PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report

Homeland Security

audit DATES			
From:	1/14/2020	**To:**	1/16/2020
AUDITOR INFORMATION			
Name of auditor:	Thomas Eisenschmidt	**Organization:**	Creative Corrections LLC.
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PROGRAM MANAGER INFORMATION			
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AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	Houston Field Office		
Field Office Director:	Patrick Contreras		
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	126 Northpoint Dr, Houston, TX 77060		
Mailing address: (if different from above)	Click or tap here to enter text.		
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Montgomery Processing Center (MPC)		
Physical address:	806 Hilbig Road, Conroe, Texas 77301		
Mailing address: (if different from above)	Click or tap here to enter text.		
Telephone number:	(936) 521-4900		
Facility type:	CDF		
PREA Incorporation Date:	4/12/2017		
Facility Leadership			
Name of Officer in Charge:	Randy Tate	**Title:**	Warden
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	936-521-(b) (6), (b)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	936-521-(b) (6), (b)
ICE HQ USE ONLY			
Form Key:	29		
Revision Date:	08/14/2019		
Notes:			

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 Prison Rape Elimination Act (PREA) audit of the Montgomery Processing Center (MPC) was conducted on January 14-16, 2020, by U.S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA Auditors, Thomas Eisenschmidt and (b) (6), (b) (7)(C) for Creative Corrections, LLC. The Auditors were provided guidance and review during the audit report writing and review process by the ICE Assistant PREA Program Manager, (b) (6), (b) (7)(C) a DOJ and DHS certified PREA Auditor. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE ERAU section during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. The MPC is privately owned by the GEO Group and operates under contact with the DHS, Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO). The facility processes detainees who are pending immigration review or deportation. The facility does not house juveniles or family detainees. This was the first PREA audit for MPC and included a review of the 12-month audit period from 1/12/19 through 1/14/2020 was conducted. MPC is located in Conroe, Texas. The top three nationalities representative of MPC population are Honduran, Mexican, El Salvadoran.

The Team Lead opened the entry briefing at 8:00 A.M. on the first day of the on-site visit. In attendance were:
Randy Tate, MPC Warden
(b) (6), (b) (7)(C) Prevention of Sexual Assault (PSA) Compliance Manager
(b) (6), (b) (7)(C) ERO PREA Field Coordinator
(b) (6), (b) (7)(C) Compliance Administrator
(b) (6), (b) (7)(C) Assistant Facility Administrator
(b) (6), (b) (7)(C) Inspections and Compliance Specialist, ICE, OPR, ERAU

The Auditors introduced themselves and then provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance to those present. The Lead Auditor explained that 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. He further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour, provided documentation review, and conducting both staff and detainee interviews.

The audit began with a tour of the MPC intake area. The assigned intake staff walked the Auditors through the detainee intake process upon their arrival. (b) (7)(E) [redacted] There are six individual shower stalls that are monitored by the same gender staff as those detainees using them. Detainees remain in this intake area until assessed by both the intake/classification staff and medical/mental health staff. While in the area detainees view three PREA videos and are provided written PREA educational information to include Montgomery Processing Center Detainee Handbook Supplement; ICE Sexual Abuse and Assault Awareness pamphlet; and the ICE National Detainee Handbook. The Auditors continued their tour visiting every area detainees had access to including all housing units (14 open bay dorms, 5 single cell housing units, and 3 multi occupancy cell housing units), segregation, the medical services department (with 26 infirmary beds, two mental health beds), recreation, food service, court rooms, the visiting area, and facility support areas.

The facility houses adult females in 3 general population housing units and male detainees in 2 celled housing units and 12 dormitories. Five male housing units were closed at the time of the site visit. During the tour of these housing areas both Auditors observed cross gender announcements being made prior to them entering allowing the detainees to shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender. Signage was observed by both Auditors in each of the housing units and inside the holding cells providing detainees with PREA educational information, the facility zero tolerance policy, methods for reporting sexual misconduct, and victim advocate services. The information was predominantly in Spanish and English with reporting information on ICE posters in Arabic, Farsi, French, Hindi, Korean, Romanian, Simplified Chinese, Tagalog, and Urdu. The detainee reporting hotline was tested and checked from two housing locations (male/female) and was operational. The PREA audit notices were also observed in multiple locations throughout the tour to include the detainee housing, medical unit, visitation, and at the entrance to the facility. The average stay for detainees at MPC is 28 days. (b) (7)(E) [redacted]

During the course of the site visit, Auditors conducted informal interviews with staff and detainees, questioning them on their knowledge of PREA. At the conclusion of the tour, the Auditors were provided with staff and detainee rosters and randomly selected both for formal interviews. Twelve random staff (including line-staff and first-line supervisors) and specialized staff were interviewed. Those specialized staff included the Warden, PSA Compliance Manager, Human Resources, Training Supervisor, two intake staff, Administrative Investigator, Grievance Coordinator, Classification Supervisor, medical staff, and mental health staff. A total of 53 detainee interviews were conducted during the three day site visit. These interviews consisted of 31 random detainees, 13 limited English proficient (LEP) detainees requiring the use of a language line through Language Services Associates (LSA) provided by Creative Corrections, two detainees acknowledging prior victimization, two detainees unable to read, three detainees who identified as transgender, and two detainee abusers.

There were nine allegations reported during the audit period; seven were closed and two were open cases. Of the seven closed allegations, four were staff-on-detainee, and three were detainee-on-detainee. The administrative investigative outcomes of the staff-on-detainee allegations of sexual harassment were found to be two unsubstantiated and two unfounded. The three detainee-on-detainee allegations were unsubstantiated. Upon review of the investigation files for the audit period, all were referred to the Conroe Police Department. The ICE OPR was notified of all the allegations as documented in the investigation files. There were no cases referred for prosecution. A review of all seven closed investigations was conducted.

On January 16, 2020 an exit briefing was held in the MPC staffing conference room. The Team Lead opened the briefing and then turned it over to the Auditors.

In attendance were:
Randy Tate, MPC Warden
(b) (6), (b) (7)(C) PSA Compliance Manager
(b) (6), (b) (7)(C) ERO PREA Field Coordinator
(b) (6), (b) (7)(C) Compliance Manager

(b) (6), (b) (7)(C) Assistant Facility Administrator
(b) (6), (b) (7)(C) Assistant Officer in Charge
(b) (6), (b) (7)(C) Health Services Administrator (HSA)
(b) (6), (b) (7)(C) ERO Supervisory Detention and Deportation Officer, (SDDO)
(b) (6), (b) (7)(C) Inspections and Compliance Specialist, ICE, OPR, ERAU

Both Auditors spoke briefly about their observations. The Lead Auditor was able to give some preliminary findings. Detainees interviewed had a good understanding of PREA and knew what mechanisms are in place to report incidents of sexual misconduct if needed. It was clear to both Auditors, staff of MPC view PREA seriously and have fostered a culture to better prevent, detect, and respond to sexual misconduct.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 2

§115.31 Staff training
§115.35 Specialized training: Medical and Mental Health Care

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
§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.17 Hiring and promotion decisions
§115.18 Upgrades to facilities and technologies
§115.21 Evidence protocols and forensic medical examinations
§115.22 Policies to ensure investigation of allegations and appropriate agency oversight
§115.32 Other training
§115.33 Detainee education
§115.34 Specialized training: Investigations
§115.41 Assessment for risk of victimization and abusiveness
§115.42 Use of assessment information
§115.43 Protective custody
§115.51 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
§115.71 Criminal and 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
§115.87 Data collection
§115.201 Scope of audits

Number of Standards Not Met: 1

§115.86 Sexual abuse incident reviews

Number of Standards Not Applicable: 1

§115.14 Juvenile and family detainees

PROVISIONS

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

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

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

Notes:

(c)(d) The Auditors determined compliance to this subpart of this standard based on review of the GEO policy 10.1 (Sexual Abuse/Assault) requiring MPC articulate and adhere to a standard of zero tolerance for incidents of sexual abuse. The policy details the facility approach to preventing, detecting and responding to any such conduct. MPC accomplishes this primarily through training of all staff and detainees and outlining responsibilities of medical staff, mental health staff, and hiring practice, investigations of this conduct, defining prohibitive acts and detainee vulnerability assessments. The Warden stated this policy was approved by ICE. Also the interview with the PSA Compliance Manager verified the PSA Compliance Manager is the point of contact for the agency PREA Coordinator and she has sufficient time and authority to oversee efforts for the facility to comply with the policy.

§115.13 - Detainee supervision and monitoring.

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

Notes:

(a)(b)(c) The Auditors determined compliance to these subparts of this standard based on review of the GEO policy 10.1 requiring MPC ensure it maintains sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse through developed and documented comprehensive detainee supervision guidelines to determine and meet the facility's detainee supervision needs. The Warden confirmed that the staffing levels for MPC are established prior to the contract with ICE being agreed to and is based on direct supervision of detainees assigned there along with: video monitoring equipment; generally accepted detention/correctional practices; judicial findings of inadequacy; physical plant; detainee population; findings of incidents of sexual abuse; recommendations of sexual abuse incident reviews; and any other relevant factors. These same factors are taken into account annually during the facility "Annual PREA Facility Assessment". The Warden further indicated that the last review was conducted at MPC in October 2019. The Auditor reviewed that document that evaluated each element required within subpart (c). The Warden indicated to the Auditor that if the facility felt additional staffing was required regardless of what staffing was agreed to prior entering into the contract, he would forward his staffing concerns to the Field Office Director (FOD) to acquire additional staffing. During the site visit both Auditors observed what they considered adequate staffing based on the facility design and type of detainee.

(d) The Auditors determined compliance on this subpart of the standard based on review of the GEO policy 10.1 requiring department heads, facility management staff, and supervisors conduct and document unannounced security inspections within their respective areas to identify and deter sexual abuse of detainees. This policy further prohibits staff from alerting other staff of these inspections. The Auditors interviewed Watch Commanders from each shift who confirmed they are required on each shift to visit each area of the facility detainees may be to deter sexual abuse of detainees. Auditors found supervisor signatures in random logbooks checked indicating PREA rounds.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

MPC does not accept juveniles or family detainees. This was confirmed in the PAQ and with interviews conducted with the Warden and PSA Compliance Manager.

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

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

Notes:

(b)(c)(d) The Auditors based compliance on these subparts of the standard after review of policy 10.1 requiring cross-gender pat-down searches of male detainees not to be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in exigent circumstances. The policy further requires MPC not permit cross-gender pat-down searches of female detainees, absent exigent circumstances. Random security staff (male and female) interviews confirmed their awareness of these pat-searches restrictions and guidelines through both the MPC policy and annual training they receive. They also indicated if a cross-gender pat-search is conducted the employee who conducted it must document it in attachment N (Cross Gender Pat Search Log) to this policy. The facility had no instances of cross-gender pat-searches in the past 12 months.

(e)(f) The Auditors based compliance on these subparts of the standard after review of policy 10.1 requiring MPC document all strip searches and visual body cavity searches in attachment N. This policy also requires cross-gender strip searches or cross-gender visual body cavity searches not be conducted except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners. Watch Commanders from each shift and random staff confirmed strip searches are allowed with approval and cavity searches must be performed by medical staff. Random security staff have been trained to conduct strip searches and if one were to be performed, either same gender or cross-gender, the search is to be documented in attachment N. The PAQ and interviews with the shift supervisors confirmed no strip searches or cavity searches were conducted at MPC in the last 12 months. The interview with the HSA confirmed that MPC has had no incidents within the last 12 months requiring a body cavity search. Still, it verified a medical practitioner would perform the search if needed per the facility's policy and standard requirements.

(g) The Auditors based compliance on this subpart of the standard after review of policy 10.1 requiring MPC allow detainees to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine cell checks or otherwise appropriate in connection with a medical examination or monitored bowel movement. As noted earlier there are 3 female housing units and 14 male housing units. According to the Warden, female housing units are staffed by females only. Employees of the opposite gender are required to announce their intention to enter an area where detainees are likely showering, performing bodily functions, or changing clothes. Interviews conducted with both male and female security and non-security staff confirmed the policy requirement to announce prior

to entering a housing unit. The random detainees interviewed confirmed they felt they had privacy while showering, performing bodily functions, and changing clothes and indicated most staff of the opposite gender announce prior to entering any area they may be performing any of those tasks. During the site visit both Auditors observed cross-gender announcements being made.

(h) MPC is not a Family Residential Facility.

(i)(j) The Auditors based compliance on these subparts of the standard after review of policy 10.1 prohibiting MPC staff from searching or physically examining a transgender or intersex detainee solely to determine their genital status. If the genital status is unknown, it may be determined during private conversations with the detainee, by reviewing medical records, or by learning that information as part of a standard medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private by a medical practitioner. Random security staff interviews confirmed their knowledge of this policy restriction through their training. They also indicated the training they received included cross-gender pat-searches of transgender and intersex detainees in a professional and in the least intrusive manner as possible. The three transgender detainees interviewed stated that prior to being searched each was asked who they felt comfortable with conducting the search. They also stated they have been treated by staff respectfully and have never been searched for the purpose of determining their genital status.

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

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

Notes:

(a)(b) The Auditors based compliance on these subparts of the standard after review of policy 10.1 requiring MPC ensure detainees with disabilities (i.e., those who are deaf, hard of hearing, blind or have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the MPC's efforts to prevent, detect, and respond to sexual abuse and assault. It further requires MPC provide written materials to every detainee in formats or through methods that ensure effective communication with detainees with disabilities, including those who have intellectual disabilities, limited reading skills, who are blind, or have low vision. Upon arrival to MPC every detainee is provided the Montgomery Processing Center Detainee Handbook; ICE Sexual Abuse and Assault Awareness pamphlet; ICE National Detainee Handbook and view the three PREA videos. Except for the ICE National Detainee Handbook, that is available in 11 of the most prevalent languages encountered by ICE, these other documents are provided in Spanish and English. Both Auditors were provided an overview of the complete intake process each detainee receives. Interviews with the intake staff confirmed detainees arriving that may be hearing impaired or deaf that intake staff utilize the Text Telephone (TTY) and a tablet with a communication application for the deaf. Detainees arriving who are blind or with limited sight are provided individualized attention by intake staff depending on their degree of disability to include reading the information to the detainee. In cases where the detainee has low intellect or limited reading skills the intake staff stated this type situation, depending on the degree of limitation, would be referred initially to a supervisor or the medical/mental health department. Detainees that are LEP are provided interpretive services through staff or through the facility's language line contract (Language Line Service). During the random detainee interviews the Auditor confirmed that information was provided to them in formats that they could understand including those unable to read and those who were LEP.

(c) The Auditors based compliance on this subpart of the standard after review of policy 10.1 which stated in matters relating to sexual abuse, MPC shall provide in-person or telephonic interpretation services that enable effective, accurate and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for a detainee interpreter and MPC determines that such interpretation is appropriate. Any use of these interpreters under these types of circumstances shall be justified and fully documented in the written investigative report. The policy further states alleged abusers, a minor, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser shall not be utilized as interpreters in matters relating to allegations of sexual abuse. Both investigators are Spanish speaking and the allegations made during the previous 12 months were by English or Spanish speaking detainees requiring no use of the facility interpretive services. The interview with the Warden, PSA Compliance Manager and Investigator confirmed MPCs' interpretive policy requirement. Random staff interviews detailed their understanding of who can and cannot provide interpreter services during matters relating to sexual abuse. There were no detainees present at the facility who filed a sexual abuse allegation for the Auditors to interview.

§115.17 - Hiring and promotion decisions.

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

Notes:

(a)(b)(e)(f) The Auditors based compliance on these subparts of the standard on policy 10.1 prohibiting MPC from hiring or promoting anyone: who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility or other institution; who has been convicted of engaging in sexual activity facilitated by force, overt or implied threats of force, or 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. Review of Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program 6-7.0, and ICE Suitability Screening Requirements for Contractor Personnel Directive 6-8.0, requiring anyone entering into or remaining in government service, employee or contractor undergo a thorough background examination for suitability and retention. As noted earlier, MPC is operated by the GEO Group under contract with DHS ICE and must adhere to hiring and suitability requirements outlined in these documents. The Division Chief of the Personnel Security Unit, (b) (6), (b) (7)(C) informed Auditors who attended training in Arlington, Virgina in September 2018, ICE detailed candidate suitability indicates all applicants are obligated 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. Applicants are questioned directly about any such previous misconduct both during their background check and during the job interview process and a positive response to any of those specific questions are grounds for unsuitability including material omissions or making false or misleading statements in the application. The GEO HR staff person confirmed that, unless prohibited by law, the facility would provide information on substantiated allegations of sexual abuse involving former employees upon request from an institutional employer for which the employee has applied to work seeking new employment. The Auditors reviewed ten personnel files (contractor and staff) and found background checks completed prior to the staff/contractor employment start date and were approved by ICE for hire.

(c)(d) The Auditors based compliance on these subparts of the standard after review of Federal Statute 731.105 requiring reinvestigations be conducted on all staff and contractors having detainee contact every 5 years. The Division Chief of the Personnel Security Unit confirmed that ICE conducts these background checks on contractors and employees. The Auditor did a random check on ten employees (six-GEO and four-ICE) at MPC. Each of their backgrounds were current and up to date.

§115.18 - Upgrades to facilities and technologies.

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

Notes:

(a) Interview with Warden confirmed, when designing of the facility and in planning of any substantial expansion or modification, the facility or agency, as appropriate considers the effect of the design, acquisition, expansion, or modification upon their ability to protect detainees from sexual abuse. The facility has not expanded or modified the facility during the audit period based n the Warden's interview.

(b) The Auditors based compliance on this subpart of the standard as video equipment was enhanced at MPC within the last 12 months. (b) (7)(E) [redacted]

§115.21 - Evidence protocols and forensic medical examinations.

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

Notes:

(a) The Auditors based compliance on this subpart of the standard after review of policy 10.2, Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection, requiring when investigating allegations of sexual abuse MPC is required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for juveniles where applicable and developed in coordination with the DHS. The Warden confirmed juvenile detainees are never kept at MPC and the facility investigative policy including the uniform evidence protocols was approved by DHS ICE. Agency policy 11062.2 (Sexual Abuse and Assault Prevention and Intervention) 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 incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency.

(b) The Auditors based compliance on this subpart of the standard through documentation provided indicating MPC attempted to enter into a written memorandum of understanding (MOU) with Montgomery County Women's Center and the conversation with a Center representative. The Lead Auditor spoke with this representative from the Center who indicated their agency and MPC did not have to enter into an MOU as the Center has an agreement with the local police department that anytime a victim of sexual assault arrives at the local hospital, a trained advocate from the Center accompanies the alleged victim through the forensic examination and investigation interviews. She further stated the Center offers a 24-hour hotline, crisis intervention and advocacy, medical and legal accompaniment, counseling and support groups, legal services, community outreach and education to any victim (male or female) of sexual assault. The PSA Compliance Manager confirmed phone contact with this Center is not monitored. The Auditor verified that the phone contact was confidential while at the facility.

(c)(d) The Auditors based compliance on this subpart of the standard after review of policy 10.2 requiring the facility to offer to all detainees who experience sexual abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim's consent and without cost to the detainee and regardless of whether the victim names the abuser or cooperates with an investigation arising out of the incident. MPC medical department is managed and operated by the ICE Health Service Corps (IHSC). Facility medical staff are prohibited by this policy to participate in sexual assault forensic medical examinations or evidence gathering. The HSA confirmed forensic exams are not conducted by MPC staff or at the facility. Those needing examinations are sent to the local hospital (Hospital Corporation of America (HCA) Houston Healthcare) in Conroe, Texas. The facility has an MOU with HCA Houston Healthcare to provide Sexual Assault Forensics Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) forensic exams as needed. As noted in (b), the victim would be provided advocacy services during the forensic examine through the Montgomery County Women's Center.

(e) The Auditors based compliance on this subpart of the standard after review of the MOU request between MPC and the Conroe Police Department (PD). This police department is contacted in every case of sexual abuse alleged at MPC and would conduct the criminal investigation if it was determined a crime was committed. The initial written documentation requested the department follow the requirements of paragraphs (a) through (d) of this standard. The final MOU left that portion of the request out. The Auditors observed Conroe PD contact in each of the 9 allegations made at MPC during the last 12 months, none of the cases were investigated criminally by them.

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

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

Notes:

(a)(b)(c)(d) The Auditors based compliance on these subparts of the standard after review of policy 10.2 requiring an investigative report (attachment A from policy) shall be written for all investigations of allegations of sexual abuse. Policy further states allegations of sexual abuse that involve potentially criminal behavior or that include penetration or touching, of the genitalia, anus, groin, breast, inner thighs, or buttocks either directly or through the clothing, shall be referred to outside law enforcement, OPR or DHS Office of Inspector General (OIG). Should the ICE OPR or DHS OIG open a criminal investigation, they will notify the facility within 24 hours of being notified to inform of their interest per facility policy 10.2. MPC shall document all referrals. Interviews with the Warden and facility's Investigator confirmed the requirement of conducting an investigation on every allegation of sexual abuse. The Investigator confirmed the existence and provided an MOU with Conroe PD to conduct criminal investigations occurring at MPC. She also stated, by policy, an investigation at the facility must be conducted by a trained investigator with documentation of these investigations being maintained for as long as the alleged abuser is incarcerated or employed by GEO, plus five years. The investigative case file review determined each of the seven administrative investigations were conducted by a trained investigator. The protocol for ICE investigations and GEO are found on their respective web pages (www.ICE.gov/prea) and (www.geogroup.com/PREA).

(e)(f) The Auditors based compliance on these subparts of the standard after review of policy 10.1 requiring the facility in which an alleged detainee is alleged to be the perpetrator of detainee sexual abuse or when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center (JIC), the ICE OPR or the DHS OIG, as well as the appropriate ICE FOD/designee. The interview with the Warden and PSA Compliance Manager confirmed that MPC notifies the ERO PREA Field Coordinator of the incident. Notifications to JIC, OPR, and DHS OIG are made by ERO PREA Field Coordinator based on his interview. A review of the investigative case records confirmed these notifications were made as required by policy and the standard.

§115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)
Notes:

(a)(c) The Auditors based compliance on these subparts of the standard after review of policy 10.1 requiring all MPC employees receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program and train all employees who may have contact with immigration detainees on how to fulfill their responsibilities as outlined in GEO's Sexually Abusive Behavior Prevention and Intervention Program. This training includes: policy 10.1; detainee and staff freedom from retaliation; definitions/example of prohibited acts; recognition of where abuse may occur; emotional signs of sexual abuse and prevention methods; avoiding inappropriate relationships with detainees; effective and professional communication with lesbian, gay, bisexual, transgender, and intersex (LGBTI) detainees; reporting procedures, and keeping information confidential and detailed within each element requirement in the standard. The policy further requires the employee's documentation of training through signature on the PREA Basic Training Acknowledgment Form (Attachment E) that they understand the training they have received. This form is also used to document Pre-Service and Annual In-Service Sexual Abuse and Assault Prevention and Intervention (SAAPI) Training. The Auditor reviewed ten random training files each containing signed Attachment E acknowledgements. Both GEO staff and ICE staff interviewed confirmed each had received PREA annual training.

(b) The Auditors based compliance on this subpart of the standard after review of policy 10.1 requiring all current facility staff, and all agency employees who may have contact with immigration detention facility detainees provide refresher information as outlined in subpart (a) every year. The interview with the training staff person confirmed the training curriculum meets the nine elements outlined in subpart (a) of the standard. The facility was built in 2017/2018 and has an incorporated date of 4/12/2017. The Training Administrator interview also detailed the training content and the annual refresher training requirements. The Auditors were also informed all staff at MPC received either pre service or in-service zero tolerance training in 2018. The facility exceeds the standard of training refresher requirement of every two years by having it on an annual basis.

§115.32 - Other training.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c) The Auditors based compliance on these subparts of the standard after review of policy 10.1 requiring the level and type of training for volunteers and contractors at MPC be based on the services they provide and their level of contact with detainees, however, all volunteers and contractors having contact with detainees shall be notified of the facility's zero-tolerance policy and on their responsibilities under the facility's sexual abuse prevention, detection, and response policies and procedures. There is only one contractor at MPC who receives the identical training each staff member receives. Volunteers receive their training from the Chaplain and other training staff. The staff training person provided the curriculum each volunteer receives at MPC. This training details their responsibilities under the agency's and facility's sexual abuse policy to include: definitions of prohibited acts, communication with LGBTI groups, means of reporting and ensuring the nearest security staff person is notified if a detainee alleges sexual abuse to them and the consequences of failing to adhere to the facility policy. The Auditors reviewed the signed written confirmation of the contractor and volunteers indicating they received and understood this training. There were no contractors or volunteers available at MPC for the Auditor to interview during the site visit.

§115.33 - Detainee education.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c)(e) The Auditors based compliance on these subparts of the standard after review of policy 10.1 requiring during the intake process, all detainees be notified and informed about the agency's and facility's zero-tolerance policies against all forms of sexual abuse and includes instruction on: prevention/intervention; definitions and examples of detainee sexual abuse; methods for reporting; information on self-protection; prohibition against retaliation, and the victim's right to receive counseling and treatment as outlined in the elements of the standard. The policy further requires MPC provide this orientation, and instruction in formats accessible to all detainees, including those who are LEP, deaf, visually impaired or otherwise disabled, as well as to detainees who have limited reading skills. As noted in standard 115.16, intake staff confirmed each detainee arriving at MPC receives the Montgomery Processing Center Detainee Handbook; ICE Sexual Abuse and Assault Awareness pamphlet; and the ICE National Detainee Handbook. Except for the ICE National Detainee Handbook which is available in 11 of the most prevalent languages encountered by ICE, these other documents are available in Spanish and English. Six detainees reported during interviews they were never provided these orientation materials. The Auditors reviewed their individual institutional files and found signed receipts for these materials. The Auditors, during the tour of the intake area, observed the ICE National Detainee Handbook available in 11 languages. The document contained information on filing grievances; reporting and contact information for the DHS OIG and JIC; zero tolerance information; definitions of prohibited sexual acts; avoiding sexual abuse and assault situations; reporting information including confidentially and anonymously; and medical and mental health care for victims.

(d) The Auditors based compliance on this subpart of the standard after finding DHS prescribed sexual assault awareness posters, in Spanish and English, with the name of the PSA Compliance Manger in every area detainees had access to at MPC, including each of the housing units. Both Auditors also observed the contact information for the local victim advocate, Montgomery County Women's Center, posted by the telephones in each of the housing units.

(f) The Auditors based compliance on this subpart of the standard after reviewing reporting information in the ICE National Detainee Handbook as noted in (a) above and 53 detainee interviews, where all detainees were aware of at least one means to report sexual abuse if they needed to for themselves or someone else.

§115.34 - Specialized training: Investigations.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b) The Auditors based compliance on these subparts of the standard after review of policy 10.2 requiring MPC investigators be trained in conducting investigations of sexual abuse in confinement settings and effective cross-agency coordination. Investigators receive this specialized training in addition to the training mandated for employees and maintain documentation of this specialized training. At the time of the facility site visit MPC had two trained investigators. Both of these investigators received this specialized training through GEO. Documentation of their successful completion of this training is provided in each of their training records. 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 conducting an investigation of sexual abuse in a confinement setting. The agency offers another level of training, the Fact

Finders Training which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled detainees; and an overall view of the investigative process. The agency has provided training records for agency investigators on the ICE SharePoint to document compliance with the standard. During review of the 7 investigative case files, reported during the past 12 months, administrative investigations were conducted by one of facility trained investigators.

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

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b) The Auditors based compliance on these subparts of the standard after review of policy 10.1 requiring in addition to the general training provided to all employees, all full and part-time qualified health care professionals and qualified mental health professionals, who work at MPC to receive specialized medical training. This specialized training includes how to detect and assess signs of sexual abuse; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse; how and to whom to report allegations of sexual abuse; and how to preserve physical evidence of sexual abuse. Medical Services are provided through the IHSC at MPC. The Auditors interviewed both the HSA and the Mental Health Practitioner and were informed all staff (full and part time) receive this training annually and all current staff at MPC are current with the training. A sampling of training files was examined and found to be complete and reflective of the standard training requirements. The facility exceeds the standard requirement of once a lifetime training by requiring all medical and mental health staff to participate in the training annually.

(c) The Auditors based compliance on this subpart of the standard after review of policy 10.1 indicating no attempt be made by medical staff to examine or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim's medical condition The HSA confirmed that MPC medical staff are prohibited from participating in sexual assault forensic medical examinations or evidence gathering. MPC stabilizes the detainee for transport. Forensic examinations are performed by a SAFE/SANE through an MOU as noted previously in standard 115.21 in the local hospital. Also noted earlier this policy was approved by ICE.

§115.41 - Assessment for risk of victimization and abusiveness.

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

Notes:

(a)(b) The Auditors based compliance on these subparts of the standard after review of policy 10.1 requiring all detainees shall be assessed during intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. Each new arrival shall be assessed within 12 hours of arrival and be kept separate from the general population until he/she is classified and may be housed accordingly. Each of the 31 random detainees interviewed confirmed that they were assessed prior to being placed in general population.

(c)(d)(f) The Auditors based compliance on these subparts of the standard after review of policy 10.1 requiring the facility consider, to the extent MPC has the information: whether the detainee has a medical, mental, physical or developmental disability; age of detainee; physical build and appearance; previous incarcerations; criminal history; convictions for sex crimes against child/adult; LGBTI identification or gender non-conforming; prior victimization; and the detainees own concern about his/her physical safety. Attachment B of the policy (GEO PREA Risk Assessment Tool) is used to conduct the initial assessment and was reviewed to address these subpart requirements of the standard. The questions on this assessment, as required and outlined in subpart (c) are asked of each detainee. The document also indicates the detainee is asked about prior convictions for violent offenses, and history of prior institutional violence or sexual abuse or assault, as known to the facility, in assessing detainees for risk of being sexually abusive. Interviews with the intake staff confirmed the entire intake process including the use of this screening attachment and also confirmed detainees are not disciplined for refusing to answer or disclosing incomplete information.

(e) The Auditors based compliance on this subpart of the standard after review of policy 10.1 requiring classification staff reassess each detainee's risk of victimization or abusiveness between 60 and 90 days from the date of initial assessment at the facility, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization. These reassessments will include a face to face interview with the detainee. All reassessments will be documented on the PREA Vulnerability Reassessment form (Attachment C) and placed in the detainee's detention file. The Auditors reviewed 15 detainee institutional records. Six of these detainees were at MPC for a period of over 90 days. In each of those six files, reassessments were completed between the 60th and 90th day. The Auditors did a cursory inspection of all completed administrative investigation files. An in-depth review was conducted on five of these files. The Auditors verified that in these allegations, a reassessment was conducted as required by this subpart of the standard and MPC policy.

(g) The Auditors based compliance on this subpart of the standard after the interview with the PSA Compliance Manager. She confirmed appropriate controls are placed on all detainee information including risk assessments and sexual abuse allegations and investigations documents in order to ensure that sensitive information is not exploited by employees or other individuals. This information is limited to those staff on a need-to-know basis only for the purpose of treatment, programming, housing and security and management decisions. These confidential records are maintained in locked file cabinets inside a secure office.

§115.42 - Use of assessment information.

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

Notes:

(a) The Auditors based compliance on this subpart of the standard after review of policy 10.1 requiring screening information from the GEO PREA Risk Assessment Tool be used to determine assignment of detainees to housing, recreation and other activities, and voluntary work. The PSA Compliance Manager confirmed she maintains an "at risk log" of potential victims and potential abusers determined from the PREA Intake and Medical Risk Screening Assessment. Following a reported allegation of sexual abuse, she ensures victims are placed on the "at risk log" as soon as possible and tracked as a potential victim and housed separate from potential abusers pending the outcome of the investigation. If the investigation is determined "unfounded", the victim may be removed from the "at risk log." The Auditors reviewed 15 detainee files while at MPC. The Classification staff confirmed that each detainee arriving at MPC is reviewed for vulnerability and then assigned a bed location. This review is documented and was found in each of the files reviewed.

(b)(c)The Auditors based compliance on this subpart of the standard after review of policy 10.1 confirming transgender and intersex detainees may be housed in medical for up to 72 hours (excluding weekends, holidays and emergencies) until the appropriate housing determination is made by the

Transgender Care Committee (TCC). This committee consists of the Warden or Assistant Warden, Security Chief, Classification or Case Management Supervisor, medical and/or mental health staff, and PSA Compliance Manager. The PSA Compliance Manager confirmed that the TCC, prior to making housing assignments consider: the transgender or intersex detainee's gender self-identification; an assessment of the effect the placement has on both the facility and the detainee; and also consider on a case-by-case basis whether such a placement would ensure the detainee's health and safety. The facility had three transgender detainees at the time of the site visit. The interviews with them confirmed they were questioned about any concerns about housing assignments and safety concerns they had. They also indicated, they were told although MPC has individual showers, if they had concerns about showering then arrangements could be made when other detainees were not in the area. None of the three transgender detainees were at MPC long enough for their second meeting with TCC. The Classification staff person confirmed detainees are not assigned a housing unit or to a volunteer worked assignment until such time the risk assessment is completed.

§115.43 - Protective custody.

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

Notes:

(a)(b)(c)(e) The Auditors based compliance on these subparts of the standard after review of policy 10.1 prohibiting the use of administrative segregation to protect detainees vulnerable to sexual abuse or assault and 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 and only as a last resort. The policy further requires if appropriate custodial options are not available at the facility, the facility must document any such placement and consult with the FOD within 72 hours of the detainee's placement to determine if ICE can provide additional assistance. Such detainees may be assigned to administrative segregation for protective custody only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. The Warden confirmed that the use of administrative segregation would always be his last resort and his segregation unit has not been used within the last 12 months for the placement of any vulnerable detainee. Normally any detainee needing separation would be placed in one of the infirmary beds with no restrictive access to programs, visitation, counsel, and other services available to the general population.

(d) The Auditors based compliance on this subpart of the standard after review of policy 10.1 requiring a supervisory staff member review, within 72 hours of the detainee's placement in segregation, whether segregation is still warranted. A supervisory staff member shall conduct, at a minimum: an identical review after the detainee has spent 7 days in administrative segregation and every week thereafter for the first 30 days, and every 10 days thereafter. The reviews are documented on Attachment G; DHS Sexual Assault/Abuse Available Alternatives Assessment. The Segregation Supervisor confirmed that the detainee's placement in segregation would be reviewed within the first 3 days of his/her assignment with additional reviews completed after the detainee has spent 7 days in administrative segregation, and for every week for the first 30 days, and every 10 days thereafter the first month. According to the Warden and PSA Compliance Manager no detainee has been placed in administrative segregation at high risk for sexual abuse and assault within the last 12 months.

§115.51 - Detainee reporting.

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

Notes:

(a)(b) The Auditors based compliance on these subparts of the standard after review of policy 10.1. MPC provides detainees with multiple ways to privately report sexual abuse, retaliation, and any staff neglect of responsibilities that may have contributed to any such incidents. There is also a requirement in this policy mandating MPC provide detainees with relevant contact information for consular officials and officials at the DHS. The Auditors observed contact information for each consulate, provided in Spanish and English, next to each telephone. They also observed ICE zero tolerance posters in each of the housing areas in Spanish and English as well. These posters provide information for detainees on how to report incidents of sexual misconduct. As noted earlier, each detainee arriving at MPC receives the Montgomery Processing Center Detainee Handbook; ICE Sexual Abuse and Assault Awareness pamphlet; ICE National Detainee Handbook and view the comprehensive PREA video. Except for the ICE National Detainee Handbook which is available in 11 of the most prevalent languages encountered by ICE, these other documents are available in Spanish and English. Both the ICE National Handbook and the GEO Supplement to the National Detainee Handbook provides reporting means for detainees wishing to report sexual abuse. The interviews with 53 random detainees indicated to the Auditor most were aware of a means to report incidents of sexual misconduct if it became necessary.

(c) The Auditors based compliance on this subpart of the standard after review of policy 10.1 requiring all MPC employees accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The PAQ and the PSA Compliance Manager confirmed two of the seven reported sexual abuse allegations at MPC were received from a third party. The review of the administrative investigation files for these two cases confirmed the verbal reports were put into writing by the staff receiving them.

§115.52 - Grievances.

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

Notes:

(a)(b)(c)(d)(e) The Auditors based compliance on these subparts of the standard after review of policy 10.1 requiring the facility permit a detainee to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging a complaint and shall not impose a time limit. The policy details procedures for identifying and handling time-sensitive grievances that involve an immediate threat to a detainee's health, safety, or welfare related to sexual abuse. Detainees are provided this information on grievance processing in the Montgomery Processing Center Detainee Handbook. The grievance staff person confirmed the grievance office issues a decision on the grievance within 5 days of receipt and responds to an appeal of the grievance decision within 30 days. All grievances related to sexual abuse and the facility's decisions with respect to such grievances are reported to the appropriate FOD at the end of the grievance process. She further stated that facility staff would bring any medical emergencies to the immediate attention of proper medical personnel for further assessment when necessary. The PAQ and the PSA Compliance Manager confirmed that the grievance process was utilized four times by detainees who alleged sexual abuse during the last 12 months. Each of the four grievances were answered within the five-day requirement and immediately reported to the Warden and facility Investigator. The interview with the SDDO confirmed he is notified of all allegations of sexual abuse made through the grievance office and makes notifications to the ICE personnel. He also indicated he was informed of the four grievances alleging sexual abuse made during the previous 12 months.

(f) The Auditors based compliance on this subpart of the standard after review of policy 10.1 informing staff and detainees that a detainee may obtain assistance from another detainee, the housing officer, other facility staff, family members, or legal representatives to prepare a grievance. Interviews with random staff and with the grievance staff person confirmed their knowledge of the policy assistance requirements as it pertains to grievances.

Random interviews with both detainees and security staff confirmed their knowledge about the grievance process and the policy assistance requirements available for detainees.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c)(d) The Auditors based compliance on these subparts of the standard after review of policy 10.1 requiring MPC utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and prosecution of sexual abuse perpetrators to most appropriately address victim's needs. It further requires MPC make available to detainees information about local organizations that can assist detainees who have been victims of sexual abuse including mailing addresses and telephone numbers (including toll-free hotline numbers where available). As noted in standard 115.21, MPC attempted to enter into a written MOU with Montgomery County Women's Center. The Lead Auditor spoke with a representative from the Center who indicated their Agency and MPC did not have to enter into an MOU as the Center has an agreement with the local police department that anytime a victim of sexual assault arrives at the local hospital a trained advocate from the Center accompanies the alleged victim through the forensic examination and investigation interviews. She further stated the Center offers 24-hour hotline, crisis intervention and advocacy, medical and legal accompaniment, counseling and support groups, legal services, community outreach and education to any victim of sexual assault. She also indicated that the Center does not accept reports of sexual abuse but would advise the detainee about how and to whom (local police) to report. The PSA Compliance Manager confirmed phone contact with this Center is not monitored. The Auditor verified that the phone contact was confidential during the site visit at the facility. The Auditors confirmed through interview with the PSA Compliance Manager and review of the facility handbook that detainees are informed, prior to giving them access to outside resources, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The facility Investigator and PSA Compliance Manager confirmed that the Investigator or PSA Compliance Manager provide each detainee alleged victim of sexual abuse contact information for this Center within the first hour after the notification is made. The investigative file review indicated each detainee was provided this information.

§115.54 - Third-party reporting.

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

Notes:

The Auditors based compliance on this standard after review of policy 10.1 requiring MPC post publicly GEO's third-party reporting procedures. It states GEO shall post on its public website its methods for receiving third-party reports of sexual abuse on behalf of detainees. During the three-day site visit, Auditors observed third party reporting posters and information, in Spanish and English, in MPC lobby and visitation areas. The GEO web page www.geogroup.com/PREA and ICE website https://www.ice.gov have reporting information on behalf of a detainee as well. Random detainees were aware that family members and friends could report sexual abuse on their behalf. The PAQ and the PSA Compliance Manager confirmed two of the seven reported sexual abuse allegations were received from a third party as noted in 115.51.

§115.61 - Staff reporting duties.

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

Notes:

(a)(b)(c) The Auditors based compliance on these subparts of the standard after review of policy 10.1 requiring staff at MPC report any knowledge, suspicion, or information regarding incidents of sexual abuse that occurred in a facility whether or not it is a GEO facility; any retaliation against individuals in a GEO facility or program or employees who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. The PSA Compliance Manager confirmed these reporting requirements of staff and indicated they are covered in the training provided all staff as well. She also confirmed staff may report outside of their chain of command to the Chief of Security, facility management and may also utilize the employee hotline (reporting incidents to the GEO Corporate Office in Florida) or contact the Corporate PREA Coordinator directly if necessary. The Warden confirmed this policy was approved by the FOD. Random staff interviews confirmed their knowledge of the reporting requirements of the standard and facility policy and were also aware of their right to go outside the chain of command to report if necessary. They also confirmed that apart from reporting to designated supervisor or officials, they are required not to reveal any information related to a sexual abuse report to anyone.

(d) The Auditors based compliance on this subpart of the standard after review of policy 10.1 requiring an allegation of sexual abuse in which the alleged victim is under the age of 18 or considered a vulnerable adult be reported to the designated state or local services agencies under applicable mandatory reporting laws. The interview with the HSA and Warden confirmed if they encountered an incident of sexual abuse of a vulnerable adult, the counsel's office would be contacted to determine reporting obligations under the law. As noted earlier there are no juveniles at MPC.

§115.62 - Protection duties.

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

Notes:

The Auditors based compliance on this standard after review of policy 10.1 requiring any time staff becomes aware that a detainee is subject to a substantial risk of imminent sexual abuse, he/she will take immediate action to protect the detainee. Random staff, PSA Compliance Manager, and Warden were specifically asked about their handling of detainees they believed to be at substantial risk of imminent sexual abuse. All indicated the detainee safety would be their primary concern. The Warden indicated placement in the infirmary would be the likely immediate response to protect a detainee from substantial risk of imminent sexual abuse. The Warden also stated MPC had no detainees at substantial risk of imminent sexual abuse within the last 12 months.

§115.63 - Report to other confinement facilities.

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

Notes:

(a)(b)(c) The Auditors based compliance on these subparts of the standard after review of policy 10.1 requiring in the event that a detainee alleges that sexual abuse occurred while confined at another facility, the MPC Warden would document those allegations and notify the Facility Administrator or Assistant Facility Administrator where the allegation occurred and also notify the ICE Field Office as soon as possible, but no later than 72 hours after receiving the notification. The policy also requires the facility maintain documentation that it has provided such notification and all actions taken regarding the incident with copies of this documentation forwarded to the PSA Compliance Manager and Corporate PREA Coordinator. The Warden and

PSA Compliance Manager confirmed the requirements under subparts (a)(b)(c) of this standard and also confirmed the facility had eight allegations of sexual abuse reported at the facility to have occurred at other facilities within the last 12 months.

(d) The Auditors based compliance on this subpart of the standard after review of policy 10.1 requiring any GEO facility that receives notification of alleged abuse, occurring at another facility is required to ensure that the allegation is referred for investigation in accordance with PREA standards and reported to the appropriate ICE FOD. In each of those eight allegations MPC documented sending each Facility Head, where the allegation allegedly occurred, a notice informing them of the allegation information. The facility only heard back from one facility thanking them for providing the information.

§115.64 - Responder duties.

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

Notes:

(a) The Auditors based compliance on this subpart of the standard after review of policy 10.1 requiring staff upon receiving a report that an individual in a GEO facility or program was sexually abused, or if the employee sees abuse, security staff shall separate the alleged victim and abuser; immediately notify the on duty security supervisor; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and if the sexual abuse occurred within 96 hours, ensure that the alleged victim and abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, and eating. A security staff member of the same sex shall be placed outside the cell or area for direct observation to ensure these actions are not performed. Random staff interviewed confirmed the first responder duties to allegations of sexual abuse as outlined in the protocols, the policy, and covered in their training. The investigative case file review confirmed that security staff were the first responders for all allegations at MPC within the last 12 months.

(b) The Auditors based compliance on this subpart of the standard after review of policy 10.1 requiring whenever the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify security staff. The Auditor confirmed this practice during interviews with two non-security staff members. The investigative case file review confirmed that non-security staff were not first responders for any allegations within the last 12 months.

§115.65 - Coordinated response.

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

Notes:

(a)(b) The Auditors based compliance on these subparts of the standard after review of policy 10.1 detailing MPC's multidisciplinary plan to coordinate the actions taken by first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse. The Warden, PSA Compliance Manager, and the HSA, confirmed their responsibility in any coordinated response for incidents of sexual abuse. They also indicated each is prepared for any sexual abuse incidents and have in fact been utilized in the past. The Auditor reviewed seven completed investigation files at MPC that documented the multidisciplinary and coordinated responses by staff members at MPC.

(c)(d) The Auditors based compliance on these subparts of the standard after review of policy 10.1 requiring that victims of sexual abuse transferred between DHS Immigration Detention facilities, the sending facility shall, as permitted by law, shall inform the receiving facility of the incident and the victim's potential need for medical or social services. If the victim of sexual abuse is transferred to a non-DHS Facility, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. Interviews with the Warden and PSA Compliance Manager confirmed that MPC has had no instances of transfer of sexual abuse victims between DHS or non-DHS facilities within the previous 12 months. Auditors were advised victims were either released ICE custody or bonded out. Proper notifications would be made as required by policy if a transfer of this type was enacted. The HSA confirmed prior to any sexual assault victim being transferred the IHSC staff would contact the receiving facility and provide both medical and mental health information as necessary.

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

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

Notes:

The Auditors based compliance on this standard after review of policy 10.1 1 requiring in every case where the alleged abuser is an employee, contractor or volunteer, there shall be no contact between the alleged abuser and the alleged victim pending the outcome of the investigation. Separation orders requiring "no contact" would be documented by facility management via email or memorandum within 24 hours of the reported allegation. The email or memorandum would be printed and maintained as part of the related investigation file. The Warden and PSA Compliance Manager confirmed that staff, contractors, or volunteers being investigated for sexual abuse allegations or any other serious misconduct involving a detainee are prohibited from having contact with any detainee until the completion of the investigation. They also stated that MPC has had 4 allegations against staff members within the previous 12 months and in each case the staff person was removed from detainee contact. The review of the investigative files demonstrated the non-contact notification issued from the Warden in each of the investigative files.

§115.67 - Agency protection against retaliation.

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

Notes:

(a)(b)(c) The Auditors based compliance on these subparts of the standard after review of policy 10.1 requiring MPC implement procedures to protect individuals in a GEO facility or program and employees who report sexual abuse or cooperate with investigations, from retaliation by other individuals in a GEO facility or program or employees. The PSA Compliance Manager confirmed she is responsible for monitoring retaliation of staff and detainees and begins monitoring the day the allegation is made and continues for a period of 90 days or as long as monitoring for retaliation is required and or needed. She indicated all retaliation monitoring is documented on attachment B of this policy "Protection from Retaliation Log". Monitoring for retaliation would include the review of detainee disciplinary reports, housing or program changes and negative performance reviews or reassignments of staff for possible indicators of retaliation. During the investigative case file reviews of the seven completed investigative files Auditors found these completed reviews for retaliation. The PSA Compliance Manager informed the Auditor she has no reported instances of alleged retaliation occurring at MPC during the previous 12 months.

§115.68 - Post-allegation protective custody.

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

Notes:

(a)(b)(c) The Auditors based compliance on these subparts of the standard after review of policy 10.1 requiring the placement of detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible subject to the standard requirements of 115.43 (e.g. protective custody). Detainees are not to be held for longer than five days in any type of administrative segregation, except in unusual circumstances or at the request of the detainee. Detainee victims being held in administrative segregation must receive a PREA Vulnerability Reassessment form (Attachment C) prior to being returned to general population until this assessment has been completed taking into consideration the increased vulnerability of the detainee as a result of the sexual abuse. The Warden and PSA Compliance Manager confirmed as they did in standard 115.43, the use of administrative segregation for victims of sexual abuse would be the facility's option. The use of an infirmary bed as a supportive environment would more than likely be used.

(d) The Auditors based compliance on this subpart of the standard after review of policy 10.1 requiring MPC notify the FOD within 72 hours any time administrative segregation is used to place an alleged victim. The Warden and PSA Compliance Manager both confirmed that segregation has not been utilized to house any alleged victim of sexual abuse within the last 12 months. There were no detainees at MPC who made allegations of sexual abuse for the Auditors to interview.

§115.71 - Criminal and administrative investigations.

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

Notes:

(a)(b)(c)(d(e)(f) The Auditors based compliance on these subparts of the standard after review of policy 10.2 requiring whenever MPC conducts its own investigation into allegation of sexual abuse, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. GEO shall use investigators who have received specialized training in sexual abuse investigations. The policy further requires an administrative investigation be completed for all allegations of sexual abuse at GEO facilities, regardless of whether a criminal investigation is completed. The Investigator confirmed he initiates an administrative investigation within 24 hours of notifying ICE of a sexual abuse allegation except for allegations where the facility has been advised a criminal investigation is pending by either local law enforcement, ICE OPR, or DHS OIG. If ICE OPR or DHS OIG opens a criminal investigation, they would notify the facility within 24 hours of the report and inform of their interest per facility policy 10.2. Whenever an investigation is conducted by another agency or jurisdiction, he cooperates with that agency and remains informed, to the extent possible, with the investigation progress. He confirmed that his protocols and determinations for administrative investigations are based on direct and circumstantial evidence; available physical DNA evidence; available electronic monitoring data; interview notes from alleged victims, suspected perpetrators, and witnesses; reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator. He stated his assessment of the credibility of an alleged victim, suspect, or witness, is made without regard to the individual's status as a detainee, staff or employee and without requiring any detainee who alleged sexual abuse or assault to submit to a polygraph. He stated policy and practice requires the investigation be concluded regardless of the departure of the alleged abuser or victim from the control or employment at MPC. The review of the facility investigative files confirmed the element requirements of the policy and standard present.

§115.72 - Evidentiary standard for administrative investigations.

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

Notes:

The Auditors based compliance on the standard after review of policy 10.2 requiring when an administrative investigation is undertaken, the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse and assault are substantiated. The facility's Investigator confirmed the evidence standard utilized when determining a sexual abuse case is the preponderance of evidence. A review of the seven completed investigative files, appeared to the Auditors, that a preponderance of the evidence was the standard applied in determining the investigation outcomes.

§115.73 - Reporting to detainees.

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

Notes:

The Auditors based compliance on the standard after review of policy 10.2 requiring at the conclusion of all investigations, conducted by the facility investigator, the facility investigator or staff member designated by the Facility Warden shall inform the detainee victim of sexual abuse in writing, whether the allegation has been: substantiated, unsubstantiated or unfounded. The notification is to be documented on attachment A, (Notification of Outcome of Allegation) from the Corporate Policy 5.1.2-D. The Investigator confirmed that each detainee receives the original copy of the completed form and a copy of the form is retained as part of the investigative file. The Auditors did a cursory inspection of all seven completed files and found completed Notification of Outcome of Allegation forms in all of case files. One of these forms contained no detainee signature with a notation the detainee was either transferred or released prior to the notice being prepared.

§115.76 - Disciplinary sanctions for staff.

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

Notes:

(a)(b) The Auditors based compliance on these subparts of the standard after review of policy 10.2 requiring staff be subject to disciplinary or adverse action up to and including removal from their position and Federal service for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies. The Warden and MPC Human Resource staff person confirmed removal from service is the presumptive disciplinary sanction for staff violation of the sexual abuse policy. The Warden also acknowledged the removal from service policy was approved by the FOD. The PAQ, Facility Warden and the PSA Compliance Manager indicated that MPC had two staff members found to have violated either the Agency policy or professional standards of conduct as a result of sexual abuse allegations made against them. One was terminated and the other disciplined internally while both were never found to have committed a PREA violation. The other two cases involving staff were determined unfounded and unsubstantiated.

(c)(d) The Auditors based compliance on these subparts of the standard after review of policy 10.2 requiring MPC report all removals or resignations in lieu of removal for violations of the agency and/or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal and licensing bodies to the extent known. The Warden confirmed that his office is required to make these notifications when and if it ever became necessary. He indicated as a matter of routine all allegations are immediately made to Conroe PD regardless of staff resigning or not. Allegations made during the previous 12 months did not require any reports to licensing bodies.

§115.77 - Corrective action for contractors and volunteers.

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

(a)(b)(c) The Auditors based compliance on these subparts of the standard after review of policy 10.2 requiring MPC prohibit any contractor or volunteer from contact with detainees who have engaged in sexual abuse. The policy further requires MPC make reasonable efforts to reports these contractors and volunteers, found guilty of sexual abuse to any relevant licensing body, to the extent known and to law enforcement agencies, unless the activity was clearly not criminal. The Warden stated any contractor or volunteer suspected of perpetrating sexual abuse would be removed from all duties requiring detainee contact pending the outcome of an investigation and he would consider whether to prohibit any further contact with detainees if they had not engaged in sexual abuse, but had violated other provisions within these standards. Those actually found to have committed sexual abuse would be reported to law enforcement and licensing bodies. He also confirmed as with employees, contractors, and volunteer allegations are immediately reported to the Conroe Police Department. There were no reported incidents requiring the removal of a contractor or volunteer within the last 12 months.

§115.78 - Disciplinary sanctions for detainees.

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

(a)(b) The Auditors based compliance on these subparts of the standard after review of policy 10.2 requiring MPC subject detainees to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse. The policy further requires that at all steps in the disciplinary process any sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations in the future. Interviews conducted with the Warden and Chief of Security confirm MPC has a formal disciplinary process and any detainee found to have committed sexual abuse through a criminal or administrative investigation would be subjected to it.

(c)(d) The Auditors based compliance on these subparts of the standard after reviewing policy 10.2 requiring the disciplinary process have progressive levels of reviews, appeals, procedures, and documentation procedures. The policy further requires the disciplinary process consider whether the detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The Chief of Security confirmed the MPC disciplinary process has appeals for the disposition and sanctions, and the hearing officer would take into account the detainee's mental disabilities or mental illness before determining what sanction if any would be imposed. MPC has had no detainee-on-detainee sexual abuse allegations substantiated in the previous 12 months.

(e) The Auditors based compliance on these subparts of the standard after review of policy 10.2 requiring a detainee not be disciplined for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. The PSA Compliance Manager, PAQ and the Warden confirmed MPC has had no sexual abuse allegations involving a detainee and staff member were substantiated within the last 12 months.

(f) The Auditors based compliance on this subpart of the standard after review of policy 10.2 requiring a detainee making 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 Chief of Security confirmed no detainee at MPC have ever been disciplined for filing any allegation of sexual abuse nor would he or she if it was done in good faith based upon a reasonable belief.

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

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

(a)(b)(c) The Auditors based compliance on these subparts of the standard after review of IHSC Directive: 03-01, Sexual Abuse and Assault Prevention and Intervention and policy 10.1 requiring if during the intake assessment persons tasked with screening determine that a detainee is at risk for either sexual victimization or abusiveness, or if the detainee has experienced prior victimization or perpetrated sexual abuse, the detainee shall be immediately referred to a qualified medical and/or mental health practitioner for medical and/or mental health follow-up as appropriate. The HSA confirmed when a referral for medical follow-up is initiated, the detainee receives a health evaluation no later than two working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral. The intake staff confirmed any known or referenced victimization or history of abusiveness by any detainee automatically requires a referral to either medical or mental health via the HSA. During the 31 random detainee interviews at MPC, two detainees informed intake staff upon arrival that they had a history of victimization. Two other detainee records referenced previous abusive history upon their arrival at MPC. These four medical records were reviewed, and the Auditors found referral notifications from the intake staff in each record with notations that documented each detainee was seen within policy and standard time frames.

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

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

(a)(b) The Auditors based compliance on these subparts of the standard after review of IHSC Directive 03-01 requiring victims of sexual abuse in custody receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by medical and mental health practitioners. Policy further prohibits staff from performing or participating in forensic examinations. As noted in policy, forensic exams are not conducted onsite. Detainee victims requiring such services are taken to the local hospital (HCA Houston Healthcare) in Conroe, Texas. The interview with the HSA at MPC confirmed HCA Houston Healthcare) has a SAFE/SANE available around the clock if needed. The HSA also stated that detainee victims are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. He also indicated all services are provided without financial cost to the victim and regardless of whether that victim names the abuser or cooperates with any investigation arising out of the incident.

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

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

(a)(b)(c)(d)(e)(f) The Auditors based compliance on these subparts of the standard after review of IHSC Directive 03-01 requiring MPC offer medical and mental health evaluation and treatment to all detainees who have been victimized by sexual abuse while in immigration detention. The evaluation and treatment of these victims shall 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. The policy further requires all victims of sexual abuse be offered tests for sexually transmitted infections as medically appropriate and all medical services be provided without financial cost to the victim. The HSA confirmed each alleged victim would be offered evaluation and continued treatment services through their medical and mental health departments, consistent with the community level of care at no cost to the detainee. He also stated that female detainee victims of vaginal penetration, by a male abuser, would be provided a pregnancy test and all lawful pregnancy-related medical services when and where applicable. Review of the investigative files indicated each of the seven detainees was seen by medical on the day the allegation was made. In one of the cases, follow up care (mental health) was noted in the record.

(g) The Auditors based compliance on this subpart of the standard after review of policy 10.1 requiring MPC attempt to conduct a mental health evaluation on all known detainee-on-detainee abusers within 60 days of learning of such abusive history and offer treatment deemed appropriate by mental health practitioners. As noted earlier the Auditor interviewed two detainees who had a history of abusive behavior. The detainees indicated they were offered mental health services but refused.

§115.86 - Sexual abuse incident reviews.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a) The Auditors reviewed policy 10.1 requiring MPC to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation utilizing attachment J (Sexual Abuse or Assault Incident Review Form). The policy further requires the completed form of the review team's findings be submitted to the local PSA Compliance Manager and Corporate PREA Coordinator no later than 30 working days after the review via the GEO PREA Database. MPC is required to implement the recommendations for improvement or document its reasons for not doing so. The Auditors found incident reviews in five of the seven completed investigations.

Does Not Meet: The policy and standard require the incident review be completed within 30 days of the investigation. The Auditor found two cases in which the Investigator made a finding in the investigation. One case was sent to the GEO Corporate Office in August 2019 and it still has not been returned to the facility as of January 2020. Five months after the Investigator completed the investigation the incident review still has not been completed because GEO Corporate Office hasn't reviewed the investigation. The second incident review was completed by the investigator and also sent to GEO Corporate and was returned 35 days after the investigation was completed by the facility investigator. The incident review was completed by the facility on the 36th day. Neither the Corporate policy (5.1.2D) nor the local policy (10.1) requires or details a Corporate Office review for a completed investigation. The facility did not meet either their own policy or standard requirement that the incident review be completed at the conclusion of the investigation.

(b) The Auditors based compliance on this subpart of the standard after review of policy 10.1, interviews with the Warden, and five completed incident reviews confirming the MPC review team looks at race; ethnicity; gender identity; LGBTI identification; status or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.

(c) The Auditors based compliance on this subpart of the standard after review of policy 10.1 requiring MPC conduct an annual review of the all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the Facility Administrator, Field Office Director or his/her designee and Corporate PREA Coordinator upon completion. The PSA Compliance Manager provided the review completed in November 2019 and it was reviewed by the Lead Auditor.

§115.87 - Data collection.

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

Notes:

(a) The Auditors based compliance on this subpart of the standard after review of policy 10.1 requiring MPC maintain in a secure area for all case records associated with claims of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendation for post-release treatment. The PSA Compliance Manager confirmed data collected is securely maintained in her office, under double lock and key, with access to only staff requiring a need to review. She indicated the records are retained for at least five years after the date of the initial collection unless federal, state or local law requires otherwise.

§115.201 - Scope of audits.

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

Notes:

(d) The Auditors were allowed access to the entire facility and able to question staff and detainees about sexual safety during the site visit.
(e) The Auditors were able to revisit areas of the facility and to view all relevant documentation as requested.
(i) Formal interviews with staff, contractors, and detainees were conducted in a private confidential setting.
(j) Audit notices were posted and observed throughout the facility in English and Spanish. The Auditor received no staff or detainee correspondence.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button: **Update Outcome Summary**

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	2
Number of standards met:	37
Number of standards not met:	1
Number of standards N/A:	1
Number of standard outcomes not selected (out of 41):	41

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.

Thomas Eisenschmidt 4/19/2020

Auditor's Signature & Date

(b) (6), (b) (7)(C) 4/19/2020

Assistant PREA Program Manager's Signature & Date

(b) (6), (b) (7)(C) 4/19/2020

PREA Program Manager's Signature & Date

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

Homeland Security

AUDITOR INFORMATION			
Name of auditor:	Thomas Eisenschmidt	**Organization:**	Creative Corrections LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	315-730-

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

FIELD OFFICE INFORMATION	
Name of Field Office:	Houston Field Office
Field Office Director:	Patrick Contreras
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	126 Northpoint Dr, Houston, TX 77060
Mailing address: *(if different from above)*	

INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Montgomery Processing Center (MPC)		
Physical address:	806 Hilbig Road, Conroe, Texas 77301		
Mailing address: *(if different from above)*			
Telephone number:	(936) 521-4900		
Facility type:	CDF		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Warden
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	936-521-
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	936-521-

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.

The Prison Rape Elimination Act (PREA) audit of the Montgomery ICE Processing Center (MIPC) was conducted on January 14-16, 2020, by U.S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA Auditors, Thomas Eisenschmidt and (b) (6), (b) (7)(C) for Creative Corrections, LLC. The Auditors were provided guidance and review during the audit report writing and review process by the ICE Assistant PREA Program Manager, (b) (6), (b) (7)(C) a DOJ and DHS certified PREA Auditor. The Assistant Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE External Reviews and Analysis Unit (ERAU) during the audit report review process.

This was the first PREA audit for MIPC, located in Conroe Texas, and included a review of the 12-month audit period from 1/12/19 through 1/14/2020. The facility is privately owned by the GEO Group and operates under contract with the DHS, Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO). The facility processes adult male and female detainees who are pending immigration review or deportation.

The Auditor found MIPC met 37 standards, had 2 standards (115.31 and 115.35) that exceeded, had 1 standard (115.14) that was non-applicable, and 1 non-compliant standard (115.86).

On May 21, 2020, the Auditor, received ICE PREA Corrective Action Plan (CAP) from the ERAU Team Lead, (b) (6), (b) (7)(C) for MIPC. The ERO developed the CAP with the facility, and the plan addressed the one standard that did not meet compliance during the PREA audit site visit and documentation review. The Auditor reviewed the CAP and concurred with the proposed recommendations for achieving compliance with the deficient standard. The Auditor reviewed additional compliance documentation submitted on 6-30-2020 and found standard 115.86 to be compliant in all material ways.

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. 86 - Sexual abuse incident reviews

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

Notes:

(a) The Auditors reviewed policy 10.1 requiring MPC to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation utilizing attachment J (Sexual Abuse or Assault Incident Review Form). The policy further requires the completed form of the review team's findings be submitted to the local PSA Compliance Manager and Corporate PREA Coordinator no later than 30 working days after the review via the GEO PREA Database. MPC is required to implement the recommendations for improvement or document its reasons for not doing so. The Auditors found incident reviews in five of the seven completed investigations.

Does Not Meet: The policy and standard require the incident review be completed within 30 days of the investigation. The Auditor found two cases in which the Investigator made a finding in the investigation. One case was sent to the GEO Corporate Office in August 2019 and it still has not been returned to the facility as of January 2020. Five months after the Investigator completed the investigation the incident review still has not been completed because GEO Corporate Office hasn't reviewed the investigation. The second incident review was completed by the investigator and also sent to GEO Corporate and was returned 35 days after the investigation was completed by the facility investigator. The incident review was completed by the facility on the 36th day. Neither the Corporate policy (5.1.2D) nor the local policy (10.1) requires or details a Corporate Office review for a completed investigation. The facility did not meet either their own policy or standard requirement that the incident review be completed at the conclusion of the investigation.

CORRECTIVE ACTION TAKEN: MIPC policy 10.1 was updated on 6-30-2020, requiring a sexual abuse and assault incident review be conducted within 30 days from initial submission of the investigation report to the GEO Corporate PREA office for review and approval. The policy further requires the review to recommend whether a change in policy or practice could better prevent, detect, or respond to sexual abuse if needed. The incident review document considers each of the standard subpart (b) requirements. This new policy further requires MIPC to conduct an annual review of all sexual abuse investigations and completed incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. MIPC provided the Auditor with two examples of completed incident reviews, as well as, weekly update requests from the facility to ICE requesting information on investigations conducted by ICE. The Auditor has determined MIPC meets the requirements of standard 115.86.

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

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.

Thomas Eisenschmidt July 16, 2020
Auditor's Signature & Date

(b) (6), (b) (7)(C) July 16, 2020
Assistant Program Manager's Signature & Date

(b) (6), (b) (7)(C) July 16, 2020
Program Manager's Signature & Date