

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



**Homeland
Security**

AUDIT DATES

From:	3/23/2021	To:	3/24/2021
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AUDITOR INFORMATION

Name of auditor:	Douglas K. Sproat, Jr.	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	601-832-(b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections
Email address:	(b) (6), (b) (7)(C)	Telephone number:	202-381-(b) (6), (b) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	San Francisco
Field Office Director:	David W. Jennings
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	630 Sansome Street, San Francisco, California 94111
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:	Mesa Verde ICE Processing Center
Physical address:	425 Golden State Ave., Bakersfield, California 93301
Mailing address: (if different from above)	Click or tap here to enter text.
Telephone number:	661-859-1028
Facility type:	IGSA
PREA Incorporation Date:	1/23/2015

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	661-859-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Programs Mgr./Volunteer Coordinator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	661-859-(b) (6), (b) (7)(C)

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Form Key:	29
Revision Date:	02/24/2020
Notes:	Click or tap here to enter text.

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 Mesa Verde ICE Processing Center (MVIPC) was conducted March 23-24, 2021, by U.S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA Auditor Douglas K. Sproat for Creative Corrections, LLC. This is the first contingency DHS audit and the second DHS PREA audit of the facility. The audit period covered the 18 months from August 2019-March 2021. The Auditor was provided guidance and review during the report writing and review process by the Immigration Customs Enforcement (ICE) PREA Program Manager, (b) (6), (b) (7)(C) and Assistant ICE PREA Manager, (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE External Review and Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. The activation date of MVIPC was 2015.

MVIPC is owned and operated by the GEO Group, Inc. (GEO), to supply housing and other detention services for adult male and female detainees. It is located in downtown Bakersfield, California, at 425 Golden State Avenue. The facility was completely renovated in 2015 in preparation to receive detainees from ICE. Based on the information in the PAQ, the design capacity of the facility is 400 detainees. MVIPC houses minimum, medium, and high security detainees.

On the first day of the on-site audit, the facility held a total of 35 ICE adult male detainees. During the first day of the detainee interviews in the Remote Interviews phase, there were only 59 male detainees confined at MVIPC. During the last 12 months, 268 male detainees and 72 female detainees were booked into the facility. The average daily population for the past 12 months was 346 adult detainees. The average time in custody was 29 days. The facility does not house juveniles. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities held at MVIPC during the audit period were from Mexico, El Salvador, and Guatemala.

ICE has developed a contingency audit process to conduct PREA audits when operationally necessary or appropriate, e.g. a health pandemic. The process is divided into three phases: Pre-Audit, Remote Interviews, and On-Site Audit. During the Pre-Audit phase, the ERAU Team Lead contacts the facility to request submittal of facility documentation, completes a quality control review of the documentation, and uploads the documentation to SharePoint for the Auditor's review. As part of the initial document request, the Team Lead requests current rosters for detainees, staff, contractors, and volunteers, including any ICE staff assigned to the facility. Based on the size of the facility, the Auditor then selects the appropriate number of detainees, staff, volunteers, and contractors from the rosters to interview and supplemental documentation needed to confirm the facility's compliance with the PREA regulations. The second phase, Remote Interviews, consists of interviews (either through a virtual conference platform or conference line, the latter if the virtual platform is unavailable) with staff, detainees, volunteers, contractors, and outside investigative units and/or service providers. The third phase, the On-site Audit, is not scheduled until the environment is safe for the ICE federal staff, facility staff, detainees, and Auditors. This phase mirrors a traditional PREA audit with a facility tour, observation of facility practices, and follow-up from the prior phases, as needed. Exit briefings occur at the end of Phase Two and Three, during which compliance issues identified and potential recommendations are discussed, if warranted. The facility's compliance was not fully determined until the completion of the on-site audit phase.

After phase two, the Auditor completes a Provisional Report, including descriptions of audit process actions that have occurred and discussion of findings, to date. There are no standard determinations provided at this time given the final phase may uncover information that could affect the standard's final compliance rating. Any documentation that was submitted after the Provisional Report was submitted, will be reviewed as part of the On-site phase. Following phase three, a Final or Interim PREA Audit Report will be published, the latter if the facility is deemed to be non-compliant with any of the DHS PREA Standards. Upon the publishing of an Interim PREA Audit Report, the facility's 180-day Corrective Action Plan (CAP) period will begin and is handled in accordance with ICE's pre-existing CAP process.

The ICE PREA audit was originally scheduled for August 2020, and the audit was changed to a contingency audit due to the health pandemic. The Virtual Interview Process began August 19-20, 2020 with staff interviews. The detainee interviews were postponed due to quarantine protocols in place at the facility that curtailed the movement of the detainee population until October 1-2, 2020. The audit period review became August 2019 to March 2021. The pre-audit documentation review was completed; and the Remote Interview Phase was completed on October 2, 2020. With the on-site visit scheduled and completed in March 2021, a decision was made with ERAU and Creative Corrections that a final report would be completed without a provisional report.

Between July 21-24, 2020, at the beginning of Phase One of the contingency audit, ERAU Team Lead (b) (6), (b) (7)(C) provided the Auditor with the facility's pre-audit questionnaire (PAQ), and the majority of the facility policies and other pertinent documents through SharePoint. Included in the SharePoint materials were volunteer and contractor files reflecting PREA training/retraining and background checks/rechecks. Also, in the materials were staff personnel files, along with several detainee files selected by the Auditor. The MVIPC coordinated response plan was provided later upon request. The Auditor reviewed all of the documents prior to the beginning of Phase Two (staff and detainee remote interviews). The main policies that provide facility direction for PREA are MVIPC Policy 11.1.6 Sexual Abuse Assault Protection and Intervention (SAAPI) for Immigration Detention Facilities and the GEO Group, Inc., Corporate Policy 5.1.2-F Investigating Allegations of Sexual Abuse and Assault and Evidence Collection in Immigration Detention Facilities. The Auditor also reviewed GEO's website at www.geogroup.com for any information about MVIPC since the facility does not have its own website. The ERAU Team Lead provided the Auditor with a detailed interview schedule.

Full compliance was contingent in part upon the on-site observations of the facility's operational practices during the facility tour, additional document reviews as needed, and additional interviews with staff and detainees as needed in order to determine whether all subparts of the standards were satisfactorily addressed. Full compliance was also contingent upon the Auditor's review of notes and information gathered during Phases One and Two of the contingency audit process. Prior to Phase Three, the on-site audit, the Auditor requested the facility's assistance in making available four additional detainees for interviews while the Auditor was on-site. The Auditor also requested that specific individuals be available for interviews during the on-site part of the audit. The on-site audit consisted of a facility tour, interviews of staff and detainees, and review of additional documentation.

At the start of the audit on Tuesday, March 23, 2021, the Auditor met with agency and facility staff at 8:00 A.M. for an in-briefing. (b) (6), (b) (7)(C) opened the entry briefing. Those in attendance were:

- (b) (6), (b) (7)(C) Inspections and Compliance Specialist ICE/Office of Professional Responsibility (OPR)/ERAU
- (b) (6), (b) (7)(C) Team Lead, Inspections and Compliance Specialist ICE/OPR/ERAU (telephone)
- (b) (6), (b) (7)(C) Contracting Officer Representative (COR), ICE (telephone)
- (b) (6), (b) (7)(C) Assistant Field Office Director (AFOD), DHS/ICE/ERO, Bakersfield Sub-Office (telephone)
- (b) (6), (b) (7)(C) Supervisory Detention and Deportation Officer (SDDO), ICE/ERO
- (b) (6), (b) (7)(C) Deportation Officer (DO), ICE
- (b) (6), (b) (7)(C) MVIPC Facility Administrator, GEO
- (b) (6), (b) (7)(C) MVIPC Prevention of Sexual Assault (PSA) Compliance Manager/Programs Manager/Volunteer Coordinator, GEO
- (b) (6), (b) (7)(C) MVIPC, Chief of Security, GEO
- (b) (6), (b) (7)(C) Detention Standards and Compliance Officer (DSCO), ICE Headquarters
- (b) (6) Auditor, Creative Corrections, LLC

After (b) (6), (b) (7)(C) led a round of introductions, including both those in the room and those on the telephone, he turned the briefing over to the PREA Auditor, who then provided an overview of the on-site audit process and the methodology used to establish PREA compliance. The Auditor explained that the audit process is designed both to assess written policies and procedures but also to ascertain whether these policies and procedures are reflected in the day-to-day practices of staff at all levels. The Auditor further explained that compliance with PREA standards will be made based on a review of policies and procedures, observations made during the facility tour, additional on-site documentation review, and additional staff and detainee interviews. The Auditor told the group he had verified that advance postings of the audit were made as required, but he had not received any correspondence from MVIPC detainees.

When the Auditor arrived at MVIPC, the PSA Compliance Manager gave him an updated detainee roster so he could select the detainees he needed to interview. She also provided him with an updated PAQ and a detailed interview schedule for the individuals he had requested to see while on-site. A tour of MVIPC was scheduled right after the briefing. Immediately before the tour began, the Auditor asked the Facility Administrator and the PSA Compliance Manager if he could observe the intake process; however, the Facility Administrator and the PSA Compliance Manager advised there had been no intakes since July 2020. Everyone who attended the briefing then went on a tour of MVIPC.

MVIPC consists of a single primary building. The front part of the building contains the lobby and reception area for all staff and visitors. It also contains the administration area, staff offices, intake area, medical department, hearing rooms, food service, training area, staff lounge, and staff locker room. All of these functions are housed in a one-story part of the building. The rest of the building, which is two-story, holds the living units. There is an ancillary building that houses the maintenance department.

The group making the tour observed all areas where detainees have access, including visitation, the intake processing area, the housing units, the medical services department, a multi-purpose room, food service area, law library, religious services area, restricted housing unit (RHU), laundry, barbershop, and indoor and outdoor recreation areas. During the tour, the Auditor observed the program/service areas and housing units, including bathrooms, staff post sight lines, and camera locations. The sight lines were excellent, and any cells with toilets had appropriate sections of the windows frosted to provide privacy for toilet use. Another factor that promotes privacy in institutional settings is the use of cross-gender announcements. As the tour progressed, the Auditor heard numerous cross-gender announcements when female staff opened the door to a living unit, since that would be the location where a detainee might be changing clothes, showering, or using the restroom.

During the tour, the Auditor was careful to observe the facility's use of cameras. (b) (7)(E) some of which have pan-tilt-zoom (PTZ) capability but do not record sound. Video footage is retained from 22-44 days. The video cameras are monitored in central control. The facility's video surveillance system provides coverage for approximately 95% of the areas where detainees are permitted. There are no cameras in the bathrooms in the housing units. The detainees are only permitted to change clothes in the bathroom area. The Auditor carefully reviewed video camera coverage and verified there were no camera views anywhere that detainees are permitted to shower, use the restroom, or change clothes. Cross-gender viewing from the surveillance system is not an issue as observed by the Auditor.

During the tour, the Auditor noted that an orientation video was being continuously shown in the living areas; the video contains a section on PREA called "Know Your Rights." He also saw PREA information posted on walls and bulletin boards and observed notices posted about the PREA audit. There are telephones in the living units for use by the detainees, and there are notices in English and Spanish by the telephones that inform the detainees what communications are or are not kept confidential.

Throughout the tour the Auditor spoke to random staff and detainees regarding PREA education. All facility staff the Auditor met on the tour were very cooperative and informative; their answers to his questions about PREA showed they were very knowledgeable about the protections PREA provides for the detainee population.

During the contingency phase of the audit, the Auditor used the WebEx platform and Language Services Associates (as needed) to interview 16 detainees from the following categories: random, LGBTI, and limited English proficiency (LEP). While at MVIPC, the Auditor interviewed four additional detainees, two who self-identified as LGBTI, one LEP detainee, and one random detainee. The Auditor interviewed a total of 20 detainees for this audit. Using a conference line, he interviewed a total of 15 staff and 1 contractor during the contingency process. The group of 15 staff/contractor consisted of 3 correctional officers (one from each shift), 3 supervisors (one from each shift), the Facility Administrator, PSA Compliance Manager, Training Manager, Intake Supervisor, Chief of Security, Human Services Supervisor, 2 facility investigators, a contractor, and the Acting Health Services Administrator (HSA). While at MVIPC the Auditor reinterviewed the Facility Administrator, PSA Compliance Manager, Intake Supervisor, and the Human Services Supervisor. The Auditor then interviewed two additional contractors, the new HSA, and the Mental Health Clinician. The Auditor also conducted telephone interviews with the AFOD and with the Director of Alliance Against Family Violence and Sexual Assault (Alliance). The Auditor was not able to interview any volunteers either during the contingency phase or the on-site phase of the audit because the volunteer program at MVIPC was suspended because of the pandemic.

The facility uses specially trained investigators for the investigations of all allegations of sexual abuse. According to the PAQ, there were eight allegations reported during the audit period. The allegations consisted of seven that were MVIPC-based detainee-on-detainee allegations. The other allegation was based on a county jail incident that was reported by a detainee after he came to MVIPC. Prior to the Remote Interview Phase of the audit, the Auditor reviewed the investigative file for each of the MVIPC-based allegations, along with the paperwork related to the reporting of the jail incident by an MVIPC detainee and the subsequent notification to that jail by the Facility Administrator. The PAQ notes that the seven allegations arising at MVIPC were "determined by ICE to meet the definition of PREA." All seven allegations were referred to local law enforcement, Bakersfield Police Department (BPD); BPD accepted some allegations for investigation and declined some because the behavior alleged was not judged to be criminal. All seven of the investigative files reviewed reflected the referrals to BPD. An administrative investigation of each allegation was conducted; one allegation was substantiated, four were unsubstantiated, and two were unfounded.

On March 24, 2021, an exit briefing was held in the MVIPC conference room. (b) (6), (b) (7)(C) opened the briefing and then turned the briefing over to the Auditor. Those attending were:

- (b) (6), (b) (7)(C) Inspections and Compliance Specialist ICE/ OPR/ERAU
- (b) (6), (b) (7)(C) Team Lead, Inspections and Compliance Specialist ICE/OPR/ERAU (telephone)
- (b) (6), (b) (7)(C) COR, ICE (telephone)
- (b) (6), (b) (7)(C) AFOD, DHS/ICE/ERO, Bakersfield Sub-Office (telephone)
- (b) (6), (b) (7)(C) SDDO, ICE/ERO
- (b) (6), (b) (7)(C) DO, ICE
- (b) (6), (b) (7)(C) Acting Facility Administrator, Chief of Security, GEO
- (b) (6), (b) (7)(C) PSA Compliance Manager/Programs Manager/Volunteer Coordinator, GEO
- (b) (6), (b) (7)(C) DSCO, ICE Headquarters
- (b) (7)(C) Assistant Program Manager, Creative Corrections, LLC (telephone)
- (b) (6), (b) (7)(C) Auditor, Creative Corrections, LLC

The Auditor expressed his appreciation for the courtesy and cooperativeness of everyone involved in the audit. He also noted how helpful the on-site portion of the audit had been in giving him a more complete understanding of the operation at MVIPC, an understanding that could not be provided through just reading documents and conducting remote interviews.

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
- §115.32 Other training

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

Number of Standards Not Met: 0

Number of Standards Not Applicable: 2

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

PROVISIONS

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

meet Standard” for that entire provision, unless that part is specifically designated as Not Applicable. For any provision identified as Not Applicable, provide an explanation for the reasoning. 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 facility has a written policy, GEO/Mesa Verde ICE Processing Center (MVIPC) Policy 11.1.6, Sexual Abuse Assault Protection and Intervention (SAAPI) for Immigration Detention Facilities, mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlining the facility’s approach “to preventing, detecting, reporting, and responding to” sexual abuse and harassment. This policy also spells out that the local ICE office will “review and approve” each MVIPC policy, as well as any subsequent changes, although the Auditor did not view any documents reflecting that ICE had approved any of the policies prior to the on-site portion of the audit. While on-site, the Auditor viewed documents reflecting the process of MVIPC’s sending all policies and any subsequent changes to the policies to the Assistant Field Office Director (AFOD), whose office is located in Bakersfield. The Auditor confirmed this process with the AFOD through a telephone interview.

The policy provides definitions of sexual abuse and other general PREA definitions. Section II and Section IV. A. of this policy sets out the specifics of the zero-tolerance framework for PREA at MVIPC. After interviews with staff and detainees, it was apparent the facility is committed to having zero tolerance for sexual abuse, sexual assault, and sexual harassment; and the staff members were able to spontaneously speak to various aspects of the facility’s zero-tolerance approach. Staff members who are PREA first responders, carry an informational card outlining their responsibilities and requirements when responding to a PREA-related incident. The zero-tolerance policy is publicly posted on the GEO/facility’s website. By policy, MVIPC staff, detainees, contractors, and volunteers are all informed of the facility’s zero-tolerance policy through the facility’s initial and refresher PREA training.

The MVIPC organizational chart identifies the PSA Compliance Manager as reporting directly to the Facility Administrator. Both the Facility Administrator and the PSA Compliance Manager confirmed this reporting structure. Although the PSA Compliance Manager has certain job duties unrelated to PREA, she indicated, during her interview, that she has sufficient time and authority to oversee facility efforts to ensure compliance with PREA requirements. Her compliance tasks include serving as the facility’s point of contact for the ICE PSA Coordinator, collecting and analyzing PREA data, assisting with the development of initial and on-going training protocols, reviewing results of every investigation of sexual abuse, and preparing required reports, and collecting the MVIPC Unannounced SAAPI Rounds forms. The PSA Compliance Manager has several years of experience in this position, and she appears to be extremely knowledgeable about her responsibilities and duties.

§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): GEO/MVIPC Policy 11.1.6, Section IV. B. covers the provisions of this standard. The facility has developed a staffing plan which was reviewed and accepted by the Auditor. All direct-care post assignments meet the requirement of the standard. Direct-care posts are those staffed by the officers having the responsibility for in-person supervision of detainees throughout every 24-hour period. The Pre-Audit Questionnaire (PAQ) reflected that the facility has 85 security staff, all of whom have daily contact with detainees. The security staff, comprised of 53 males and 32 females, is deployed in three eight-hour shifts. The Auditor confirmed the staffing numbers and deployment through a review of security staffing logs. All the staffing materials reviewed by the Auditor reflect that the facility is operating in accordance with generally accepted detention and correctional practices. The Facility Administrator and the Chief of Security, during their interviews, indicated that the number of staff is determined by such things as the physical layout and size of the facility and the composition of the detainee population, along with provisions in accordance with contractual requirements. They also confirmed their practice at MVIPC follows all components of the standard, with all subparts of the standard being reflected in their policy. Some of the key portions of the policy are the requirement for the facility to “ensure it maintains sufficient supervision of detainees, including appropriate staffing levels and, where applicable, video monitoring to protect detainees against sexual abuse.” As the administrators decide how to carry out their job of maintaining appropriate supervision of detainees and the extent to which video supervision is needed, the MVIPC policy requires them to use these factors in their decision making: “1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) The physical layout; 4) The composition of the detainee population; 5) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; 6) The findings and recommendations of sexual abuse incident review reports; [and] 7) Any other relevant factors, including but not limited to the length of time detainees spend in Facility custody.” While on-site, the Auditor inspected documents reflecting the staffing plan for MVIPC when it is at full capacity and the plan for the facility’s current population, which reflected that the number of officers did not decrease, even though the number of detainees decreased. The Facility Administrator explained that the number of staff at MVIPC is a contract requirement.

By policy, factors such as the physical layout, the prevalence of substantiated or unsubstantiated sexual abuse, the length of time the detainees have been in custody, and the results of sexual incident review reports must be considered when evaluating the need for video coverage. According to the PAQ, (b) (7)(E) The Auditor viewed the location of the cameras during the facility tour. These cameras operate 24 hours a day, seven days a week. The cameras have pan/tilt/zoom capabilities but do not record sound. All cameras are monitored by the main control room officers. The Auditor assessed camera coverage in the facility by requesting the main control room officer to pull up certain areas for the Auditor’s review. Video footage is recorded and archived in an on-site secure server for at least 22-44 days.

(d): GEO/MVIPC Policy 11.1.6, Section IV. B outlines comprehensive guidelines regarding detainee supervision and unannounced security inspections. Staff, including supervisors, must conduct frequent unannounced security inspections to identify and deter sexual abuse of detainees. These inspections are documented on MVIPC’s SAAPI Unannounced Rounds Log and the PREA/SAAPI Supervisor/Department Head Unannounced Rounds Questionnaire, the Auditor reviewed a sampling of both types of documents. The facility’s policy requires these unannounced rounds for both day and night shifts, and the Auditor’s review confirmed that these unannounced rounds occur for both day and night shifts. While on-site, the Auditor

reviewed additional unit logbooks to verify that supervisors conduct frequent unannounced security inspections/rounds on both day and night shifts. The policy further requires that staff are prohibited from alerting others that these security inspections are occurring unless such an announcement is related to a legitimate operational function of the facility. The policy requires an annual review of the supervision guidelines, and per the Auditor's review of an agenda, the staffing is reviewed annually. Through a review of relevant documents, including a detailed staffing plan, the Auditor confirmed that the staffing is reviewed annually. The PSA Compliance Manager also confirmed the annual staffing plan review. There were no changes in the overall staffing plan during the audit period.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

A memo dated July 8, 2020, from the Field Office Director and the Assistant Field Office Director, verifies that MVIPC does not hold juveniles or families. The Auditor has determined that this standard is non-applicable, based upon his review of this memo.

§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)(e)(f): GEO/MVIPC Policy 11.1.6, Section IV. I, addresses (b)-(g) of the standard. Under this policy, the facility must implement procedures that govern the practices regarding cross-gender/strip/visual body cavity searches, documentation of such searches, and training of security staff regarding these practices. For instance, the policy prohibits "cross-gender pat-down searches of male detainees...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...." In the case of female detainees, "cross-gender pat-down searches of females are prohibited, absent Exigent Circumstances." Another section of the policy provides that "cross-gender strip searches or cross-gender body cavity searches shall not be conducted except in Exigent Circumstances, including consideration of officer safety or when performed by Medical Practitioners." Searches are never allowed for the purpose of determining a detainee's genital status, and all cross-gender pat down searches, as well as strip searches and visual body cavity searches, must be documented.

The Auditor interviewed the Facility Administrator, PSA Compliance Manager, Chief of Security, and 20 detainees (16 remotely and 4 while on-site) regarding various aspects of this standard. The staff interviewed all stated that cross-gender pat searches rarely occur but are always documented. The Auditor reviewed the strip search log, which reflected only three such searches in 2019. All of the searches were of male detainees by male officers, and the log entries showed that each search was conducted because of contraband-related issues. The Auditor also reviewed the continuous cross-gender pat search log which documented a total of 12 cross-gender pat searches for the time period 2017-2020, seven of the searches occurred in 2017, four in 2018, none in 2019, and one in 2020. The log cites the name and gender of each detainee, date, name, and gender of the officer performing the search, and the specific reason for the cross-gender pat search. The documentation was satisfactory since it was in compliance with the standard and the MVIPC policy. A memo from the Field Office Director (FOD) and AFOD states that "MVIPC does not [do] visual body-cavity searches, and there have only been three strip searches done since the facility opened in March 2015."

(g): GEO/MVIPC Policy 11.1.6, Section IV. I, further addresses the privacy protections of PREA that allow detainees to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, except when viewing is incidental to routine cell checks or is otherwise allowed; this policy also includes the requirement for opposite gender announcements when entering a housing unit or other areas where detainees might be entitled to privacy. All of the Auditor's interviews were with male detainees, who consistently stated that they had no complaints about being improperly exposed to viewing by female officers when they were using the shower or performing bodily functions. All the detainees interviewed acknowledged hearing the opposite-gender announcements, and the Auditor confirmed the consistent use of the opposite-gender announcements when he was on-site. Although MVIPC does receive female detainees, no females were housed at the facility at the time of the remote interviews.

(h): Since MVIPC is not designated as a Family Residential Center, this subpart of the standard is not applicable.

(i): GEO/MVIPC Policy 11.1.6, Section IV. J covers (i) of the standard. GEO/MVIPC Policy 11.1.6 prohibits searching or physically examining a detainee solely to determine the detainee's genital characteristics. If the detainee's gender is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, 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. This section of MVIPC's policy, titled "Transgender and Intersex Identification and Intake and Searches," contains specific procedures for searching transgender and intersex detainees. The PSA Compliance Manager, the Acting HSA (remote interview), and the new HSA (on-site) all confirmed the practices of MVIPC would be in accord with (i) of this standard if the facility had any transgender or intersex detainees.

(j): GEO/MVIPC Policy 11.1.6, Section IV. I, addresses the standard. An in-service training module reviewed by the Auditor contained information regarding appropriate techniques for conducting cross-gender pat searches, and a review of training logs verified attendance at this training. This type of training on searches occurs annually, accord to the PSA Compliance Manager. During the remote interviews with three correctional officers and three supervisors from each shift, along with informal interviews with officers while on-site, the Auditor asked each person whether he or she had been trained to conduct a cross-gender pat-search and whether he or she had been trained to conduct pat-searches on transgender or intersex detainees. They all answered affirmatively and readily described the process for each circumstance; no person interviewed had ever conducted a search of a transgender or intersex detainee, nor had any of those interviewed ever conducted a cross-gender pat-search.

§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)(c): GEO/MVIPC Policy 11.1.6, Section IV. D. outlines the facility's approach for ensuring that detainees with disabilities have meaningful access to all aspects of the facility's efforts "to prevent, detect, and respond to sexual abuse to detainees..." These efforts are designed to provide critical PREA information to detainees with a wide range of disabilities, such as detainees having limited ability to speak or understand English, who are deaf or hearing-impaired, who are blind or visually-impaired, and those with intellectual deficits or limited reading skills. The Auditor reviewed the relevant agency policy and found it to conform to each subpart in the standard. The Auditor reviewed the Supplement to the National Detainee Handbook, Mesa Verde ICE Processing Center 2020 (MVIPC Detainee Handbook). It is the facility-specific handbook and is available in English and Spanish. This facility-specific handbook is distributed to the detainees along with the ICE National Detainee Handbook. The ICE National Detainee Handbook is also offered at MVIPC in English and Spanish only. The ICE National Detainee Handbook is published in 11 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, and Vietnamese). Although no detainees went through the intake process while the Auditor was on-site, the Auditor reviewed a blank intake packet which contained an "I SPEAK" language identification guide used to assist staff in identifying what language the detainee speaks. MVIPC also distributes a DHS-prescribed Sexual Assault Awareness pamphlet in nine languages that provides detainees with critical information on how to recognize and report sexual abuse; these pamphlets are posted throughout the facility, in addition to being distributed directly to detainees. This pamphlet is available at MVIPC in English, Spanish, French, Chinese, Punjabi, Portuguese, Hindi, Haitian-Creole, and Arabic. The PSA Compliance Manager said when they need to address a language issue to convey PREA information, they call the language line and have the material read to the detainee in whatever language is needed.

The PSA Compliance Manager explained that MVIPC presents important material to detainees with vision impairments by offering its education program in audio format; it provides similar information to hearing-impaired detainees through written materials. She further noted that in cases where a detainee appears to have any kind of reading challenges, a staff member will read all the orientation information, including PREA materials, to the detainee in a one-on-one situation. PREA education at MVIPC is partially comprised of a video orientation program. The detainees interviewed stated the video is shown frequently. A telephone interview with the PSA Compliance Manager confirmed the playing of this orientation video, which contains a section on PREA called "Know Your Rights." This video is in English and Spanish; it also has closed captions. She said the video plays on a continuous loop in the housing areas. The Auditor watched the PREA portion of the video while on-site and noted that the video was playing in various locations throughout the facility. There were no hearing-impaired or visually impaired detainees willing to be interviewed, but the Auditor interviewed 11 LEP detainees through the use of Language Services Associates to provide translation services, with 1 detainee speaking Mandarin and the other 10 speaking Spanish. All but one of the LEP detainees said they were familiar with their protections under PREA, and several commented on how often the facility played the video. Except for the detainee who said he did not know anything about PREA, all the detainees said they had received PREA information in a language they understood. During the on-site audit the Auditor interviewed an additional four detainees, with only one of these being LEP and requiring the use of Language Services Associates to provide translation services in Mandarin. All four of these detainees told the Auditor they had received PREA information in an understandable format.

Recommendation: MVIPC needs to maintain an inventory of ICE National Handbooks in all of the 11 languages currently available from ICE or have a method to timely obtain as needed. Additionally, the facility needs to supplement this inventory whenever the ICE National Handbook is published in an additional language.

(c) GEO/MVIPC Policy 11.1.6, Section IV.D.1, which spells out the protections of subpart (c), states that MVIPC will "provide in-person or telephonic interpretation services" in issues related to sexual abuse or assault in order to ensure "effective, accurate, and impartial interpretation by someone other than another detainee"; however, the policy also indicates that interpretation may be done by a detainee interpreter if requested by the detainee and the facility determines the use of a detainee interpreter is appropriate. The policy further states that "alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser" will not be used as interpreters in matters relating to allegations of sexual abuse. Whenever the use of a detainee interpreter is authorized, the details must be fully documented in the investigative report. Although the Auditor reviewed all seven of the files from the audit period, there were no references to the use of a detainee interpreter. All seven of the allegations were made by LEP detainees, and all statements from detainees making an allegation were in Spanish. These files reflected that the detainees' written or oral statements in Spanish were then interpreted by the bi-lingual MVIPC specially trained investigator.

The Auditor noted that the MVIPC Detainee Handbook contains a wealth of information. However, the provisions of subpart (c) of the standard and the facility's corresponding policy to provide in-person/telephonic services as needed for "matters relating to sexual abuse/assault," are not set out in the section of the MVIPC Detainee Handbook that covers reporting of abuse. Two sections have information specifically reflecting the facility's efforts to accommodate disabled detainees. A section of the MVIPC Detainee Handbook titled "Detainee/Staff Communication" states, "Detainees with disabilities and detainees who have Limited English Proficiency (LEP) will be provided communication assistance. For those detainees with disabilities, the facility will provide auxiliary aids, such as readers, materials in Braille, audio recordings, telephone handset amplifiers, telephones compatible with hearing aids, telecommunications devices for deaf persons (TTYs), interpreters, and note-takers as needed. For detainees who are LEP, the facility will provide language assistance, to include bilingual staff or professional interpretation and translation services. These services may be requested verbally or in writing."

In another section there is information about all the resources a detainee can use in filing a grievance, even though the section does not mention interpretation matters specifically. Since a grievance can be used for making an allegation of sexual abuse, being informed of sources that could help with filing a grievance might be of particular importance to a possible victim who is disabled. Some of the resources cited that can be used are "staff, family, friends, legal representatives, or members of non-governmental organizations."

This MVIPC Detainee Handbook particularly underscores the facility's commitment to ensuring that the detainees will be provided all the necessary tools to access and understand information they need while at MVIPC. For purposes of this audit, having access to various resources which will assist a detainee to acquire and understand information is a key component for delivering PREA information to disabled detainees.

The Auditor interviewed both the Intake Supervisor and the PSA Compliance Manager regarding how the facility carried out its responsibility to accommodate detainees with disabilities and detainees who are LEP. The Intake Supervisor said in her interview that she and her staff had never had a detainee they could not communicate with, suggesting that the intake staff was alert to the issues that are related to disabled and/or LEP detainees and that staff could always find sufficient help on-site to assist with communication. The PSA Compliance Manager stated that she was unaware of any situation arising at intake where staff could not successfully communicate with detainees of various disabilities during orientation, which includes PREA.

§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)(d)(e): GEO/MVIPC Policy 11.1.6, Section IV. 3 covers all aspects of the standard except for a portion of subpart (b), which will be noted below. This policy covers the facility's practices in making hiring and promotion decisions. Due to the need to protect detainees from sexual abuse and assault, this policy outlines a variety of procedures designed to screen out applicants with sexual misconduct in their background. For positions having direct detainee contact, the facility's policies prohibit hiring, promoting, or contracting with anyone who has engaged in sexual misconduct or "who has a criminal, civil, or administrative finding of having engaged in" sexual abuse. The policy also addresses the "continuing affirmative duty to disclose" sexual misconduct and the repercussions for omitting material information about such misconduct or for providing "materially false information." Under this policy, if an applicant during the application process is found to have omitted information about sexual misconduct or has provided materially false information, an offer of employment can be withdrawn. If a person is already an employee at MVIPC when the issue of material omissions or misstatements is discovered that status is subject to being terminated.

The Auditor interviewed the Human Services Supervisor for further information about personnel practices at MVIPC, asking whether the employment process involved the asking of PREA-related questions. She answered that such questions are indeed part of the application process. Subpart (b) of the standard states that when an entity is evaluating applicants for being hired or promoted, the entity must ask all applicants who will have contact with detainees whether they have engaged in a broad range of sexual misconduct, including sexual activity for which the applicant has either been convicted or "has been civilly or administratively adjudicated to have engaged in such activity...." The quoted language is found both in subpart (a) of the standard and in MVIPC's policy. However, subpart (b) of the standard also provides that asking questions about broad range of prohibited acts of sexual misconduct set out in subpart (a) must be "in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees." As noted above, the Human Services Supervisor stated that MVIPC does ask PREA-related questions. While on-site the Auditor reviewed a sampling of nine applications for prospective employees, contractors, and volunteers; all of the forms contained the PREA questions required by subpart (a). The facility has established practices consistent with this portion of subpart (b).

(d) In compliance with this part of the standard, the facility requires prospective contractors who will have contact with detainees to undergo the same kind of background investigation as potential employees. The only contractors at MVIPC are those working under the auspices of Wellpath in the medical department. The Auditor reviewed background investigations of contractors that confirmed this practice.

(c) The GEO/MVIPC Policy 11.1.6 covers background investigations (including criminal records checks) to determine suitability for employment; such investigations cover, among other things, a search to discover "substantiated allegations of sexual abuse," with such investigations to be repeated at least every five years for those hired. The Auditor reviewed five personnel files to verify how the facility handles its background checks. One of the files contained an initial background check, a five-year background recheck, and a third background recheck because the person had applied for a promotion. Two files were for employees who had not yet been employed at the facility for five years but who had applied for a promotion. These files contained an initial background check and the recheck required for a promotion. The other two files, which were for employees who had been employed at the facility for less than five years and had sought no promotions, contained only the initial background check. Contractors and volunteers undergo the same kind of background checks as the employees. The files the Auditor reviewed showed that the background checks were thorough and had been performed in a timely manner consistent with this part of the standard.

(f) The GEO/MVIPC Policy 11.1.6 states that, "unless prohibited by law, MVIPC shall provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom that employee has applied to work...." A memo from the FOD and the AFOD submitted for documentation support of a different standard includes the following statement: "No staff members at the Mesa Verde ICE Processing Center have ever had substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies." Consequently, there were no documents to review related to subpart (f) of this standard.

§115.18 - Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a)(b): GEO/MVIPC Policy 11.1.6, Section IV.3 covers this standard. According to the PAQ, the facility has had no upgrades to the facility or its technology. A memo dated July 8, 2020, from the FOD and the AFOD stated that "Mesa Verde ICE Processing Center has not designed, modified, acquired, or expanded upon new or existing space or installed or updated electronic systems since the original DHS audit in November of 2017." The PSA also confirmed that that there had been no upgrades to the facility or its technologies.

§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): Sections IV. N. and O. of GEO/MVIPC Policy 11.1.6 and GEO Corporate Policy 5.1.2-F, Section III. D. covers these subparts. Under the relevant MVIPC and/or corporate policies, "facilities responsible for investigating allegations of Sexual Abuse must follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." This protocol must "be developed in coordination with DHS..." Through a telephone interview with the AFOD, the Auditor confirmed the involvement of the Field Office in the development of every policy and protocol at MVIPC.

Services required under this standard are provided through two MOU's (Bakersfield Police Department and California Coalition Against Sexual Assault), an independent contractor agreement (Forensics Services), and a memo regarding payment for medical care. The Auditor reviewed each MOU, independent contractor agreement, and memo provided to him to gain an understanding of the arrangements that MVIPC has made in its efforts to ensure that the facility meets the PREA requirements under this standard. One of the MOU's is with the Bakersfield Police Department (BPD). Although this MOU formally recites that it is between the "Bakersfield Police Department and the GEO Group, Inc.," the language of the document clearly sets out that the facility referred to in the MOU is MVIPC. This MOU addresses a variety of situations that may arise when MVIPC may request the assistance of BPD. Although the term "PREA" does not appear in this MOU, investigations of allegations of PREA violations such as sexual assault would be covered by this agreement. The facility conducts an administrative investigation using specially trained investigators on every allegation, but such investigations are delayed until any criminal investigation into an allegation is concluded. Investigators follow a uniform evidence protocol. The two facility investigators interviewed by the Auditor spoke highly of the BPD, noting in particular the promptness of BPD in responding to possible criminal referrals from MVIPC and the thoroughness of the work of the BPD, regardless of whether the BPD actually took the case for a criminal investigation or referred it back to MVIPC after a preliminary investigation. In his review of the allegations made during the audit period, the Auditor noted various entries made regarding BPD's actions after being notified of a case, such as coming to MVIPC for an interview or making a telephone contact prior to a decision to decline or accept the case as a viable criminal case. The Auditor did not review any files from the audit period where BPD actually conducted a complete criminal investigation or made any arrests related to a sexual abuse incident at MVIPC.

PREA allegations may also be investigated through Office of Professional Responsibility (OPR) or Office of Inspector General (OIG). Per agency 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. OPR will coordinate with the FOD and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS OIG, OPR, or local law enforcement agency, the AFOD would assign an administrative investigation to be conducted.

(b)(c)(d): The facility must also develop contacts with the community to ensure there are victim advocacy services that can "provide valuable expertise and support in the areas of crisis intervention and counseling," along with information and referrals in the event of an incident of sexual abuse. In the event of an allegation of sexual abuse, if requested by a victim, a detainee's "outside or internal victim advocate can be present during any forensic exam and investigatory interviews." The policy also requires that, as appropriate and at no cost to the detainee, an alleged victim be afforded a forensic exam by a qualified health care practitioner, such as a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE). An alleged victim is always free to decline such an examination.

There is also an MOU between MVIPC and the California Coalition Against Sexual Assault (CALCASA) and the Alliance Against Family Violence and Sexual Assault (Alliance). Through this MOU MVIPC has ensured that outside victim support services are available to detainee victims, including support services in a hospital setting. Should an alleged victim from MVIPC require a forensic examination, he or she would be taken to a hospital in the community, according to a 2018 memo from a former MVIPC Health Services Administrator to Dignity Health/Mercy Hospital; this memo defines the arrangement between the GEO group, ICE, and Dignity Health/Mercy Hospital. Additionally, should any MVIPC detainee require a forensic examination to be performed by either a Sexual Assault Nurse Examiner (SANE) or a Sexual Assault Forensic Examiner (SAFE) at Mercy Hospital that service would be provided through an arrangement between the City of Bakersfield and a forensics company for forensic examinations at the hospital. The City of Bakersfield has an "Independent Contractors Agreement" with Kern County Forensics Services, LLC. to provide services to the City of Bakersfield, and MVIPC benefits from the services of SAFE's and SANE's through this agreement. The Auditor confirmed through the PSA Compliance Manager that this agreement with the City of Bakersfield and Kern County Forensics Services, LLC, is still in effect.

MVIPC referred one detainee for a forensic evaluation at a hospital during the audit period. The file reviewed by the Auditor showed that the hospital offered the MVIPC patient victim support services, but he declined the services. Hospital services must be free of charge to the detainee, and the Auditor reviewed a 2018 memo from a former MVIPC Health Services Administrator to Dignity Health/Mercy Hospital confirming that any medical services would be provided without cost to the detainee. The offering of victim support services to the detainee in the hospital and the letter verifying that a detainee would not incur any charges for services comply with provisions of the MVIPC policies for this standard.

(e) Subpart (e) of the standard states: "To the extent that the agency is not responsible for investigation allegations or sexual abuse, the agency or the facility shall request that the investigating agency follow the requirements of paragraphs (a) through (d) of this section." Documents provided to the Auditor establish that MVIPC has made a formal request that the Bakersfield Police Department abide by the requirements of subparts (a) through (d) of this standard.

§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): GEO/ MVIPC Policy 11.1.6, Sections IV. M. and Q., along with GEO Corporate Policy 5.1.2-F, Section III. A. address this standard. Under the Corporate policy 5.1.2-F Policies to Ensure Referrals of Allegations for Investigations §115.22, there must be a facility "policy to ensure that all allegations of Sexual Abuse are referred to an appropriate law enforcement agency authorized to conduct criminal investigation, unless the allegation does not involve potentially criminal behavior," and GEO will publish such policy on its website. The facility must try "to secure a PREA MOU with local law enforcement that outlines the responsibilities of each entity related to conducting PREA investigations involving potentially criminal behavior and unsuccessful attempts to secure a law enforcement MOU are to be documented." The Corporate PREA Coordinator must also be notified of all detainee sexual abuse allegations. The MVIPC facility policies covering data collection and data storage, publication, and destruction state that all records associated with allegations of sexual abuse are "securely retained for at least 10 years or longer if required by state statute." The facility policy also notes that if a case that "is potentially criminal and involves coercion, force, threats, or intimidation, MVIPC will promptly contact Bakersfield Police Department (BPD)," but if the case is declined, "a full investigation shall be conducted by facility staff member who has received the PREA specialized Investigations Training." According to this facility policy, if there is a "serious allegation" of an incident of sexual abuse, the "Facility Administrator, ICE Field Office, PSA Compliance Manager, Facility Investigator, Corporate PREA Coordinator, and other designated individuals are notified within two (2) hours of the occurrence...."

Under subpart (a) of the standard, there must be a "facility protocol to ensure that each allegation of sexual abuse is investigated by the ...facility or referred to an appropriate investigatory authority" since it is mandatory that an administrative or criminal investigation is completed for every allegation of sexual abuse. Under (b), such protocol must include a "description of the responsibilities of the...facility and any investigatory entities", as well as a requirement that documentation of all allegations and reports be kept for at least five years, and under (c), the protocol must be made available to the public, such as through a relevant website. The facility (either through an MVIPC policy or through its Corporate policy) has provisions addressing these three subparts of the standard, and its practices are consistent with these policies. The Auditor reviewed the MOU between the BPD and GEO Group (on behalf of MVIPC) for BPD to investigate "major crimes" and to provide assistance as requested in other circumstances. This MOU addresses the responsibilities of the investigating entities, as required by this standard. A "SAAPI Incident Checklist for Incidents of Sexual Abuse and Harassment" with a space for recording "Referral for Formal PREA Investigation (i.e. Facility Investigator, OPR, Client, and Outside Law Enforcement)" reflects a notification to BPD. The seven PREA Investigation Reports reviewed by the Auditor reflected that, after an allegation was made, MVIPC staff immediately contacted BPD in accordance with facility policy and the MOU. Under facility policy, records of allegations and investigations are kept securely for at least 10 years. The PAQ reflects eight allegations and seven investigations during the audit period. One allegation was not investigated by either BPD or MVIPC since it was an allegation of sexual abuse at another facility, and MVIPC notified the other facility as required. The Auditor's review of policies and practices establish that MVIPC has complied with the requirements of subparts (a) and (b).

(c) The Auditor interviewed two of the facility's investigators and the PSA Compliance Manager regarding subpart (c) of this standard. The PSA Compliance Manager noted that the facility/parent company's investigatory protocols are posted on their website. As required by the standard, the GEO group publishes its investigatory protocols on its website at <http://geogroup.com/prea>. The ICE website, www.ice.gov/prea, includes information on the agency's PREA overview, PREA policies, reporting methods with addresses and phone numbers, SAAPI standards, the ICE National Detainee Handbook, ICE PREA poster, and DHS-prescribed Sexual Assault Awareness Information pamphlet.

(d)(e)(f) GEO Corporate Policy 5.1.2-F further directs that should a detainee-on-detainee sexual abuse incident occur when the alleged detainee victim and the alleged detainee perpetrator are confined in the same facility, the appropriate FOD is promptly notified. Additionally, if the incident "is potentially criminal, it is referred to an appropriate law enforcement agency having jurisdiction for the investigation." If there is an incident of detainee sexual abuse and an employee, contractor, or volunteer is alleged to be the perpetrator, the same procedures are required: the appropriate FOD is promptly notified, and if the incident is potentially criminal, it is referred to a appropriate law enforcement agency. Subparts (d), (e), and (f) of the standard primarily address matters of notification. For instance, (d) requires that all allegations are promptly reported to the "agency," which is ICE, and promptly referred for investigation to the law enforcement entity authorized to conduct a criminal investigation into an MVIPC sexual abuse allegation, unless the "allegation does not involve potentially criminal behavior." Subpart (d) also provides that a facility may separately and additionally conduct its own investigation. Both (e) and (f) address what notifications must be made in particular circumstances. For instance, if detainee-on-detainee abuse is alleged and both the alleged victim and the alleged perpetrator reside at the same facility, the following must be notified: "Joint Intake Center, the ICE Office of Professional Responsibility, the DHS Office of Inspector General, and if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigations." Subpart (f) relates to the commission of sexual abuse of a detainee by an employee, contractor or volunteer; the reporting for these allegations is the same as for (e), with the addition of a required report to the local government entity or contractor that operates the facility. Although MVIPC does have policy directives about reporting to local law enforcement, and it certainly has a relevant MOU with BPD, that is only a small part of the notification responsibilities spelled out by the standard.

The notification of local law enforcement by MVIPC is required under facility policy when allegations may represent criminal conduct and "involves coercion, force, threats, or intimidation...." The Auditor's review of the files of all sexual abuse allegations reflect the facility's prompt notification to BPD. Some cases were declined immediately, based on a lack of criminal conduct; other cases had partial or substantial investigation duties handled by BPD. No cases were referred for prosecution. One example of BPD's involvement with investigating an MVIPC PREA allegation was BPD's accepting the case, conducting an initial investigation, and then having to close the case when the alleged victim decided not to pursue his allegation. The investigatory reports compiled by BPD were a part of MVIPC's investigatory file of the case, although the PSA Compliance Manager noted that the facility is not always successful in acquiring all of the BPD files to include in the MVIPC files.

GEO Corporate Policy 5.1.2-F, Section III. A. requires notification to the appropriate FOD when detainee-on-detainee abuse occurs when both are at the same facility. MVIPC must make the same kind of notification if employee, contractor, or volunteer abuse of a detainee occurs. Under GEO/ Mesa Verde Ice Processing Center Policy 11.1.6, Section IV. M. 3. ("Responsibilities When Sexual Abuse is Alleged"), there is a list of people who must be

notified "within two hours of the occurrence," and "ICE Field Office" is included in "Staff Reporting Duties," (from the facility's Standard §115.61-related policy), there is a provision not required by that standard that directs, "All allegations of sexual abuse or assault shall be immediately reported to ICE/ERO...."

Although the various notifications required under subparts (d), (e), and (f) of this standard not all are found in a single policy, the Auditor determined during his on-site visit that staff members are aware of the various notification protocols. Many of the MVIPC forms the Auditor reviewed contained checklists or other instructions regarding notifications to various entities, such as the AFOD. The facility's practices are consistent with the requirements of these subparts. The Auditor's telephone interview with the AFOD was particularly instructive regarding MVIPC's compliance with its requirement to notify ICE of any PREA-related incidents or allegations. The AFOD said that MVIPC fully complies with all of the various requirements to notify ICE about various occurrences at the facility. Prior to the on-site visit, the Auditor viewed an email from the audit period making a timely notification to the AFOD of a PREA allegation. The Auditor also reviewed several investigatory files, all of which confirmed that a notification was made in a timely manner to the AFOD. The verification of the timely notification is a part of the "SAAPI Incident Checklist for Incidents of Sexual Abuse and Harassment" that has a place for recording the date of the "Notification to Client/On-Site Monitor." The Detention Standards and Compliance Officer (DSCO) is the person notified as the "Client/On-Site Monitor."

A memo from the FOD and the AFOD addressed subpart (f) of this standard. It included the following statement: "No staff members at the Mesa Verde ICE Processing Center have ever had substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies." Consequently there were no documents to review about the facility's practice regarding this subpart.

§115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c): GEO/MVIPC Policy 11.1.6, Section IV.E., which was updated on June 6, 2020, addresses PREA training for staff. The location of this policy within the overall facility Policy and Procedure Manual underlines the importance the facility places on this particular standard: the policy falls under "Detainee Rights," with the title of "Sexual Abuse Assault Prevention and Intervention (SAAPI) Program for Immigration Detention Facilities." This policy sets out that all new employees must receive initial training on GEO's Sexual Abuse and Assault Prevention and Intervention Program. They must then receive annual SAAPI refresher training thereafter. Under this policy, the training for employees who have contact with detainees covers a broad range of topics, covering each of the nine elements outlined in subpart (a) that are essential to helping MVIPC meet its PREA responsibilities. Some of these topics include the facility's "Zero-tolerance policy for sexual abuse and assault" and how to carry out the employees' "responsibilities under agency sexual abuse and assault prevention, detection, reporting and response policies and procedures, to include procedures for reporting knowledge or suspicions of sexual abuse." Other training topics enable them to recognize issues of sexual abuse and how to prevent, detect, and report actual or suspected sexual assault and abuse. The training also covers important issues such as how to avoid inappropriate relationships with detainees, how to communicate effectively and professionally with detainees (including LGBTI and gender non-conforming detainees), and how to limit reporting of PREA issues to personnel with a need-to-know. All annual refresher training will include updates to sexual abuse and assault policies. Everyone taking the training (whether initial or refresher training) must sign the PREA basic training acknowledgment form and the ICE SAAPI certification form. The Auditor reviewed the signed staff refresher training logs for 2018 and 2019 and reviewed a comprehensive PREA refresher training module.

The Auditor interviewed the Training Manager, who stated that staff, contractors, and volunteers receive the same initial and refresher SAAPI training described above. After a review of the training files for 11 staff, the Auditor was further able to establish that the facility was conducting training in accordance with its policy. Additionally, random staff interviews revealed that staff have a thorough understanding of the facility's sexual abuse prevention and response policies and procedures. The Auditor found that staff interviewed quickly answered all questions about PREA, and these employees attributed their familiarity with PREA and their responsibilities under PREA to the frequency of their training at MVIPC. While on site the Auditor was able to reinterview some of the staff he had previously interviewed virtually; he was able to explore their understanding of their duties as either security or non-security first-responders. They all seemed to have a comprehensive understanding of their responsibilities, and they all credited their annual training for their knowledge of what to do when a PREA-related incident occurs. The Auditor was also able to view a portion of a PREA training session while at MVIPC.

Under Standard 115.31, staff refresher training is required every two years; MVIPC's policy exceeds this requirement since all staff receive refresher training annually.

§115.32 - Other training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c): GEO/MVIPC Policy 11.1.6 addresses PREA training for volunteers and contractors who have contact with detainees. MVIPC has no contractors as described in subpart (d); however, it does use medical and mental health contractors (Wellpath), and they and the facility volunteers receive the same PREA-related initial training as described above in Standard 115.31 for employees. By policy, all employees, contractors, and volunteers shall receive initial training on GEO's Sexual Abuse and Assault Prevention and Intervention [SAAPI] Program." Like the MVIPC staff, the volunteers and contractors must then receive annual SAAPI refresher training. This training covers a broad range of topics that are vital in helping MVIPC meet its PREA responsibilities. The MVIPC "Volunteer-Contractor Handbook" contains very detailed information about facility regulations and practices as they apply to volunteers and contractors. Some of the topics covered in this handbook include the facility's zero-tolerance policies and how to carry out the volunteers' or contractors' responsibilities under the facility's PREA policies. Other topics cover training that enables them to recognize issues of sexual abuse and how to prevent, detect, and report actual or suspected sexual assault and abuse. The handbook also addresses important issues such as how to avoid inappropriate relationships with detainees, how to communicate effectively and professionally with detainees (including LGBTI and gender non-conforming detainees), and how to limit reporting of PREA issues only to personnel with a need-to-know. The Auditor viewed a

copy of the comprehensive PREA training for contractors and volunteers and found the information to be compliant with standards requirements. All annual refresher training includes updates to sexual abuse and assault policies. All volunteers and contractors taking the training (whether initial or refresher training) must sign the PREA basic training acknowledgment form and the ICE SAAPI certification form.

The Auditor interviewed the Training Manager, who stated that contractors and volunteers receive the same initial and refresher SAAPI training as received by MVIPC staff. The Acting HSA verified to the Auditor that all the contract medical and mental health practitioners had received the initial SAAPI training and had met the requirements for the refresher training. The Volunteer Coordinator confirmed that all volunteers received the initial and refresher training as required. After a review of six volunteer and two contractor files, the Auditor verified that the facility conducted initial and refresher PREA training in accordance with its policy.

The facility's policy and practice exceed what is required by the standard since the standard does not require refresher training for contractors and volunteers.

§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): GEO/MVIPC Policy 11.1.6, Section IV.D.2 (Detainee Education) is a major component in ensuring that MVIPC maintains its zero-tolerance policy and effectively provides its detainees with the rights set out under PREA. By policy, MVIPC must ensure there is a detainee orientation program at intake that fully informs detainees about the facility's zero tolerance policy prohibiting all forms of sexual abuse/assault. This orientation program must define and give examples of different kinds of "sexual abuse and coercive sexual activities," along with teaching detainees "prevention and intervention strategies" and "information about self-protection." The program must educate detainees about various specific ways of reporting sexual abuse--including anonymously--and that reporting sexual abuse will "not negatively impact their immigration proceedings." MVIPC must also tell detainees about their right "to receive treatment and counseling" if they have been subjected to sexual abuse, along with educating them about their right to be free from retaliation. The program must be in formats that all detainees can understand, whether they are LEP, hearing or visually impaired, have limited reading skills, or are otherwise disabled.

The Auditor interviewed the Chief of Security, the Intake Supervisor, and the PSA Compliance Manager about what the facility does to educate the detainees about PREA. They collectively mentioned the MVIPC Detainee Handbook, the DHS-prescribed Sexual Assault Awareness Information pamphlet, and a video. PREA education at MVIPC is partially comprised of a video orientation program. This video was the education tool most frequently cited by the detainees during their interviews; they said the video was in a format they understood. The detainees interviewed stated the video is shown frequently. A telephone interview with the PSA Compliance Manager confirmed the playing of this orientation video, which contains a section on PREA called "Know Your Rights." This video is in English and Spanish; it also has closed captions. She said the video plays on a continuous loop in the housing areas. The Auditor watched the PREA portion of the video while on-site and noted that the video was playing in various locations throughout the facility. The PSA Compliance Manager explained that MVIPC presents important material to detainees with vision impairments by offering its education program in audio format; it provides similar information to hearing-impaired detainees through written materials. She further noted that in cases where a detainee appears to have any kind of reading challenges, a staff member will read all the orientation information, including PREA materials, to the detainee in a one-on-one situation. There were no hearing-impaired or visually impaired detainees willing to be interviewed. The pamphlet and the handbook are in English and Spanish, and the top three nationalities at the facility are all from Spanish-speaking countries. The Auditor interviewed several detainees who had recently been released from state prisons, and they all expressed their knowledge of PREA.

(c) Participation in this intake orientation program is to be documented, with that documentation to be kept in their individual files. The Auditor reviewed a sampling of six detainee files, and each file contained detailed documentation of the materials (such as the MVIPC Detainee Handbook) received by the detainee as a part of the PREA education process, with the detainee's signature to acknowledge receipt of the materials.

(d) Another aspect of GEO/MVIPC Policy 11.1.6 policy requires vital information such as the DHS-prescribed sexual assault awareness notice be posted on all housing unit bulletin boards, along with the name of the PSA Compliance Manager and the name of local organizations that can help detainees who have been sexually abused. The Auditor also reviewed uploaded PREA posters, the DHS-prescribed Sexual Assault Awareness Information pamphlet, and the DHS-prescribed sexual assault awareness notices. The posters also included the name of the facility's PSA Compliance Manager and how to make a report to her, along with how to use a hotline number to contact a local victim advocacy group (Alliance Against Family Violence and Sexual Assault). The PSA Compliance Manager advised the Auditor that PREA signage could be found on the bulletin board in the living units, in visitation, in staff break rooms, and in common areas. While on-site the Auditor verified the placement of PREA posters as previously described by the PSA Compliance Manager.

(e)(f) MVIPC also has the responsibility to distribute the DHS pamphlet, "Sexual Assault Awareness," along with ensuring that information about reporting sexual assault is included in the MVIPC Detainee Handbook distributed at intake. The ICE National Detainee Handbook is also distributed at intake, and it also contains information about how to report sexual assault and abuse. The ICE National Detainee Handbook is offered in English and Spanish at MVIPC.

§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): GEO/MVIPC Policy 11.1.6 specifies that "investigators shall conduct investigations into every allegation of sexual abuse at MVIPC. Investigators shall be trained in conducting investigations on sexual abuse and effective cross-agency coordination. All investigations into alleged sexual abuse must be conducted by qualified investigators." The policy further sets out that "investigators must receive this specialized training" in addition to the SAAPI training referenced in the narrative to Standard 115.31 which is required for all new employees. They must also take the annual SAAPI refresher

training. Specialized training includes, but is not limited to, the following topics: "interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, and criteria and evidence required for administrative action or prosecutorial referral."

The agency's 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; Lesbian, Gay, Bi-sexual, Transgender, Intersex (LGBTI), and disabled detainees; and an overall view of the investigative process. The agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirements.

(b): MVIPC is required to maintain documentation of this specialized investigator training. The Auditor interviewed two facility investigators, as well as the Training Manager, regarding this training. The Auditor also reviewed the specialized training curriculum, training documents such as sign-in sheets, and certificates to confirm that the facility's investigators met the requirements of this standard.

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

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

Notes:

(a)(b): These subparts of the standard are not applicable to MVIPC as the medical department is operated through a facility contract with Wellpath.

(c): Wellpath, under a contract between ICE and MVIPC, provides health care for the detainee population. GEO/MVIPC Policy 11.1.6, Section IV. E. requires all full-and part-time medical and mental health practitioners to have training in certain topics, such as "detecting signs of sexual abuse and assault, preserving physical evidence of sexual abuse, responding professionally to victims of sexual abuse, and proper reporting of allegations or suspicions of sexual abuse and assault..." Under subpart (c) of this standard, ICE must "review and approve the facility's policy and procedures to ensure that facility medical staff is trained in procedures for examining and treating victims of sexual abuse, in facilities where medical staff may be assigned these activities." There appears to be no corresponding language for subpart (c) in Policy 11.1.6, Section IV. E, but under Policy 11.1.6, Section IV. A, the local ICE office must review and approve each facility's written policy and any subsequent change. While the Auditor was on-site at MVIPC, he interviewed the AFOD by telephone. The AFOD advised the Auditor that every policy and procedure at MVIPC is reviewed and approved by ICE.

All of the facility's medical and mental health practitioners are required to have this specialized subject matter training, in addition to the SAAPI training (both initial and refresher training) that is required for all employees and/or contractors. Medical and mental health practitioners must complete their specialized training as a part of their new hire pre-service orientation. By policy, "Facility medical staff shall not participate in any sexual assault forensic medical examinations or evidence-gathering. Forensic examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or a Sexual Assault Forensic Examiner (SAFE)." If no SAFE or SANE is available, forensic examinations can also be performed by qualified medical practitioners. The specialized training for medical and mental health is documented and maintained in the staff training files. The Auditor interviewed the Training Manager and the Acting Health Care Administrator, who both confirmed that all of the medical and mental health care practitioners had received the specialized training. The Auditor also reviewed a sampling of training files that reflected the specialized training, as well as the initial and refresher training, for these practitioners.

§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)(c): The screening process for the risk of victimization and abusiveness is outlined in facility policy GEO/MVIPC Policy 11.1.6/Section IV. C. To the extent the information is available, the facility uses the SAAPI/PREA Risk Assessment tool at intake to assess whether the detainee has a "mental, physical, or developmental disability;" the age of the detainee; the "physical build and appearance of the detainee;" whether the detainee has been previously incarcerated or detained; the nature of the detainee's criminal history; whether the detainee has any "convictions for sex offenses against an adult or child;" whether the "detainee has self-identified as LGBTI, (gay, lesbian, bisexual, transgender, intersex) or Gender Nonconforming;" whether the detainee has "self-identified as having previously experienced sexual victimization;" and the detainee's "own concerns about his/her physical safety." The policy reviewed by the Auditor conforms to the standard regarding the timing of the assessment and the requirements for maintaining separation among detainees for their protection until the assessment is done. Under this standard, the "initial classification and initial housing assignment should be completed within 12 hours of admission to the facility." The risk assessment is completed on all detainees upon admission to MVIPC by the intake classification staff. Random interviews with detainees consistently confirmed this assessment occurred prior to their placement in the general population. The Auditor reviewed the SAAPI/PREA Risk Assessment tool and found it to assess the same information set forth in the standard. As noted above, the assessment process must be completed within 12 hours of admission to the facility, and most detainees interviewed by the Auditor stated that their assessment was completed within 12 hours. The Auditor reviewed six random detainee files, and each file reflected that the risk assessment took place within the 12-hour time period outlined in the standard. These files also showed that the initial housing placement was made within 12 hours. Both the assessments and the housing placements are recorded on the ICE Custody Classification Worksheet. The Intake Supervisor and the PSA Compliance Manager both told the Auditor that detainees are asked about housing placement and whether they have a concern for their safety. If a detainee is identified, at assessment, as having indicators relating to a risk of victimization or abusiveness, this information is forwarded to the PSA Compliance Manager and to medical and mental health for further screening.

(d) GEO/MVIPC Policy 11.1.6/Section IV. C. tracks the language of this subpart of the standard. The policy directs that the intake assessment must "consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the

Facility, in assessing the risk of being sexually abusive....” The SAAPI/PREA Risk Assessment tool contains the following entries that cover the requirements of this subpart: (1) “criminal history of sex offenses with adult/child victim,” (2) “sex offender with adult/child victims,” (3) “incident reports for sexual misconduct while incarcerated,” (4) “history of prior sexual abuse perpetration while incarcerated,” (5) “prior crimes of violence (excluding sex offenses, domestic violence),” and “history of domestic violence as a perpetrator.”

(e): By policy, GEO/MVIPC Policy 11.1.6/Section IV. C., “between 60-90 days after the initial assessment the Facility staff will reassess a detainee’s risk of victimization or abusiveness.” Such reassessment will also take place whenever “warranted based upon the receipt of additional relevant information or following an incident of victimization....” The SAAPI Vulnerability Reassessment Questionnaire is used to conduct the reassessment. The Auditor interviewed the Intake Supervisor regarding the use of this Questionnaire and reviewed a sampling of six SAAPI Vulnerability Reassessment Questionnaires within the detainees’ files, all of which had been completed within the prescribed time frame, based on the dates of the detainees’ admission dates. The PSA Compliance Manager also completes a required reassessment on all detainees based on PREA allegations, unless the detainees are released before she can complete a reassessment. The Auditor did note that several of the allegations came from detainees released from 1 to 12 days after the PREA allegation.

(f): By facility policy GEO/MVIPC Policy 11.1.6/Section IV. C., and in accordance with the standard, detainees will not be disciplined “for refusing to answer or not providing complete answers” certain questions on the risk assessment. Interviews with the Intake Supervisor and the PSA Compliance Manager verified that the relevant policy was consistently followed, and no detainee interviewed by the Auditor gave any indication of having been disciplined for failing to answer a question or for failing to answer completely any assessment question at MVIPC.

(g): Based on interviews with the Facility Administrator, the PSA Compliance Manager, and the Intake Supervisor, the facility appears to have fully implemented measures to ensure that sensitive information from the assessments is limited to those with a need to know, so that no sensitive information can be used to the detriment of the detainees. The staff interviewed advised the Auditor that the files containing this sensitive information are locked in a secure area.

§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)(b)(c): GEO/MVIPC Policy 11.1.6, Section IV.C. covers all parts of this standard. The facility uses the information gleaned from the detainee’s intake screening as described in Standard 115.41. The information is “used to inform the assignment of detainees to housing, recreation and other activities, and voluntary work.” Placements are decided on an individualized basis in order to ensure the safety of each detainee.

During her interview, the PSA Compliance Manager gave the Auditor an overview of how the risk assessment information is used to determine what is best for the detainee in terms of housing and other issues. She explained that she maintains an “at risk log” of potential victims and potential abusers, with these categories determined from the information on the SAAPI/PREA Risk Assessment tool. The Auditor also gained information about the use of assessment information from the Intake Supervisor. The Auditor reviewed the MVIPC SAAPI/PREA At-Risk Assessment Tracking Logs, which contained important information such as the date of arrival, PREA classification risk level for vulnerability or abusiveness (either high or medium high), offenses potential abusers have been charged with, housing assignments, and dates of completed 60-90 day reassessments. All detainees are reassessed between 60-90 days after the initial assessment.

(b): The facility must consider “the detainee’s gender self-identification” when making assessment and housing decisions for a transgender or intersex detainee, along with assessing how a placement might affect the detainee’s “health and safety.” MVIPC must also consult “a medical or mental health professional as soon as practicable” when making an assessment. The placement of a transgender must not be based “solely on the identity documents or physical anatomy,” and the detainee’s “self-identification of his/her gender,” along with the detainee’s perceptions of his/her safety needs, will factor into the placement. However, the placement decisions of the facility regarding transgender and intersex detainees will also “be consistent with the safety and security considerations of the facility....” Transgender and intersex detainees are reassessed at least twice a year. Reassessments are done through the use of the SAAPI Vulnerability Reassessment Questionnaire.

(c): By policy, GEO/MVIPC Policy 11.1.6, MVIPC allows transgender and intersex detainees the opportunity to shower separately from other detainees, when operationally feasible.

There were no transgender detainees at MVIPC at the time of the detainee interviews, so the Auditor was unable to interview a transgender detainee to verify the assessment, reassessment, and the opportunity to shower separately. A memo from the FOD and the AFOD stated that MVIPC had not had any transgender or intersex detainees in the year preceding the audit. Since there were no transgender or intersex detainees at MVIPC during the audit period, there were no documents to review. However, the PSA Compliance Manager confirmed that MVIPC would follow all policy provisions related to the placement of transgender or intersex detainees (subparts (c)-(g) of the policy cited above) should the facility receive transgender or intersex detainees.

§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)(d)(e): GEO/MVIPC Policy 11.1.6, Section IV. K. covers every element of the standard, although the policy covering (c) imperfectly tracks the language of the standard. MVIPC has written procedures directing how the administrative segregation unit (Restrictive Housing Unit—RHU) must be managed in the event a vulnerable detainee must be placed there for protection, such as using this placement as a last resort, documenting the alternatives that were considered, “having a review within 72 hours by supervisory staff,” and “notifying the FOD no later than 72 hours after an initial

placement in protective custody.” The following additional measures, almost wholly consistent with subpart (d) of the standard, are also required for any detainee at MVIPC who must be placed in administrative segregation because of sexual vulnerability: “(1) a supervisory staff member shall conduct a review within 72 hours of a detainee’s placement in administrative segregation to determine whether segregation is still warranted; and (2) a supervisory staff member shall conduct, at a minimum, an identical review after the detainee has spent seven (7) days in administrative segregation,” with a supervisory staff member conducting “additional reviews every week for the first 30 days and every 10 days thereafter as necessary...” According to the facility’s policy and standard, the procedures for the management of the administrative segregation unit should be developed in consultation with the ICE FOD having jurisdiction for the facility. The Auditor verified with both the PSA Compliance Manager and the AFOD that MVIPC developed the administrative segregation procedures through consultation with ICE.

The facility reported that no detainees were held in administrative segregation on the basis of vulnerability to sexual violence. The Auditor interviewed the Facility Administrator, the Chief of Security, and the PSA Compliance Manager regarding the use of administrative segregation for protective custody at MVIPC. They all stated that no one had been placed in protective custody on the basis of vulnerability to sexual violence, during the audit period. Because there were no placements in protective custody, related to a detainee’s vulnerability to sexual violence, there were no documents to review for evaluation of the facility’s practices. The Auditor also reviewed a memo from the FOD and the AFOD stating, “No detainee at the Mesa Verde ICE Processing Center has been placed in Administrative Segregation due to sexual assault or abuse.”

Recommendation: The facility should immediately revise the wording of GEO/MVIPC Policy 11.1.6, Section IV. K. 1. (e) (2), by eliminating the words “as necessary” regarding reviews of detainees in administrative segregation for more than 30 days. The standard requires revisits every 10 days after the first 30 days; adding qualifier-type words like “as necessary” changes the mandatory nature of the revisits. The policy cited should read as follows: “A supervisory staff member shall conduct, at a minimum, an identical review after the detainee has spent seven (7) days in administrative segregation. A supervisory staff member shall conduct additional reviews every week for the first 30 days, and every 10 days thereafter.”

(c): The GEO/MVIPC Policy 11.1.6 provides that if a detainee is placed in segregated housing for protection because of sexual vulnerability, the detainee must “have access to programs, visitation, counsel, and other services to the general population to the maximum extent practicable...” The Facility Administrator, the Chief of Security, and the PSA Compliance Manager (who is also the Program Manager) all stated that if a detainee was in segregated housing to ensure his or her protection under PREA, that detainee would be able have access to all of the programs and services available to detainees in “the general population to the maximum extent practicable...”

(e): During the audit period, MVIPC did not place any detainees in administrative segregation for protection because of sexual vulnerability and therefore did not need to notify the FOD. Consequently, there were no relevant documents to review. However, the compliance of MVIPC with other notification requirements as noted by the AFOD, along with assurances to the Auditor by top administrative staff of their on-going intent to follow both the standard and their own policy, are sufficient to establish compliance.

Even though the facility’s policies were developed in conjunction with ICE, there is a need to make a policy revision to comply completely with subpart (d)(2) of the standard. However, the facility complies in all material ways with the standard for the audit period. Since the facility had no detainees placed in administrative segregation for protection related to PREA issues, there was no violation of the standard.

§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): Detainee reporting is a central feature in the PREA protections afforded to detainees. GEO/MVIPC Policy 11.1.6 IV. L. covers every element of the standard. This standard requires that detainees have a variety of ways to report to a public or private entity the occurrence of “sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents.” The facility must educate the detainee on how to make these reports, which can be oral, written, anonymous, or through a third party. MVIPC provides instructions on how to contact a consular official, the DHS Office of Inspector General, or other appropriate outside office. The facility informs detainees of their right “to confidentially and, if desired, anonymously report these incidents.” Detainees are also given instructions on how to contact outside entities that are not a part of the facility or agency, or what to do if they want to report these issues to a staff member, contractor, or volunteer at MVIPC. The Auditor verified that this reporting information is provided in both the MVIPC Detainee Handbook and in the ICE National Detainee Handbook. The information also appears on posters throughout the facility. Both of the handbooks, as well as the posters, contain names and telephone numbers for reporting sexual abuse. The Auditor verified the functioning of the hotline through a phone call made in his presence. The detainees interviewed by the Auditor were all aware there were multiple ways to file reports, such as reporting to a staff member or making a call to a hotline. They also knew that the report could be oral or written and could be anonymous. A few of the detainees, however, were unaware that they could have an outside person make an anonymous third-party report on their behalf.

(c): The facility policy also provides that “employees reporting sexual abuse shall be afforded the opportunity to report such information to the Chief of Security or upper level executive privately if requested.” MVIPC staff are trained on their responsibility to accept reports whether they are verbal, written, anonymous or third-party reports, and they were well aware of how to document their receipt of a report and to whom the report should be forwarded. Although all of the staff interviewed by the Auditor said they had never actually received a report, all seven of the allegations reported during the audit period came as a result of a detainee making the allegation to staff.

§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)(f): GEO/MVIPC Policy 11.1.6, Section IV. L. sets out the facility’s grievance process, which conforms to the requirements of the standard. A sexual abuse grievance “can be filed at any time, during, after, or in lieu of lodging an informal grievance or complaint.” The response time

for MVIPC to respond to the grievance is five days and a response time for addressing an appeal of the grievance is a maximum of 30 days. The policy sets out various ways a detainee can seek help for preparing a grievance, such as "from another detainee, the housing officer or other facility staff, family members, or legal representatives." In the case of any "time-sensitive grievance," MVIPC can address an emergency grievance expeditiously to address any "immediate threat to detainee health, safety, or welfare related to a grievance about sexual abuse or assault." If there is a medical emergency, staff must immediately alert "medical personnel for further assessment." All grievances about PREA-related issues go directly to the PSA Compliance Manager.

When the Auditor conducted the detainee interviews (both remote and on-site), he asked each detainee if he had ever filed a grievance over any PREA-related issues. Each detainee denied ever filing a PREA-related grievance, although many of them said they had filed grievances about other things.

The Auditor covered the grievance process in his interviews with the Chief of Security and the PSA Compliance Manager, who both seemed very knowledgeable about the grievance procedure as it relates to PREA issues. Even though there were no PREA-related grievances during the audit period, the PSA Compliance Manager advised the Auditor that the facility policy would be followed for any grievances related to PREA issues. A memo dated July 8, 2020, from the FOD and the AFOD stated that MVIPC did not have any grievances involving sexual assault or abuse during the audit period; the PAQ likewise records that there were no grievances during the audit period. The Auditor reviewed the information about grievances in the facility's MVIPC Detainee Handbook and in the ICE National Detainee Handbook, along with a blank Detainee Grievance Form and the Appeal Process form. Both handbooks explain that all detainees can request help from staff, another detainee, family, friends, and others in filing a grievance. MVIPC is responsible for taking reasonable steps to expedite help that may be requested from outside sources. All grievances related to sexual abuse and the facility's responses to those grievances are sent to the FOD at the end of the grievance process.

§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): GEO/MVIPC Policy 11.1.6, Section IV. O. incorporates the requirements of this standard. The facility is required to "maintain or attempt to enter into a memoranda of understanding or other agreement with community service providers" who can offer detainees confidential emotional support services related to sexual abuse while in custody; in the alternative, "if local providers are not available," MVIPC is then required to seek "national organizations that can provide legal advocacy and confidential emotional support services for immigrant victims of crime." Under this policy, MVIPC must keep copies of any such agreements, as well as maintaining documentation of any unsuccessful attempt to enter into an agreement. The use of such community resources and services is considered very important since resources of this type can offer "valuable expertise and support for victims in such areas as crisis intervention, counseling, and the investigation and prosecution of sexual abuse perpetrators...." The provisions of MVIPC policy just outlined closely track each provision of this standard.

Through an MOU with the California Coalition Against Sexual Assault (CALCASA) and the Alliance Against Family Violence and Sexual Assault (Alliance), MVIPC has ensured that outside victim support services are available to detainee victims, including support services in a hospital setting. During the contingency phases of the audit, MVIPC furnished the Auditor with documents showing that contact information from Alliance is in the MVIPC Detainee Handbook and on posters throughout MVIPC. While on-site the Auditor verified that the MVIPC Detainee Handbook contained Alliance contact information and that posters throughout the facility had the Alliance contact information.

(d): MVIPC is required by policy to "enable reasonable communication between the detainees and these organizations...." However, before giving the detainees access to such services, the facility must inform them "of the extent to which GEO policy governs monitoring of their communications and when reports of abuse must be sent to authorities due to mandatory reporting laws...." Under the standard, a facility must inform a detainee the degree to which detainee communications will be monitored and the extent to which reports of abuse will be sent to authorities under mandatory reporting laws. The PSA Compliance Manager advised the Auditor that confidentiality information is posted by all telephones used by detainees. The Auditor also confirmed through observations that confidentiality information was posted next to all telephone that would be used by detainees.

§115.54 - Third-party reporting.

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

Notes:

GEO/MVIPC Policy 11.1.6, Section IV. M. covers the requirement of this standard. MVIPC has established a method to receive third-party reports of detainee sexual abuse and it is available to the public. The Auditor accessed the GEO website <http://geogroup.com/prea> and verified it contains information on how to use third-party reporting. He also accessed the ICE website, <https://ice.gov/prea> and verified that it also provides information on third-party reporting, which is accomplished by using the ICE ERO Detention Reporting Line (DRIL).

The facility provided the Auditor copies of English and Spanish posters/pamphlets referring to the third-party reporting process. Under MVIPC policy, this information must be posted in the MVIPC public areas, and the Auditor confirmed that these postings had been made as required. Through the Auditor's review of all of the files for allegations made during the audit period, the Auditor learned that there had been no third-party reports.

§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): GEO/MVIPC Policy 11.1.6, Section IV. L. covers most of the requirements of this standard. Under MVIPC's policy addressing this standard ("MVIPC Employees Reporting Duties), staff must immediately report "in accordance with agency [ICE]" policy any knowledge, suspicion, or information regarding any incident of sexual abuse/assault that occurred in a facility, whether or not it is a GEO facility." The policy directs that staff must also report any retaliation against "Individuals or employees who reported such an incident or participated in an Investigation of the incident," as well as "any employee neglect or violation of responsibilities that may have contributed to an incident of sexual abuse/assault or retaliation." In accord with a

portion of subpart (a) of the standard, one section of the MVIPC policy sets out for staff a variety of ways to make reports, such as reporting through the use of an employee hotline or reporting directly and privately to the Chief of Security, facility management, or the Corporate PREA Coordinator.

Interviews with the PSA Compliance Manager and random staff confirmed their awareness of the policy and their duty to report as required by this standard. All staff interviewed knew they had to make an official written report. The Auditor's review of the allegations showed that all allegations during the audit period were presented to a staff member who then dealt with the allegation as required. Although most of the allegations were reported to security staff, the Auditor reviewed one PREA Incident Report showing that the report arose from an allegation made to a staff social worker.

A portion of subpart (a) of this standard states that "the agency [ICE] shall review and approve facility policies and procedures," ensuring that the reporting procedures were appropriate and included a method for staff to go outside the chain of command in making a report. The facility policy does, in fact, specify reporting measures, including specific approaches for staff to make a report outside the chain of command. The facility's policy for this standard was reviewed and approved by the local ICE Field Office and is consistent with ICE Policy 11062.2 Sexual Abuse and Assault Prevention and Intervention, Section 5.3 Obligation to Report Information and Prohibition of Retaliation. While at MVIPC the Auditor confirmed with both the PSA Compliance Manager and the AFOD that all of the MVIPC policies and any changes to these policies are approved by ICE.

(c): Detailed instructions in the GEO/MVIPC Policy 11.1.6 inform employees about the need to keep information about a sexual abuse report confidential, and when it is permissible to divulge the information. All staff interviewed were aware of the need to maintain strict confidentiality about information regarding allegations of sexual abuse.

(d): Section IV. N. 4. (c) 4, of the policy also requires that "all allegations of sexual abuse or assault shall be immediately reported to ICE/ERO, and any other required entities based on the nature of the allegation." This policy addresses reporting to State or local entities if the alleged victim of sexual abuse is under 18 or is a vulnerable adult; however, this portion of the standard is not applicable since the facility does not accept detainees under 18 or vulnerable adult detainees.

§115.62 - Protection duties.

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

Notes:

GEO/MVIPC Policy 11.1.6, Section IV. M. covers and expands the requirements of this standard. "Employees shall report and respond to all allegations of Sexually Abusive Behavior and employees are to assume that all reports of sexual victimization, regardless of the source of the report (i.e. "third party") are credible and respond accordingly." Additionally, staff are cautioned to handle the information about the situation throughout the investigation in a confidential manner. Under the policy they are also reminded that "conversations and contacts with the victim should be sensitive, supportive, and non-judgmental." While at MVIPC the Auditor interviewed the HSA and the Mental Health Clinician. They both stated they were keenly aware of the sensitive nature of the information they deal with daily regarding the detainee population. The PSA Compliance Manager said there were no instances during the audit period where a detainee was perceived to be in imminent risk of harm from sexual abuse. However there is a policy in place to address the situation, should one arise. None of the other staff interviewed knew of any such instance arising during the audit period. Because there were no incidents calling for the immediate protection of a detainee, there were no records to review.

§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)(d): GEO/MVIPC Policy 11.1.6, Section IV. L. covers the requirements of this standard. In February of 2020, MVIPC received an allegation of abuse, during intake, that related to the detainee's prior detention at the Kern County Jail in Bakersfield, CA. The allegation was promptly reported to the MVIPC Facility Administrator. The next day, well within the timeframe of 72 hours for notifications to another facility, the PSA Compliance Manager notified the Kern County Central Receiving Facility of the allegation, by telephone, and the Facility Administrator wrote a letter to the Kern County sheriff to document the allegation and the PSA Compliance Manager's notification. The Auditor interviewed the PSA Compliance Manager regarding the reporting practices of the facility, and she verified the process as described. The Auditor also reviewed the Facility Administrator's letter to the Kern County Central Receiving Facility. Although the Kern County Central Receiving Facility staff advised the PSA Compliance Manager that someone would be sent to interview the detainee making the allegation, no further information is currently available regarding what other steps, if any, were taken in regard to the allegation.

Should MVIPC receive notification from another facility that a detainee alleged that an act of sexual assault or abuse occurred when he or she was detained at MVIPC, the facility's policy GEO/MVIPC Policy 11.1.6, Section IV. L.3. requires that the allegation be investigated by qualified investigators and that the allegation be reported to the appropriate ICE FOD: "Any Facility that receives notification of alleged abuse is required to ensure the allegation is investigated in accordance with PREA standards and reported to the appropriate ICE Field Office Director."

§115.64 - Responder duties.

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

Notes: (a)(b): GEO/MVIPC Policy 11.1.6, Section IV. M. covers all elements of this standard. The Auditor interviewed the Chief of Security and six officers (two from each of the three shifts) about their duties as responders. Although staff apparently carry the first responder protocols on their person, typically next to their ID card, it appeared that staff interviewed were speaking without ever referring to the card when asked about their duties in the event of a report of sexual abuse. The policy requires that security first responders carry out the following tasks: "a. Separate the alleged victim and abuser; b. Immediately notify the on duty or on call supervisor and remain on the scene until relieved by responding personnel; c. Preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence; d. If the sexual abuse occurred within 96 hours, ensure the alleged victim and abuser do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; e. The alleged victim and abuser should be placed (separately) in a dry cell or area where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; until the forensic examination can be performed; f. 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."The staff credited their training with their ability to be able to quickly recite the duties as a first responder. A portion of the facility's policy addresses what should happen when the first responder is not a security staff member: the non-security first responder must "request that the alleged victim not take any actions that could destroy physical evidence, remain with the alleged victim, and notify security staff." The non-security first responder does not have any responsibility for directing the placement of victims/abusers in another location. None of the sexual abuse allegations reported in this audit period would have required first responder duties to be performed since no allegations were made immediately after the incident; even the allegation requiring a forensic evaluation involved an event some weeks prior to the detainee's report being made.

§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): GEO/MVIPC Policy 11.1.6, Section IV. A. echoes the language of all elements of this standard. A coordinated response plan ensures that the response to an incident of sexual abuse is a planned one so everyone will be familiar with the role he or she is to play. These roles would include, among other things, protecting the victim, preserving the scene and/or evidence, and making proper notifications at the facility and agency level. Subpart (a) of the facility's policy directs that the facility must develop a written plan "to coordinate the actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to incidents of sexual abuse..." The Auditor reviewed the MVIPC 's "DHS SAAPI Coordinated Response Plan" prior to his on-site visit to the facility. All staff interviewed were able to recite their duties as first responders.

(c)(d): GEO/MVIPC Policy 11.1.6, Section IV. A. echoes the language of all elements of this standard. A memo from the FOD and the AFOD states: "The Mesa Verde ICE Processing Center has not had any detainees transferred to another facility who have been victims of sexual abuse. If we did have one, per policy, the MVIPC Facility Administrator would contact the receiving Facility Administrator within 72 hours to let him/her know that the detainee with the history of sexual abuse is being transferred to his/her facility." This memo covers the fact that there were no detainee victims of sexual abuse transferred to other facilities during the audit period. However, when such detainee victims are transferred to other DHS facilities, (c) states that "the sending facility shall, as permitted by law, inform the victim's potential need for medical or social services." On the other hand, under (d), if a transfer occurs to a non-DHS facility, the detainee sexual abuse victim has the option to have the fact of the sexual abuse disclosed to the receiving facility. As noted above, no transfers occurred during the audit period, and there were no documents from the audit period to review regarding the facility's practice. The PSA Compliance Manager stated that MVIPC would definitely ask a detainee victim his or her preference regarding disclosure of sexual abuse if the facility had knowledge that the victim was being transferred to a non-DHS facility. As a practical matter, however, she stated that ICE picks up detainees to be transported elsewhere, but MVIPC itself rarely has knowledge of exactly where the detainee is being transported.

§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:

GEO/MVIPC Policy 11.16, Section IV. M and GEO Corporate Policy 5.1.2-F III. A. 2 both cover this standard: "Employees, contractors, and volunteers suspected of perpetrating sexual abuse will be removed from all duties requiring detainee contact pending the outcome of an investigation." MVIPC mandates separation orders requiring "no contact" shall be "in writing from facility management via memo or email within 24 hours of the reported allegation, and documentation of such memo or email will become a part of the investigation file." The policy also states that GEO will "not enter into or renew any collective bargaining agreement or other agreement that would limit the facility's ability to remove alleged employee abusers from detainee contact pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted." Through a review of investigative files, the Auditor determined that all sexual abuse allegations at MVIPC, during the audit period, involved detainee-on-detainee allegations. The Auditor interviewed the Facility Administrator and the PSA Compliance Manager, who confirmed that the facility always acts promptly to protect any detainee from an alleged abuser when an allegation is made. Following any reported allegation of sexual abuse, the PSA Compliance Manager ensures that any victim is placed on the "at risk" log as soon as possible and tracked as a potential victim and housed separately from any potential abuser. The Auditor reviewed an MVIPC SAAPI/PREA At-Risk Assessment Tracking Log, which provides an extra layer of scrutiny and protection for at-risk detainees should an employee, contractor, or volunteer covered under this standard try to contact a detainee while an investigation is pending.

§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): The GEO/MVIPC Policy 11.1.6 Section IV. P.2. covers the prohibition against retaliation by staff, contractors, and volunteers against anyone, including a detainee, who "reports, complains about, or participates in an investigation into a PREA allegation. It also forbids retaliation against anyone who participates in sexual activity as a result of coercion, threats, or as a result of force or fear of force." The policy, like the standard, lists several options available to the facility for addressing the concerns of "detainees and employees" who are afraid of retaliation "for reporting sexual abuse or for cooperating with investigations...." MVIPC must use "multiple protection measures" like changing housing assignments, removing the victim from contact with the alleged abuser, and providing "emotional support services for detainees and employees...." There is a stringent monitoring process designed to remedy any possible problems that may arise related to retaliation. The policy echoes (a) and (b) of the standard and specifies that the PSA Compliance Manager or mental health personnel will conduct the monitoring activities.

(c): The standard requires that the monitoring process last for "at least 90 days following a report of sexual abuse." Materials viewed by the Auditor show that the PSA Compliance Manager performs this monitoring function for a minimum of 90 days unless certain conditions arise e.g. transfer/discharge of the alleged abuser. The Auditor reviewed several retaliation logs to confirm the facility's practices. There are separate logs for monitoring employees and detainees, and these logs note the measures the facility has taken to protect the person, such as change in housing or programs. The logs also monitor problems that might be due to retaliation, such as a reassignment of staff or a negative performance appraisal in the case of an employee. For detainees, items that must be monitored include "disciplinary reports and housing or program changes...." Although the standard itself does not specify the frequency of the monitoring contacts, MVIPC policy requires weekly contacts for detainee monitoring and every 30 days for staff monitoring. A review of multiple retaliation logs reflect that weekly visits are the norm with detainees. The PSA Compliance Manager said during her interview that she is the person who handles the entire retaliation monitoring process.

§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)(d): GEO/MVIP Policy 111.6., Section IV. M. addresses all of the elements of this standard. Under (a), detainee victims of sexual abuse can be placed "in a supportive environment that represents the least restrictive housing option possible...." The PSA Compliance Manager explained that MVIPC does not have a dedicated unit that could be considered "least restrictive" for the purpose of protective custody. Therefore, placing the detainee victim in an environment that is supportive and where he feels safe may involve placing him back in the general population after the abuser has been moved elsewhere, such as to administrative segregation. Should the victim not feel comfortable being returned to his original housing unit after the abuser has been removed, he could possibly be offered a move to another open population unit where he would be away from the abuser. If such a move still would not make the detainee victim feel safe, the other option would be a medical isolation cell.

The policy requires that detainee victims must "not be held in any type of administrative segregation for longer than five days, except in highly unusual circumstances or at the request of the detainee...." Detainee victims placed "in protective custody after having been subjected to sexual abuse" must not be placed back in the general population until a proper reassessment is completed. If there are detainee victims held in protective custody for any length of time, reassessments must be done before the detainee is returned to the general population. The Facility Administrator, the PSA Compliance Manager, and the Chief of Security all stated there had been no victims of sexual abuse placed in the RHU and, consequently, no reassessments had been needed. The Auditor's review sexual abuse investigations files confirmed that no detainee had been placed in protective custody related to any allegations of sexual abuse. Since there were no detainee victims held in protective custody during the audit period, there was no documentation to review for compliance, either for reassessments or for notifications to the FOD. During their interviews, the Facility Administrator, the Chief of Security, and the PSA Compliance Manager all indicated that the policy would be followed if a situation arose where post-allegation protective custody was considered or used.

(d): GEO/MVIP Policy 111.6. further states that a facility must notify the ICE FOD "whenever any detainee victim has been held in administrative segregation for 72 hours." MVIPC did provide the Auditor with a copy of a memo from the FOD and the AFOD stating that MVIPC "has never placed any detainee into the Restricted Housing Unit under a protective custody order due to sexual abuse."

§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): GEO Corporate Policy 5.1.2-F, Section III. B. addresses most of the provisions of this standard. The facility has very detailed written policies related to this standard. Under this policy, "An administrative investigation must be completed for all allegations of Sexual Abuse at any GEO facility, regardless of whether a criminal investigation is conducted." Subpart (b) of the standard says that "administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS and the assigned criminal investigative entity." The PSA Compliance Manager seeks approval from ICE to begin an administrative investigation through an email request or a call followed by an email.

The Auditor reviewed the files for all seven PREA allegations alleged to have occurred at MVIPC, during the audit period, although some investigations had not yet been completed. Regardless of whether the investigations were done by MVIPC investigators or by BPD, the investigations were prompt and appeared to be thorough and objective. In the files reflecting only an administrative investigation, documentation showed that the allegations were first referred to the BPD. The cases are then either declined (if the PREA allegations don't appear to be criminal) or an investigation begins. At the point BPD closes a case, MVIPC is then in a position to pursue its administrative investigation. The MVIPC files the Auditor reviewed typically reflected any actions taken by BPD on a case. One of the investigators specifically noted that when doing an administrative investigation after a criminal investigation by BPD, he never had to make any additional contacts with BPD to clarify material in the file.

(b): The policy further states that "the Facility Administrator will assign the investigation to an investigator who has received specialized training in conducting sexual abuse investigations." The Facility Administrator must be notified of any allegation of sexual abuse, and he/she then assigns specially trained investigators to handle the case. The Auditor also reviewed training files to verify that MVIPC investigators had completed the special training for investigators.

(c): Under the standard, administrative investigations must include seven specific provisions ranging from investigatory techniques to documentation and recordkeeping. The MVIPC corporate policy does address all seven of the provisions, although six of them are covered in a directive addressing the requirement for a written report and what the report must address. The records retention policy is a related but a separate provision. Reports of an administrative investigation must "include an effort to determine whether staff actions or failures to act contributed to the abuse; and...must be in a written report format that includes at a minimum a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings." This succinct statement addresses subparts (c)(1) iv, v, and vi of the standard, and other portions of the policy expand on these directives. Subparts (c)(1)i, ii, and iii are addressed in this provision: "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of Sexual Abuse involving the suspected perpetrator." The policy section covering subpart (c)(1) vii is found in this statement: MVIPC must keep the investigative files "for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years." When an investigation is over, "the written results shall be reviewed by the Facility Administrator and promptly forwarded to the Corporate PREA Coordinator for review and approval no later than 60 calendar days after the allegation is reported."

During his review of administrative files, the Auditor noted that each file contained material that met all or substantially all of the required provisions of subpart (c), such as preservation of evidence, witness statements, and review of prior complaints. One requirement of this subpart is for the investigators to try to determine if staff actions or failures to act contributed to the abuse.. The Auditor did note relevant comments in the files addressing this requirement. Generally there was a remark in the investigatory files confirming that no acts or failures to act contributed to the situation, but one file did reflect that some staff failure may have played a role in the situation.

(e): Under GEO corporate policy, the departure of the alleged abuser or victim from the employment or control of the facility or agency will not provide a basis for ending an investigation." The Facility Administrator, the Chief of Security, and the PSA Compliance Manager all told the Auditor that the departure of the alleged abuser or the victim from MVIPC would have no bearing on when an investigation concludes. All investigative files must be placed in a secure location and kept for at least 10 years. The Facility Administrator and the PSA Compliance Manager confirmed that the files are maintained securely for at least 10 years.

(f): Allegations of sexual abuse involving potential criminal behavior or that include such behavior as penetration or touching of certain specified body parts are referred to BPD. When outside agencies investigate, MVIPC staff are expected to be cooperative; they are also expected to remain informed about the progress of the investigation. When the investigation is over, the facility will request a copy of the completed investigative file and then send the file to the GEO Corporate PREA Director for review and closure. The Auditor reviewed the MOU between the BPD and MVIPC that covers the parameters of the role of BPD at the facility.

The investigators are specifically trained on the coordination and sequencing of investigations to ensure criminal investigations by local law enforcement are not compromised by internal investigations. Interviews with the Facility Administrator, two investigators, and the PSA Compliance Manager all support that the facility's practices conform to the standard.

§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:

GEO/MVIPC Corporate Policy 5.1.2-F, Section III.B. states that a facility can "impose no standard higher than a preponderance of the evidence" in determining whether an administrative investigation can have a finding of "substantiated." This policy is in accordance with the standard. Interviews with two of the MVIPC investigators verified that the facility will not impose a standard "higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated." The Auditor also reviewed investigative files and determined the investigator had used the preponderance of the evidence standard in making his determination at the conclusion of the cases.

§115.73 - Reporting to detainees.

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

Notes:

GEO corporate policy 5.1.2-F, III.K., dated 2/14/19, sets out the policy for notifying detainees of the outcome of an investigation. The facility notifies detainees who made allegations of sexual abuse when the outcome of an investigation is determined. During her interview, the PSA Compliance Manager confirmed that she hand-carries the notifications to the detainees who are still at MVIPC. When the detainees have left MVIPC, she sends the notifications to ICE since ICE, rather than MVIPC, may have some knowledge of the detainee's current location. The Auditor's review of documentation included outcome notifications for the audit period; this review verified that the outcome notifications were done in a timely manner. The notifications were a part of the investigative files, as required by the GEO policy. There is also a "Notification of Outcome of Allegation" form on the corporate website at <http://geogroup.com/prea> where a link will open the company's investigation protocols. The Auditor was unable to interview any detainees who had made a PREA allegation during the audit period, because none of the detainees were still housed at MVIPC during the time of the remote interviews; consequently, there was no information from detainees regarding this notification.

§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)(c)(d): GEO/MVIPC Policy 11.1.6, Section II. C. states that "sexual conduct between staff members and detainees, volunteers, or contractors and detainees, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions." As stated in GEO/MVIPC Policy 11.1.6/Section III.B., sexual acts or contact between a detainee and an employee, contractor, or volunteer, even when no objections are raised by either party is "always forbidden and illegal." The GEO Corporate Policy 5.1.2-F/Section III.K. further states that "Staff will be subject to disciplinary or adverse action up to and including removal from their position and the Federal service for substantiated allegations of Sexual Abuse or for violating agency or facility sexual abuse policies, or when there has been a violation of agency Sexual Abuse rules, policies, or standards. Removal from their position and from the Federal services is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in Sexual Abuse, as defined under the definition of Sexual Abuse of a Detainee by an Employee, Contractor, or Volunteer."

(c): Per policy GEO/MVIPC Policy 11.1.6, the facility is required to report "all removals or resignations in lieu of removal for violations of Agency or Facility Sexual Abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal. The Facility Administrator said if such a situation occurred, MVIPC would follow its policy.

(d): Per policy GEO/MVIPC Policy 11.1.6, each facility shall make reasonable efforts to report removals or resignations in lieu of removal for violations of Agency or facility Sexual Abuse policies to any relevant licensing bodies to the extent known." The Facility Administrator said MVIPC would report such situations if they occurred.

A memo from the FOD and the AFOD stated that no staff members at MVIPC have ever had any substantiated allegations of sexual abuse or violated agency or facility sexual abuse policies. Consequently, no licensing body was notified of a staff member violating sexual abuse policies, and no relevant documents were available for the Auditor to review. The policies cited above cover the provisions of the standard.

§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): GEO Corporate Policy 5.1.2-F, Section III. L. covers the provisions of this standard. A memo from the FOD and the AFOD indicated that "No contractors or volunteers at the Mesa Verde ICE Processing Center have ever had any allegations of sexual abuse or [been cited] for violating agency or facility sexual abuse policies. Consequently, no licensing body was notified of a contractor or volunteer violating sexual abuse policies." The policy further states that "the facility shall take appropriate remedial measures and shall consider to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse, but have violated other provisions within these standards."

The Auditor interviewed the PSA Compliance Manager regarding this standard since she is the Volunteer Coordinator as well. She confirmed that there were no PREA-related infractions by either contractors or volunteers during the audit period. Because there were no corrective actions taken against contractors or volunteers during the audit period, there were no relevant documents to review.

§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)(c)(d)(e): GEO Corporate Policy 5.1.2-F, Section III. L. conforms to the standard. All GEO facilities must have a process for disciplinary sanctions. Detainees are subject to disciplinary sanctions only after there has been "a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse. The disciplinary process must include "progressive levels of reviews, appeals, procedure, and documentation procedure[s]." Sanctions, if any, must be commensurate with the severity of the committed prohibited act. Detainees are not subject to disciplinary sanctions for engaging in consensual acts with staff. The policy addressing subpart (e) states, "The facility shall not discipline a Detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact."

There were no instances where a detainee went through the disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse, so there were no files for review. The Auditor did review a number of forms that are utilized in the detainee discipline process, such as the Institution Disciplinary Panel form, Detainee Rights at the Disciplinary Panel Hearing form, Notice of Institution Disciplinary Panel Hearing (IDP) form, Unit Disciplinary Committee Form of Finding and Actions, Investigation Report form, and Incident of Prohibited Acts and Notice of Charges form. All forms were in in English and Spanish.

(d): The disciplinary process must include a consideration of whether a mental illness or mental disability influenced the detainee's behavior, prior to the imposition of any sanctions per GEO Corporate Policy 5.1.2-F. The PSA Compliance Manager said MVIPC would follow this policy, and the decision-makers would give due consideration to the possibility that a mental illness or mental disability might have affected the detainee's actions.

(e): A facility is not permitted to discipline a detainee "for sexual contact with staff unless there is a finding that the staff member did not consent to such contact."

(f): GEO Corporate Policy 5.1.2-F also notes that for the purpose of disciplinary action, "a report of Sexual Abuse made in good faith and based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation."

The Auditor interviewed the Chief of Security and the PSA Compliance Manager about the disciplinary process at MVIPC, for detainees found to have engaged in sexual abuse. They confirmed the process outlined in the above policy. A memo from the FOD and the AFOD stated that "In the past year, no detainees in the Mesa Verde ICE Processing Center have received disciplinary sanctions for having been involved in a sexual abuse allegation."

§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): GEO/MVIPC Policy 11.1.6, Section IV. C. states that if a detainee is determined during intake assessment (1) to have "experienced prior victimization or have perpetrated sexual abuse" or (2) to be "at risk for either sexual victimization or abusiveness," there must be a referral "to a qualified Medical and/or Mental Health practitioner for immediate follow up as appropriate; when a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two (2) working days from the date of the...." If the referral is for mental health services, "the detainee must receive a mental health evaluation no later than 72 hours after the referral." The timeframes set out in the MVIPC policy conform to those in this standard.

The Auditor interviewed the Acting HSA and the PSA Compliance Manager and confirmed that the process for medical and mental health referrals, arising from the intake assessment, followed the provisions of the facility's policy. The Auditor reviewed the "Intake Education Information" form, that each detainee signs acknowledging that he has been provided oral and written information about a variety of topics, including sexual assault prevention and access to the medical department for all health care needs.

The Auditor also reviewed a detention file for a detainee who had an intake assessment on Monday, December 16, 2019. As a part of the assessment, the detainee made known that he had a variety of mental health issues. In conformity with the facility's policy and with the standard, a mental health referral was initiated for the detainee. Apparently, a mental health professional was to see the detainee on December 17, and the notes in the record indicate the mental health professional was at MVIPC on December 17 to see the detainee. However, the mental health clinician's notes indicate the detainee was "offsite" at the time. Based on the record, the clinician's visit was to take place later that day or be rescheduled. The record does reflect that a visit with a mental health clinician took place Sunday, December 22, 2019, which was outside the timeframe set by the standard. When the Auditor was at MVIPC, he discussed this particular instance with the PSA Compliance Manager and the Mental Health Clinician. The detainee was off-site because ICE transported this detainee and several others to the ICE office in Bakersfield for interviews. The detainee therefore missed his appointment and did not see the Mental Health Clinician until he was past the 72-hour window prescribed for a mental health evaluation after an intake referral. The original mental health appointment for this detainee was timely, but his being off-site led to someone's mistakenly scheduling a second appointment for a time outside the 72-hour window. The detainee's second appointment was the first available opening in the clinician's schedule, but the appointment for this detainee should have taken priority over others on the schedule so he could have mental health services within 72 hours of the referral. In order to gain a more comprehensive understanding of how MVIPC addresses mental health referrals at intake, the Auditor reviewed a sampling of five additional detainee files. In every case, mental health referrals made at intake resulted in timely appointments that led to mental health evaluations within the time prescribed by the standard and the facility policy. Additionally, during the Auditor's review of investigatory files, the Auditor found that whenever a mental health referral was noted in an investigatory file, the documentation always showed that mental health services had been provided in a timely manner.

In the Auditor's judgment, MVIPC is substantially compliant with this standard. Of the files reviewed, only one detainee referred for a mental health evaluation did not receive his evaluation in a timely manner, even though his original appointment was within the timeframe set by the standard. The timing of the second appointment appears to represent a mistake.

Recommendation: Whenever a detainee cannot keep a mental health appointment made in conformity with this policy, it is strongly recommended that the requirements of this standard be given priority in scheduling a make-up appointment. The detainee should not be assigned an appointment according to a "next available" protocol if the next available appointment is more than 72 hours after the referral.

§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): GEO/MVIPC Policy 11.1.6, Section IV. N. closely follows the wording of this standard. The Auditor reviewed the medical and investigative files of a male detainee who asserted that he was having some medical issues related to an unreported non-consensual sexual encounter with another male detainee, that had happened several weeks previously. After conducting a medical evaluation of the detainee, the MVIPC medical department arranged for the detainee to go to the emergency room that day. The detainee was given a forensic evaluation, treated for an inflammation, and returned to MVIPC. Although the medical file reviewed by the Auditor did not contain this information, the Auditor reviewed the SAAPI Incident Review Report to verify that the detainee was offered crisis intervention services from the Alliance Against Family Violence and Sexual Assault.

(b): GEO/MVIPC Policy 11.1.6 states that there is to be no "financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The Auditor confirmed this information during his interview with the facility's HSA. The facility policy indicates that access to emergency medical and mental health services will be provided as outlined in the standard, and both the Acting Health Services Administrator and the PSA Compliance Manager verified that the facility operates in accordance with the provisions of the standard.

§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)(d)(e): GEO/MVIPC Policy 11.1.6, Section IV. P addresses this standard. Access to ongoing medical and mental health care for sexual abuse victims and abusers is provided without any cost to the detainee, as verified in a letter from the previous HSA who held the position during the contingency audit phases. There were no detainees interviewed who indicated that they received any type of medical or mental health services outside of the intake procedure; but the facility's policies reflect the practices at MVIPC are consistent with the standard. Although there were no females at MVIPC, at the time of Remote Interview Phase, the facility does receive female detainees, and "victims of sexually abusive vaginal penetration by a male abuser while incarcerated will be offered pregnancy tests. If a pregnancy results from an instance of sexual abuse, the victim will receive timely and comprehensive information about lawful pregnancy-related medical services. Victims will also be offered tests for sexually transmitted infections as medically appropriate.

The Auditor interviewed the Acting HSA about the services offered by Wellpath, the contractor for medical services at the facility. While on-site, the Auditor was able to interview a mental health clinician. The Acting HSA noted that her department has been able to provide both medical and mental health services, required by the detainees, regardless of whether the needs represented a continuation of care begun at another facility, whether the needs were newly-discovered at intake, or whether the needs had arisen while the detainee was at MVIPC. She commented very positively on the information provided by Dignity Health on the specifics needed to continue care for any detainee who had been treated at a Dignity Health hospital. She further remarked on the ease of receiving additional information regarding the care and treatment of detainees who entered MVIPC after being in another facility and then received continued treatment. The documents reviewed by the Auditor consisted of a small sample of clinical notes. Some of the notes related to the care detainees received before coming to MVIPC. Other notes arose from detainee referrals to mental health because of accusations of committing a sexual offense. When the Auditor was on-site, he reviewed eight medical/mental health files. The documentation in these files established that the detainees received appropriate follow-up services after their transfer.

(c): These medical and mental health services offered must be consistent with the community standard of care. The HSA confirmed that the services offered were equal in quality to the services available in the community. The mental health clinician stated that she believed that the services were superior to those provided in the community.

(f): GEO/MVIPC Policy 11.1.6 states that there is to be no "financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." Medical services are to be provided at no costs to the victims, and the victims are not required to name the abusers or cooperate in any way with an investigation.

(g) GEO/MVIPC Policy 11.1.6 provides that the facility will attempt to conduct a mental health evaluation on all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by mental health practitioners. The documents reviewed by the Auditor consisted of a small sample of clinical notes which included detainee referrals to mental health because of accusations of committing a sexual offense. The notes also reflected that a mental health professional saw each of the abusers.

§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)(b)(c): GEO/MVIPC Policy 11.1.6, Section IV. P. states that within 30 days after the completion of every sexual abuse investigation, MVIPC will conduct an incident review of all incidents-- not just those that are substantiated or unsubstantiated. A review team will be comprised of "upper-level management officials, the PSA Compliance Manager, and Medical and Mental Health Practitioners. The Corporate PREA Coordinator may attend either in person or via telephone." A written report (DHS Sexual Abuse or Assault Incident Review form) reflects the review team's findings and is "submitted to the local PSA Compliance Manager and the Corporate PREA Coordinator no later than 10 working days after the completion of the review. MVIPC must implement any recommendations for improvement or document its reasons for not doing so." The review team's reports, which cover findings and recommendations, if any, are also submitted to the ICE FOD or a designee in accordance with MVIPC policy, even though such submission is not required by the standard. Additionally, subpart (a) of the standard requires a copy of the facility's "report and response" to be forwarded to the ICE PSA Coordinator.

The Auditor confirmed the facility's practices outlined in its policies through an interview with the PSA Compliance Manager, and also reviewed all of the incident review reports for the audit period to verify the appropriate composition of the team and the timeliness of the reviews and reports. The Auditor confirmed that the reports reflected that the review teams considered all elements covered in subpart (b) of this standard. The reports the Auditor reviewed did not contain any recommendations for changes in the facility's policies or operations. A memo from the FOD and the AFOD stated that there had never been any recommendations in the incident review reports requiring a change in policies or practices. However, the facility's policy conforms to the standard in requiring a written response for the reasons for not implementing the review team's recommendations.

(c): Additional documents reviewed by the Auditor established that there is an annual review of sexual abuse investigations and incident reviews; these documents also established that the results of the annual reviews are provided to the Facility Administrator, FOD or his or her designee, and the agency PSA Coordinator, as noted in the standard. The Facility Administrator stated, "The results of the incident review reports required no changes in any policy or practice."

§115.87 - Data collection.

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

Notes:

GEO/MVIPC Policy 11.1.6, Section IV. Q. outlines the procedure for data collection. The facility collects and retains data related to sexual abuse as directed by the corporate PREA Coordinator. The data includes records associated with allegations of sexual abuse, including investigative reports, detainee information, case dispositions, medical and counseling evaluation findings, and recommendations for post-release treatment if warranted. The facility's PSA Compliance Manager is responsible for compiling the data collected on sexual abuse incidents. The DHS PREA Incident Tracking Log, a statistical report, is forwarded monthly to the corporate PREA Coordinator. The PSA Compliance Manager creates and updates the PREA survey, which records basic information for every allegation of sexual abuse and sexual activity. She submits these PREA surveys to GEO electronically through what is called its "PREA portal" so that the data from the surveys can be aggregated, and she also submits these surveys whenever an allegation occurs. The retention schedule is 10 years for both the data compilations and the underlying files.

The Auditor interviewed the PSA Compliance Manager regarding the collection of PREA data at MVIPC and reviewed a sampling of the DHS monthly PREA incident tracking logs. The Auditor also reviewed records associated with allegations of sexual abuse, including incident reports, investigative reports, detainee information, case disposition, medical and mental health findings, and recommendations for post-release treatment. During the interviews with two of the facility investigators, the Auditor verified that materials such as the case records of claims of sexual abuse are kept locked in the office of the PSA Compliance Manager. Only the PSA Compliance Manager has access to these hard copy case records. Electronic files are on a protected server.

§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 Auditor had access to, and observed, all areas of the facility.
- (e): During the pre-audit and remote interview phases of the audit, the Auditor was able to review policies, various memos, MOU's, and other documents necessary for making partial or complete assessments about PREA compliance. While on-site he also requested and reviewed additional documents.
- (i): He was also able to conduct remote interviews with selected special staff and with targeted and random detainees. During the on-site part of the audit, he was able to reinterview selected special staff. He also conducted several new interviews, both in person and by telephone, along with interviewing several additional detainees.
- (j): It has already been noted that the notice of the audit was posted, although the Auditor received no detainee or staff 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:	0
Number of standards N/A:	2
Number of standard outcomes not selected (out of 41):	0

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.

Douglas K. Sprent
Auditor's Signature & Date

7/8/2021

(b) (6), (b) (7)(C)
Assistant PREA Program Manager's Signature & Date

7/8/2021

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

7/8/2021

PREA Program Manager's Signature & Date