1.2 states, “All full-time and part-time medical and mental health care practitioners shall receive training 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. This training shall be completed as part of the newly hired employee pre-service orientation and is provided through a web-based training program. Medical and mental health care practitioners shall receive this specialized training in addition to the general training mandated for employees in Section E (1) or contractors in Section G (1) depending upon their status at the AIPC. The AIPC shall maintain documentation of this specialized training. AIPC 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. SAFE/SANE examinations are available through Denver Health or University Hospital.” The Auditor reviewed the GEO Specialized Medical and Mental Health PREA training and additionally observed sign-in sheets for this training. Review of the curriculum confirms it does contain all elements of provision (b). Interviews with a medical staff and contracted mental health staff member 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 DCDF 5.1.2.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f)(g): DCDF 5.1.2 states, “All detainees shall be assessed in-person, by GEO staff, during intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. The initial classification process and initial housing assignment shall be completed within twelve (12) hours of admission to the facility for all ICE detainees. DCDF shall use the GEO PREA Risk Assessment Tool for ICE detainees. Refusals should be documented on the “PREA Risk Assessment Refusal” form. In addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available record that can assist them with the risk assessment. The facility 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 a detainee self-identified as LGBTI or Gender Nonconforming; Whether a detainee self-identified as having previously experienced sexual victimization; If a detainee has their own concerns about his/her physical safety; and If the detainee is detained solely for civil immigration purposes. 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. DCDF shall use the GEO PREA Vulnerability Reassessment Questionnaire form to conduct the reassessment. The detainee’s reassessment will be conducted between sixty (60) and ninety (90) days from the initial assessment at the facility, staff shall reassess each detainee’s risk for victimization or abusiveness. At any point after the initial intake screening, the detainee shall be reassessed for risk of victimization or abusiveness, when warranted based upon the receipt of additional, or relevant information, or following an incident of abuse or victimization. Disciplining a detainee for refusing to answer or not providing complete information in response to certain screening questions is prohibited. DCDF recognizes the sensitive nature of the responses to questions asked related to sexual victimization or abusiveness and 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. 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 reviewed an initial PREA Risk Assessment and ICE Custody Classification Worksheet, which confirmed all elements of subsections (c) and (d) are evaluated upon intake. The Auditor reviewed 30 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 seven investigation files and all detainees received a reassessment required of subsection (e). Interviews with Intake staff, Classification staff and the PCM/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 additionally confirmed that hard copies of the assessments are kept in detainee files locked in the records office, which the Auditor observed. Interviews also confirmed that access to any alerts input into the system pursuant to this standard are based on job duties and access is given when hired. Interviews with 30 detainees additionally confirmed they had completed the required risk assessment upon intake to the facility.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): DCDF 5.1.2 states, "Screening information shall be used to inform assignment of detainee to housing, recreation, voluntary work, and other activities. The facility 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 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 that alleged victims and abusers are placed on the "at risk log" as soon as possible, tracked as a potential victim or a potential abuser, and housed separately pending the outcome of the investigation. Individuals tracked on the "at risk log," due to a reported allegation may be removed from the log if the allegation is determined to be unfounded, or the individual is released from custody. If an allegation is determined to be unsubstantiated, the alleged victim(s) and abuser(s) shall remain on the "at risk log." PSA/PREA Compliance Managers will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. In making housing and programming assignments for transgender or intersex individuals at DCDF, the facility shall consider on a case-by-case basis whether the placement would present management or security problems, and the effects of placement on the detainee's health and safety. A medical or mental health practitioner shall be consulted as soon as practicable on these assessment and placement decisions, which shall not be based solely on the identity documents or physical anatomy of the detainee. Housing Guideline for an identified Transgender detainee, the following guidelines will be adhered to: 1. If for security reasons general population housing is not assigned after intake processing, and involuntary segregation is used, the guidelines in Section K (1) of this policy must be followed. Serious consideration shall be given to the individual's own views with respect to his/her own safety. 2. Transgender and intersex detainees may be housed in medical for up to seventy-two (72) hours (excluding weekends, holidays, and emergencies) until the appropriate housing determination is made by the Transgender Care Committee (TCC). TCC members shall consist of the facility administrator or assistant facility administrator, chief of security, chief of classification, or a case manager, medical and/or mental health staff, and the PSA Compliance Manager. The corporate PREA Coordinator may also be consulted. 3. Placement into RHU due to a detainee's identification as transgender or intersex should be used only as a last resort and when no other viable housing options exist. The TCC shall at a minimum consider: 1. The detainee's documented criminal history and past/present behavior; 2. The detainee's physical, mental, medical, and special needs; 3. The detainee's self-assessment of his/her safety needs (do they feel threatened or at risk of harm); 4. Privacy issues, including showers, available beds and/or housing; 5. All records and prior assessments of the effects of any housing placement on the detainee's health and safety that have been conducted by a medical or mental health professional; 6. A detainee with a diagnosis of Gender Dysphoria through mental health shall be afforded feminine hygiene products and a sports bra as determined by the committee. The TCC will attempt to reach consensus on all decisions. Summary notes shall be documented on the "Transgender Care Committee Summary" form for each TCC meeting to include persons attending and conclusions reached. A copy of the notes shall be retained in the detainee's institutional file and a copy forwarded to the corporate PREA coordinator upon completion. The detainee's self-identification of his/her gender and self-assessment of safety needs shall always be taken into consideration as well. Housing and

programming assignments for each transgender and intersex detainee shall be reassessed at least twice each year to determine threats to safety experienced by the detainee. Serious consideration shall be given to the individual's own views with respect to his/her own safety. DCDF shall use the "Transgender Care Committee Summary" form to conduct the six-month reassessment on ICE Detainees. When operationally feasible, transgender, and intersex detainees shall be given an opportunity to shower separately from other detainees. LGBTI individuals at DCDF shall not be placed in housing units solely based on their identification as LGBTI unless such a dedicated unit exists in connection with a consent decree, legal settlement, or legal judgment to protect such individuals." DCDF has a transgender unit in which detainees who identify as this population will be housed. Upon arrival, detainees who identify as transgender are scheduled for a TCC. The facility additionally conducts a TCC within 30 days after the initial. The Auditor was able to attend a subsequent TCC and observed Medical, Mental Health, Security, Classification, and other relevant staff in attendance. All areas of the detainee's confinement were considered to include: safety, programming, availability of necessary clothing items, and any progression goals since the initial TCC. Interview with Classification staff confirmed that should a detainee identify as previously experiencing sexual abuse, identify as LGBTQI, or identify as having predatory history, housing assignments are reviewed by a supervisor and that detainee is additionally asked about housing preference and where they would feel most comfortable or if they require single housing. Housing will then be based on these considerations along with facility safety and security requirements as well as the information collected on the PREA Risk Assessment form. Classification staff further confirmed transgender detainees would receive a risk assessment screening upon arrival and every six months thereafter. Interview with the PCM/PSACM further confirmed that housing assignments and voluntary work assignments are based on the screening tool. Interviews with Intake staff and Medical staff confirmed that housing assignments are based on several considerations and not on self-identification of a transgender or LGBTQI alone. Eight security staff confirmed that transgender and intersex detainees would be allowed to shower separately in the intake area or medical, if requested. Interviews with three transgender detainees confirmed they were afforded a TCC and personal views about housing were considered during this meeting.

**Corrective Action:**

No corrective action needed.

**§115.43 - Protective custody.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e): DCDF 5.1.2 states, "Use of administrative segregation to protect residents 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. All such placements must document detailed reasons for placement of an individual in administrative segregation on the basis of a vulnerability to sexual abuse or assault. The AIPC will assign residents vulnerable to sexual abuse or assault to administrative segregation for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If segregated housing is used to protect vulnerable residents, they shall have access to programs, visitation, counsel and other services available to the general population to the maximum extent practicable. The AIPC shall implement written procedures for the regular reviews of all residents held in administrative segregation for their protection as follows: 1) A supervisory staff member shall conduct a review within 72 hours of the resident's placement in administrative segregation to determine whether segregation is still warranted; and, 2) A supervisory staff member shall conduct, at a minimum; an identical review after the resident has spent seven (7) days in administrative segregation, and every (7) days thereafter for the first two months, and every 10 days thereafter. Facilities shall utilize the "DHS Sexual Assault/Abuse Available Alternatives Assessment" form to document the assessments (See Attachment G). All completed forms shall be reviewed and signed by the facility administrator or assistant facility administrator upon completion. AIPC shall notify the appropriate ICE Field Office Director no later than 72 hours after the initial placement in administrative

segregation on the basis of a vulnerability to sexual abuse or assault for review and approval of the placement.” DCDF 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. The facility provided an Administrative Segregation Order for review. The Administrative Segregation Order reviewed was for a detainee seeking safety for fear of a physical assault. The order shows that the facility attempted an alternative placement of housing of the detainee within an empty housing unit, which the detainee did not accept. Interview with the (A)FA and PCM/PSACM confirmed that 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. Interviews with Classification and the PCM/PSACM confirmed that no detainees have been placed in administrative segregation based on vulnerability to sexual abuse or assault. The (A)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): DCDF 5.1.2 states, “The AIPC provides 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. The AIPC shall provide contact information to residents for relevant consular officials, the DHS Office of Inspector General or, as appropriate, another designated office, to confidentially and, if desired, anonymously, report these incidents. The AIPC shall provide residents 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 AIPC officials, allowing the resident to remain anonymous upon request. The AIPC shall provide residents contact information on how to report sexual abuse or assault to the AIPC PSA Compliance Manager. 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.” During the onsite audit, the Auditor observed the DHS ICE Zero Tolerance for Sexual Abuse poster in English and Spanish with facility's PSA Compliance Manager name and number, contact information for DHS OIG, reporting numbers for the ICE DRIL and poster for The Blue Bench. The Auditor also observed posters that contained consulate contact numbers. The Auditor was able to test telephone numbers for the OIG, DRIL, and The Blue Bench from a housing unit. All telephone numbers connected successfully. The PSA Compliance Manager confirmed that the ICE DRIL is a way for detainees to report sexual abuse to a public or private entity and they are able to receive and immediately forward detainee reports of sexual abuse to agency officials and the detainee may remain anonymous if they request to do so. Interviews with eight security 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 seven case files and confirmed that any of the allegations reported directly to a staff member were forwarded immediately for investigation through their supervisor and then documented the incident in a report.

**Corrective Action:**

No corrective action needed.

### **§115.52 - Grievances.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): DCDF 5.1.2 states, “AIPC grievance policies include the following procedures regarding sexual abuse grievances: 1) The AIPC shall permit a resident to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. 2) The AIPC shall not impose a time limit on when a resident may submit a grievance regarding allegation of sexual abuse. 3) The AIPC has 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. 4) AIPC staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. 5) To prepare a grievance, a resident may obtain assistance from another resident, the housing officer, AIPC staff, family members, or legal representatives. Staff shall take reasonable steps to expedite requests for assistance from these other parties. And 6) The AIPC 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. The AIPC 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 Auditor reviewed a section of the facility handbook entitled “Grievance Procedures”. The handbook 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 any time in lieu of lodging an informal grievance or complaint and notifies the detainee they may obtain assistance from another detainee or staff to file the grievance. The Auditor reviewed the facility's grievance log for the last year to determine if any PREA grievances were filed. There were two grievances filed that involved a PREA incident in which one was completed within two days. The second grievance was filed as a PREA incident and was reported for proper investigation. Interview with the PCM/PSACM and Grievance Officer 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. The facility provided a memorandum that stated there have not been any grievances during the audit period in which a detainee filed an appeal. Interviews with eight security officers confirmed that time-sensitive grievances would be immediately processed by forwarding the grievance to their supervisor, 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): DCDF 5.1.2 states, “The AIPC has entered into an agreement with The Blue Bench of Denver which provides residents with confidential emotional support services related to sexual abuse while in custody. The AIPC shall utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to most appropriately address victim's needs using The Blue Bench. The AIPC makes contact information available to residents about The Blue Bench, an organization that can assist residents who have been victims of sexual abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available). The AIPC shall enable reasonable communication between residents and The Blue Bench as well as inform residents (prior to giving them access) of the extent to which policy governs monitoring of their communications and when

reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.” The Auditor reviewed an MOU with The Blue Bench and confirmed this organization provides expertise and support for crisis intervention and counseling. During the onsite audit the Auditor observed posters for The Blue Bench with telephone numbers and address on the walls within the intake areas and all housing units in English and Spanish. The MOU additionally requires The Blue Bench to provide information regarding the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The support Auditor called The Blue Bench from a housing unit and conducted an interview with the advocate. The interview confirmed advocacy would include counseling services and additional support with follow up care. Thirty detainees were interviewed; however, a majority of detainees stated they were unaware of outside support services although the facility handbook and postings in the housing units advertises this service. The Auditor finds the facility has made information available to detainees about local organizations by postings for The Blue Bench on the walls throughout the facility and inclusion in the facility handbook. Telephone calls to The Blue Bench are free and detainees are notified by a recording when utilizing the telephones, about monitoring.

**Corrective Action:**

No corrective action needed.

**§115.54 - Third-party reporting.**

**Outcome:** Meets Standard

**Notes:**

DCDF 5.1.2 states, “The AIPC shall publicly post GEO’s third-party reporting procedures. Third-party reporting posters shall be posted in all public areas in English and Spanish to include lobby, visitation, and staff break areas within the facility. In addition, GEO shall post on its public website its methods of receiving third-party reports of sexual abuse or assault on behalf of residents.” A review of the Agency website (<https://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 facility website (<https://www.geogroup.com/PREA>) and confirmed the website advises the public how to report allegations of sexual abuse/sexual harassment of someone 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. None of the case files reviewed were received from a third-party reporter.

**Corrective Action:**

No corrective action needed.

**§115.61 - Staff reporting duties.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): The Agency’s policy 11062.2 mandates, “All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” In addition, ICE Directive 11062.2 states, “If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section.” DCDF 5.1.2 states, “Employees are required to immediately report, in accordance with AIPC and Corporate 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 residents 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 residents or AIPC staff, or to make medical treatment. Volunteers are required to immediately report 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 residents or employees who reported such an 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; volunteers shall not reveal any information related to a sexual abuse report to anyone. Contractors are required to immediately report 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 residents or employees who reported such an 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, contractors shall not reveal any information related to a sexual abuse report to anyone.” Review of seven investigation files confirmed that any reported allegations made to staff were reported promptly to supervisors, and staff followed the facility reporting guidelines. Interviews with eight random security staff 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 also confirmed that 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 PCM/PSACM and (A)FA confirmed that 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:**

DCDF 5.1.2 states, “When an employee or AIPC 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 resident. Employees shall report and respond to all allegations of sexually abusive behavior. Employees should assume that all reports of sexual victimization, regardless of the source of the report (i.e., "third party") are credible and respond accordingly. Only designated employees specified by policy should be informed of the incident, as it is important to respect the victim's security, identity and privacy. All allegations of sexual abuse shall be handled in a confidential manner throughout the investigation. All conversations and contact with the victim should be sensitive, supportive and non-judgmental.” Review of seven investigation files confirmed that upon notification staff members took immediate action to provide safety for the detainee victim. Interviews with the (A)FA, PCM/PSACM, and eight security 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): DCDF 5.1.2 states, "In the event that a resident alleges that sexual abuse occurred while confined at another facility, the AIPC shall document those allegations and the AIPC facility administrator or assistant facility administrator (in the absence of the facility administrator) shall contact the facility administrator or designee of the facility where the abuse is alleged to have occurred and notify the ICE Field Office as soon as possible, but no later than 72 hours after receiving the notification. The AIPC shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PSA compliance manager and corporate PREA coordinator. Any facility that receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA standards and reported to the appropriate ICE Field Office Director." Interviews with the (A)FA and PCM/PSACM confirmed that should DCDF 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 DCDF 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. The Auditor reviewed documentation of one allegation that was reported to DCDF upon transfer. Review of the documentation confirmed notification was made to the prior facility within 72 hours. In addition, the (A)FA and PCM/PSACM confirmed that notifications are made by telephone with a follow up email.

**Corrective Action:**

No corrective action needed.

### **§115.64 - Responder duties.**

**Outcome:** Meets Standard

**Notes:**

(a)(b): DCDF 5.1.2 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: a. Separate the alleged victim and abuser; b. Immediately notify the on-duty security supervisor and remain on the scene until relieved by responding personnel; c. Preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence; d. If the sexual abuse occurred within 96 hours or within a time period that still allows for the collection of physical evidence, the first responder shall: 1. Request the alleged victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; and; 2. Ensure the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The alleged abuser should be placed in a dry cell, or area, where they cannot perform the following: Washing, brushing teeth changing clothes, urinating, defecating, drinking, eating, or smoking; 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. It is important all contact with the alleged victim be sensitive, supportive, and nonjudgmental. Apart from reporting to designated supervisors, employees shall not reveal any information related to the incident to anyone other than to staff involved with investigating the alleged incident." Interviews with eight security officers confirmed that should they be a first responder to an allegation of sexual abuse, all elements of subsection (a) would be followed to include: separation, preservation, and protection of the crime scene, requesting the victim to not take actions to destroy evidence and ensuring the alleged abuser not take actions to destroy evidence. The Auditor additionally interviewed a volunteer who confirmed they would notify security staff immediately and request the alleged victim not take actions to destroy

evidence. The Auditor's review of the seven investigation files found that when the allegation was reported to a staff member; an appropriate response was provided; however, not all incidents required the full implementation of Sexual Abuse Response Team (SART) Protocols.

**Corrective Action:**

No corrective action needed.

**§115.65 - Coordinated response.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): DCDF 5.1.2 states, "The AIPC has developed a written plan to coordinate the actions taken by staff first responders, medical and mental health practitioners, investigators, and AIPC leadership in response to incidents of sexual abuse. The AIPC uses a coordinated, multidisciplinary team approach to responding to sexual abuse. The PSA compliance manager is a required participant and the corporate PREA coordinator may be consulted as part of this coordinated response. If a victim of sexual abuse is transferred between facilities covered by subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services. If a victim is transferred from an DHS immigration detention facility to a facility, not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. The AIPC shall utilize the "Notification of PREA Incident" form." DCDF has a coordinated response plan included in a facility binder. This 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 (A)FA and PCM/PSACM confirmed the facility would use this plan should an incident occur. The auditor's review of seven case files found that no incidents required the use of a full coordinated response. The (A)FA further confirmed that should a detainee be transferred to another DHS facility, DCDF would inform the receiving facility of the detainee's need for potential medical or social services. The (A)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:**

DCDF 5.1.2 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 AIPC 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. GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits the AIPC'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 (A)FA, PCM/PSACM, and two HR staff confirmed that staff, contractors, and volunteers are removed from contact with detainees until an investigation has been concluded. There was one closed investigation involving contract medical staff. The contractor was issued a no contact with residents order within 24 hours and was not allowed to enter the facility until the investigation was complete.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): Agency policy 11062.2 mandates, “ICE employees shall not retaliate against any person, including a detainee, 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.” DCDF 5.1.2 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. The AIPC 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. The PSA Compliance Manager or mental health personnel or other employee as designated by the facility administrator shall be responsible for monitoring detainee retaliation. AIPC has 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 investigations. The PSA Compliance Manager shall weekly (beginning the week following the incident), meet 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 with an ICE detainees shall be noted on the “Protection from Retaliation Log-ICE” form, to include corrective actions taken to address the issue. For at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of alleged victims 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. Monitoring shall terminate if the allegation is determined unfounded. For at least ninety (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 other and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded. Items monitored for residents include disciplinary reports and housing or program changes. When monitoring is terminated within the 90-day timeframe, the reason shall be documented on the “Protection from Retaliation Log”. The PSA Compliance Manager 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 may also be offered for emotional support services for employees who fear retaliation. Items to be monitored for Employees include negative performance reviews and employee reassignments which shall be monitored by the human resources department. If any other individual expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual as well. Completed monitoring logs shall be retained in the investigative file of the corresponding SA-API incident.” There were no grievances filed for retaliation within the last 12 months for the Auditor to review. Review of seven investigation files confirmed all had retaliation monitoring but could not be continued for the full 90 days due to the detainee’s release from custody. The retaliation monitoring was initiated within 24 hours of the allegation being reported. The form monitors 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. Interviews with the (A)FA and Retaliation Monitor confirmed that retaliation is prohibited, multiple protection measures are employed, and monitoring would continue for 90 days unless circumstances indicate additional monitoring is necessary.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): DCDF 5.1.2 states, “Resident victims of sexual abuse shall be placed in a supportive environment that represents the least restrictive housing option possible (e.g., protective custody), subject to the requirements of 115.43. Resident victims shall not be held for longer than five (5) days in any type of administrative segregation, except in unusual circumstances or at the request of the resident. A resident victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a proper re-assessment, taking into consideration any increased vulnerability of the resident as a result of the sexual abuse. The AIPC shall notify the appropriate ICE-ERO Field Office Director whenever a resident victim has been held in administrative segregation for 72 hours.” During the onsite audit, the Auditor observed the segregation unit, but no detainee victims were housed in the unit. Interviews with the PCM/PSACM and staff that supervise detainees in segregation confirmed that 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 PCM/PSACM further confirmed that a reassessment would be completed prior to a detainee’s return to general population. An interview with the (A)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. The Auditor’s review of seven case files confirmed that no alleged victim was placed in segregation based on reporting the allegation.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(e)(f): DCDF 5.1.2 states, “DCDF shall use investigators who have received specialized training in sexual abuse investigations, and effective cross-agency coordination. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warning, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. All cases of alleged sexual contact shall be promptly, thoroughly, and objectively investigated. An administrative investigation shall be completed for all allegations of sexual abuse at DCDF, 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. Administrative investigations: Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and Shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. 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 or sexual harassment, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation at least once monthly. The facility shall use the GEO Investigation Follow-up Email and maintain all correspondence related to the progress of the investigation.” Review of seven investigation files confirmed that the administrative investigations were completed promptly, thoroughly, objectively and were conducted by the specially trained and qualified investigator and after consultation with ICE personnel. The Auditor reviewed documentation that the specialized training required under standard 115.34 has been completed for the assigned investigator. Interview with the Investigator confirmed during the investigation process prior reports involving sexual allegations are reviewed, actions or inactions on part of the facility are reviewed, and a written report is completed that includes: physical and testimonial evidence, credibility assessments, and contains the facts and findings of the investigation. The interview further confirmed that should an allegation result in a criminal investigation, an administrative investigation would always be completed at the conclusion and in consultation

with the appropriate investigative office within DHS. Interviews with the (A)FA and Investigator further confirmed the facility utilizes DCDF 5.1.2.F for investigation procedures. Review of this policy confirmed that 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, DCDF would remain informed through telephone calls, emails or in person updates with the Aurora Police Department. Investigative documentation is retained as long as the alleged abuser is detained or employed by the facility plus ten years.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

ICE 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 as preponderance of the evidence. DCDF 5.1.2 states, “The Aurora ICE Processing Center shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.” Interview with the Investigator confirmed that there is no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse are substantiated. The facility had seven 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:**

DCDF 5.1.2 states, “At the conclusion of all investigations (once the investigation has been reviewed and approved by corporate staff), when the resident is still in custody, or where otherwise feasible, following an investigation into a resident’s allegation of sexual abuse the facility investigator or staff member designated by the facility administrator shall notify the detainee victim of sexual abuse in writing, whether the allegation has been: substantiated, unsubstantiated or unfounded and any responsive action taken (disciplinary or criminal sanctions).” The Auditor submitted the Notification to Detainee of PREA Investigation Results form to the TL which contained the seven case files reviewed onsite. Review of the completed form indicated 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): DCDF 5.1.2. 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 resident by an employee, contractor, or volunteer. Each facility shall report all removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to appropriate law enforcement agencies unless the activity was clearly not criminal.” DCDF had one investigation that involved contract staff; however, the case was unfounded and did not result in staff discipline. The facility provided documents to confirm the agency has reviewed and approved the facility’s policy. Interview with the (A)FA and HR staff 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 (A)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): DCDF 5.1.2 states, “Any contractor or volunteer who has engaged in Sexual Abuse shall be prohibited from contact with residents. Each facility shall make reasonable efforts to report to any relevant licensing body, to the extent known, incidents of substantiated Sexual Abuse by a contractor or Volunteer. Such incidents shall also be reported to law enforcement agencies, unless the activity was clearly not criminal. Contractors and volunteers suspected of perpetrating Sexual Abuse shall be removed from all duties requiring resident contact pending the outcome of an investigation. The Aurora ICE Processing Center shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents by contractors or volunteers who have not engaged in Sexual Abuse, but have violated other provisions within these standards.” Interview with the (A)FA confirmed that 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 (A)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 DCDF would review the incident to determine if further detainee contact should be prohibited. DCDF did not have any closed investigations involving contractors or volunteers during the audit period for the Auditor to review.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): DCDF 5.1.2 states, “The Aurora ICE Processing Center shall subject a resident to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the resident 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 resident to conform with rules and regulations in the future. The Aurora ICE Processing Center holding residents in custody shall have a resident disciplinary system with progressive levels of reviews, appeals, procedures, and documentation procedure. The disciplinary process shall consider whether a resident's mental disabilities or

mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The Aurora ICE Processing Center shall not discipline a resident 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 Compliance Manager shall receive copies of all disciplinary reports regarding Sexual Activity and Sexual Abuse for monitoring purposes.” Review of the facility detainee handbook confirms that offenses are listed as Greatest, High, High Moderate, and Low Moderate. Potential sanctions imposed for the infraction appear to be commensurate with the prohibited act. Of the seven case files the Auditor reviewed, none were substantiated or contained a detainee disciplinary report. Interviews with the (A)FA, PCM/PSACM, DO, and a first-line security supervisor additionally confirmed the disciplinary process is progressive with increasing penalties and several layers of appeals.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): DCDF 5.1.2 states, “If during the intake assessment, the nurse conducting the medical screening determines that a resident is at risk for either sexual victimization or abusiveness, or if the resident has experienced prior victimization or perpetrated sexual abuse, the resident's assessment form shall be marked for immediate referral to a qualified medical and/or mental health practitioner for medical and/or mental health follow-up as appropriate. All intake medical and mental health screening forms shall be reviewed by the chronic care nurse and/or the Health Services Administrator on a daily basis for referrals. When a referral for medical follow-up is initiated, the resident 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 resident shall receive a mental health evaluation no later than 72 hours after the referral. Information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform treatment plans, security and management decisions or otherwise required by Federal, State or local law.” The facility provided an initial intake risk assessment and subsequent email alerting medical/mental health staff that the detainee was in need of services due to prior conviction for a sex offense. Interview with Intake staff further confirmed that upon intake, should a detainee identify as previously experiencing sexual victimization or sexual abusiveness, an email is sent to medical/mental health and PCM/SACM for further evaluation. Intake staff additionally accessed emails for the Auditor to observe alerting medical/mental health of these referrals. Interview with medical staff confirmed that detainees are initially processed by medical within 12 hours and subsequently receive a thorough evaluation in which sexual victimization or previous perpetrated sexual abuse is evaluated along with other medical history. Interview with a mental health professional further confirmed that referrals are normally seen within 24 hours and always within the 72-hour requirement of subsection (c) which was confirmed through documentation provided by medical staff.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b): DCDF 5.1.2 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 Denver Health or University Hospital for examination by a SAFE or SANE or one shall be brought into the AIPC to conduct the examination. All refusals of medical services shall be documented.” The Auditor reviewed seven allegation case files. Review of the files confirmed that appropriate referrals were made to medical and mental health. There were no detainees transported to the hospital requiring a SAFE/SANE examination. The Support Auditor interviewed one detainee who reported sexual abuse and found that medical treatment was not needed. Interview with medical staff confirmed that emergency medical treatment for detainees would be free and conducted at Denver Health or University Hospital. Medical and mental health staff confirmed that any treatment plans would be continued at the facility and follow up care would be provided as required, which would include emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f)(g): DCDF 5.1.2 states, “The AIPC 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. Mental health staff shall attempt to conduct a mental health evaluation on all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by mental health practitioners. Note: "known abusers" are those resident abusers in which a SA-API investigation was either administratively substantiated or substantiated by outside law enforcement. All refusals for mental health services shall be documented.” The Auditor reviewed seven investigation case files. Review of documentation confirms that all victims were referred appropriately to medical and mental health. Interview with medical staff confirmed that that detainees are provided services consistent with care in the community. Female detainees would be provided pregnancy tests as part of emergent care at the local hospital and the facility would provide information about pregnancy related services. Services would include tests for sexually transmitted infections. All treatment would be free of cost to the detainee and regardless of whether or not they cooperate with the investigation. Mental health staff additionally confirmed that detainee care is consistent with care received in the community. Mental health staff confirmed and have provided mental health evaluations upon learning of a detainee’s abuse history. Review of the seven investigation files confirmed that all detainees received medical and mental health follow ups.



**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): DCDF 5.1.2 states, “Designated staff are 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 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 completed and submitted to the corporate PREA coordinator no later than 10 working days after the review. The AIPC shall implement the recommendations for improvement, or document its reasons for not doing so. Annually, the AIPC shall conduct a review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. If the AIPC has not had any reports of sexual abuse during the annual reporting period, then the AIPC shall prepare a negative report. The AIPC 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, ICE/ERO field office director or his/her designee for transmission to the ICE PSA Coordinator, and corporate PREA coordinator upon completion.” The Auditor reviewed seven investigation files and verified that a sexual abuse incident review was conducted within 30 days on all of them. There were no incident reviews that recommended a change in policy or practice. The facility 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 at the facility. An interview with the (A)FA and PCM/PSACM confirmed that reviews are conducted at the completion of any investigation of sexual abuse and the report and response are forwarded to the agency PSA Coordinator. Interviews also confirmed that annual reviews of all sexual abuse investigations are conducted and forwarded to the Field Office Director or designee and the agency PSA Coordinator. The (A)FA and PCM/PSACM further confirmed that should there be no reports during the year, a negative report is also forwarded to the Field Office Director and the agency PSA Coordinator. The facility provided documentation that the annual review for 2023 was forwarded to Field Office Director or designee and the agency PSA Coordinator.

**Corrective Action:**

No corrective action needed.

**§115.87 - Data collection.**

**Outcome:** Meets Standard

**Notes:**

(a): DCDF 5.1.2 states, “The AIPC shall maintain in a secure area all case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling in accordance with SAAPI standards and applicable agency policies and established schedules.” Interview with the PCM/PSACM confirmed all case records associated with allegations of sexual abuse are maintained in her office under lock and key. During the onsite audit, the Auditor observed the files and confirmed they were locked in a filing cabinet in the PCM/PSACM’s office.

**Corrective Action:**

No corrective action needed.

**§115.201 - Scope of audits.**

**Outcome:** Meets Standard

**Notes:**

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

**Corrective Action:**

No corrective action needed.

**AUDITOR CERTIFICATION:**

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

*Jodi Upshaw*

9/3/2024

**Auditor's Signature & Date**

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

9/3/2024

**Program Manager's Signature & Date**

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

9/3/2024

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



U.S. Immigration  
and Customs  
Enforcement

# **Office of Professional Responsibility**

