

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



**Homeland  
Security**

| <b>AUDITOR INFORMATION</b>                          |  |                          |                              |
|---|--|--------------------------|------------------------------|
| <b>Name of Auditor:</b>                             | Kurt Pfisterer   | <b>Organization:</b>     | Creative Corrections, LLC    |
| <b>Email address:</b>                               | (b) (6), (b) (7)(C)                                    | <b>Telephone number:</b> | 518-860- (b) (6), (b) (7)(C) |
| <b>AGENCY INFORMATION</b>                           |  |                          |                              |
| <b>Name of agency:</b>                              | U.S. Immigration and Customs Enforcement (ICE)         |                          |                              |
| <b>FIELD OFFICE INFORMATION</b>                     |  |                          |                              |
| <b>Name of Field Office:</b>                        | San Francisco  |                          |                              |
| <b>Field Office Director:</b>                       | David W. Jennings                                      |                          |                              |
| <b>ERO PREA Field Coordinator:</b>                  | (b) (6), (b) (7)(C)                                    |                          |                              |
| <b>Field Office HQ physical address:</b>            | 630 Sansome Street, San Francisco, California 94111    |                          |                              |
| <b>Mailing address: (if different from above)</b>   | Same   |                          |                              |
| <b>INFORMATION ABOUT THE FACILITY BEING AUDITED</b> |  |                          |                              |
| <b>Basic Information About the Facility</b>         |  |                          |                              |
| <b>Name of facility:</b>                            | Mesa Verde ICE Processing Center                       |                          |                              |
| <b>Physical address:</b>                            | 425 Golden State Avenue, Bakersfield, California 93301 |                          |                              |
| <b>Mailing address: (if different from above)</b>   | Same   |                          |                              |
| <b>Telephone number:</b>                            | 661-859-1028   |                          |                              |
| <b>Facility type:</b>                               | DIGSA  |                          |                              |
| <b>Facility Leadership</b>                          |  |                          |                              |
| <b>Name of Official/Officer in Charge:</b>          | Ronald Murray  | <b>Title:</b>            | Warden                       |
| <b>Email address:</b>                               | (b) (7)(C), (b) (6)                                    | <b>Telephone number:</b> | 661-859- (b) (6), (b) (7)(C) |
| <b>Facility PSA Compliance Manager</b>              |  |                          |                              |
| <b>Name of PSA Compliance Manager:</b>              | Catherine Harvey                                       | <b>Title:</b>            | PSA Compliance Manager       |
| <b>Email address:</b>                               | (b) (6), (b) (7)(C)                                    | <b>Telephone number:</b> | 661-859- (b) (6), (b) (7)(C) |

## AUDIT FINDINGS

### 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. Visiting areas were appropriately furnished and typical of any secure correctional facility. Hearing rooms were appropriately located for privacy and lack of routine interruptions.

Intake processing had an appropriate mix of single and multiple occupancy cells. Sight lines were excellent and cells that had toilets had appropriate sections of the windows frosted to provide privacy for toilet use. Interview stations for intake questioning were appropriately shielded from detainee holding cells and reduced the chance for conversations to be inappropriately overheard by anyone without a need to know. The medical unit was immediately adjacent to the intake area and allowed for ease of access and movement between intake and medical.

The medical unit has medical isolation rooms, examination rooms and private offices. The medical unit is staffed 24 hours a day, seven days per week. There is a total of [REDACTED] staff assigned to the unit, to include the mental health clinicians. Detainees are escorted and supervised by security staff when in the medical unit. Medical isolation rooms may also be used for protective custody segregation if placement in the restrictive housing unit (RHU) is deemed inappropriate based on the status of other detainees in the RHU.

The RHU consists of three single cells and is used for protective custody, administrative segregation, and disciplinary segregation. When the unit is in use, a security staff member provides direct supervision.

The housing units consist of four 100-bed dormitory units with bunkbeds. The dormitories are located on the first and second floors. Minimum security detainees and female detainees are housed separately on the first floor (dorms A and B). Medium and high security detainees are housed in separate units on the second floor (dorms C and D). Sight lines are very good. Each dormitory has two multi-user bathrooms consisting of five showers, five toilets, and seven sinks. Toilets and showers are appropriately partitioned for privacy and safety, as well as to avoid cross-gender viewing. There is only one entrance/exit to each of the bathrooms. The staff podium (work station/post) is located to provide direct supervision of the entrance, as well as sight and sound supervision of the bathrooms. PREA-related postings, including how to access outside support services were posted on all housing units in Spanish and English. The PREA audit notice was also posted in all housing units (as well as the main entrance and visiting areas). Male staff are not assigned to work the female housing unit. Opposite gender staff were observed announcing their presence on the housing units during the tour and throughout the three days of the on-site audit.

The food service area has a large, well-appointed kitchen, adequate for the population being served. Appropriately screened detainees are permitted to work in the kitchen. Predatory sex-offenders and detainees with a history of violence are not permitted to work in food service. Security staff are assigned to the kitchen when detainees are working. The dining hall is a spacious area with adequate tables and seating. The area is large enough for individual dorms to be fed comfortably and be appropriately supervised. There are blinds over the windows to the dining hall that are closed when movement in the hallways would involve opposite gender detainees being seen by the occupants.

Outdoor recreation areas are under direct staff supervision. The large, main yard has an outdoor bathroom that is open to allow for safety and supervision but is shielded from video surveillance and actual observation of bodily functions.

(b) (7)(E)

The facility has a video surveillance system that provides coverage for approximately 95% of the program areas where detainees are permitted.

(b) (7)(E) There are no cameras in the bathrooms on the housing units. Detainees are permitted to change clothes in only the bathroom. There are no camera views anywhere where detainees are permitted to shower, use the toilet, or change clothes. Cross-gender viewing from the surveillance system is not an issue. Average retention time for the system is reported to be (b) (7)(E). Recorded images reviewed by this Auditor were crisp and fluid (no jerky motion from low frame per second recording). (b) (7)(E)

The remainder of the first day on-site was spent interviewing specialized staff and reviewing the on-site documentation of practice. The second day of the on-site audit was spent interviewing detainees and random staff.

Eleven random security staff were interviewed by this Auditor. Interviews were conducted in a private room. Staff interviewed were selected to include both male and female officers. Additionally, interviewees were selected to include staff from all three shifts (10:00PM – 6:30AM, 6:00AM – 2:30PM and 2:00PM – 10:30PM) and all housing units. All staff interviewed acknowledged receiving PREA training as required by the DHS standards. All staff were aware of their obligations under the facility's PREA policy (reporting, accepting reports – verbal, written and third party, and protection from harm and retaliation). All staff could readily articulate their first responder duties. All staff were able to articulate steps they would take to protect a detainee from imminent danger of sexual abuse.

Thirty-one detainees were interviewed by this Auditor (10 female and 21 male). Interviews were conducted in a private room without video surveillance. Detainees selected for an interview were chosen to include representatives from all four housing units and as culturally diverse a sampling as possible given the time constraints of the audit process. The countries of origin included Cameroon, Taiwan, Portugal, Mexico, India, South Korea, El Salvador, Sudan, Jamaica, Cuba, Armenia, Fiji, Philippines, Nigeria, Pakistan and Uzbekistan. Interpretive services were used for Spanish and Pashtu. All detainees stated they were aware of their right to be free from sexual abuse while in detention. All knew how to report allegations if they needed to. All detainees acknowledged going through the intake process and being searched by a staff member of the same

gender. All detainees acknowledged being aware when staff of the opposite gender were on the housing unit and that they had a reasonable degree of privacy when changing clothes, showering, and using the toilet. All acknowledged being screened upon admission and seeing medical staff on the date of admission. All but one felt that their medical needs were being appropriately addressed. All but two detainees stated they felt safe at the facility (over half stated this facility was the safest one they had ever been in because staff cared about their safety). The two detainees who stated they did not feel safe, could not offer any concrete reason for feeling unsafe other than not understanding Spanish (primary language spoken by approximately 75% of the population).

There were two detainees on-site who had made an allegation of sexual abuse that occurred at Mesa Verde. Both were interviewed. The first alleged a medical doctor grabbed her by the breasts. A review of the records for this incident documented the doctor was also female and there was a signed consent in the medical record to conduct a breast examination. The medical record also documented an extensive history of mental illness and ongoing treatment for this detainee.

The second detainee victim was interviewed via interpreter. He stated he waited several months (until his alleged abuser was gone from the facility) to report the incident. He stated the facility responded immediately to his verbal report. He was immediately taken to medical (even though the incident was several months ago and the allegation did not involve any penetration) as well as being seen by his licensed social worker. He stated he was interviewed by a Spanish-speaking staff as well as a "policeman." The investigation file was reviewed and documented a thorough administrative investigation and referral to outside law enforcement. No forensic examination was conducted due to the nature of the allegation and no recorded video was available due to the length of time between the incident and when it was reported. The victim acknowledged he was referred to the outside crisis counseling service but preferred to work with his facility social worker. This Auditor met with the social worker and she confirmed the detainee is receiving on-going services for this incident and the prior childhood abuse this incident brought to the surface.

The facility reported five allegations of sexual abuse during this audit period: of the five, three were alleged to have occurred at Mesa Verde. All three were referred to local law enforcement and an administrative investigation was initiated. Two of three incident investigations have been completed and were deemed unsubstantiated. Both files were reviewed by this Auditor and this Auditor concurs with the decisions. The third incident is still under investigation. The Public Information Officer confirmed the incidents were referred for investigation.

## 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.

On day three, an exit meeting was held with staff from the MVIPC and ICE. The meeting was held in the Warden's office on the afternoon of December 14, 2017. The following persons were in attendance:

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

Management and Program Analyst - Office of Professional Responsibility/External Review and Analysis Unit  
Assistant Field Office Director - ICE  
Senior Manager - GEO Group, Inc.

Ronald Murray

Warden - GEO, Mesa Verde Immigration Processing Center (IPC)

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

Human Resources Manager - GEO, Mesa Verde IPC

Health Services Administrator - GEO, Verde IPC

Chief of Security - GEO, Mesa Verde IPC

Training Administrator - GEO, Mesa Verde IPC

Fire and Safety Manager - GEO, Mesa Verde IPC

Programs Manager - GEO, Mesa Verde IPC

Catherine Harvey

Information Services Manager - GEO, Mesa Verde IPC

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

The following is a summary of the information shared with the above listed staff at the exit meeting:

There were no issues related to compliance discovered during the tour. Sight lines are very good on all housing units. The assigned staff posts in the housing units help maximize supervision of the bathrooms. The video surveillance system is adequate for the current usage. (b) (7)(E)

There were no issues with the staff interviews, both random and specialized. All staff have been properly trained to the extent necessary for their roles. The interview with the investigator was especially memorable, as this person was a highly skilled investigator with excellent insight into the dynamics of custodial investigations. All of the specialized staff interviews were excellent. Staff's knowledge about their duties and PREA was impressive. All staff this Auditor spoke with were highly professional, well-versed in their jobs and would be an asset at any facility where they worked.

There were no issues related to compliance resulting from detainee interviews. The detainees interviewed clearly understood what PREA is and what the facility and staff were doing to protect them. All information gleaned from the interviews supported full compliance.

There is a total of 41 DHS PREA standards for Subpart A facilities: of the 41 standards, two were deemed not applicable (115.14 - Juveniles and Family Detainees and 115.18 - Upgrades to Facilities and Technologies). There are no juveniles or families housed at the facility and there have been no renovations or upgrades to the facility since it opened in 2015. Additionally, of the remaining 39 standards, 37 were found to

meet standards and two (115.53 and 115.54) were found to exceed standards. Third-party reporting (115.54) exceeds the standard as there are multiple methods for third-party reporting to more than one outside entity. The access to community services for victims of sexual abuse (115.53) is outstanding. The agency the facility has a Memorandum of Understanding (MOU) with is on-site at the facility on a regular basis. They not only provide services for victims as required by the standards but provide preventive and educational services to help detainees avoid sexual abuse and domestic violence upon return to their home communities. This Auditor has never seen such an all-encompassing program in the 100-plus PREA audits he has conducted.

**SUMMARY OF AUDIT FINDINGS**

|                                      |    |
|--------------------------------------|----|
| <b>Number of standards exceeded:</b> | 2  |
| <b>Number of standards met:</b>      | 37 |
| <b>Number of standards not met:</b>  | 0  |
| <b>Number of standards N/A:</b>      | 2  |

## 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:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities", clearly delineates the facility's zero tolerance policy and contains an approval signature from ICE. The policy outlines the facility's approach to preventing, detecting, and responding to sexual abuse. The policy clearly delineates the role of Prevention of Sexual Abuse (PSA) Compliance Manager and designates this person as the facility point of contact for the agency PSA Coordinator. The PSA Compliance Manager reports that she has sufficient time to perform her assigned duties. Interviews with the PSA Compliance Manager and all other staff interviews confirm that the facility has a PSA Compliance Manager and that all staff are aware of this role and the duties performed by the assigned person. Interviews with the Warden, PSA Compliance Manager, and the ICE Assistant Field Office Director all fully support full compliance with this standard. Based upon all of the above, this standard is deemed to be in full compliance.

### **§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:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities", meets the requirements of each element of this standard. There is sufficient supervision of detainees maintained through appropriate staffing levels and video monitoring to protect detainees against sexual abuse. Comprehensive detainee supervision guidelines have been developed and documented to determine and meet the facility's detainee supervision needs. Detailed post orders (comprehensive detainee supervision guidelines) are provided for all staffing posts (inside and outside the facility). These post orders are not due for review until June 2018. The annual review of the staffing and supervision plan was reviewed by this Auditor and contains all the elements required for full compliance with this standard. Frequent unannounced security inspections are conducted to identify and deter sexual abuse of detainees. Staff are prohibited by policy from alerting others that these security inspections are occurring. Interviews with the Sergeant and officers confirm unannounced rounds occur daily and on all shifts. Officer rounds are documented in the housing unit log book (observed by Auditor). Management rounds are documented on a form created for this specific purpose (copies of these forms were reviewed by this Auditor). Interviews with Warden, PSA and Chief of Security fully support compliance with this standard. Observations, throughout the three days of this audit, confirmed compliance with the staffing and supervision plan. There were no substantiated allegations during this audit period. None of the unsubstantiated investigations reviewed by this Auditor had any recommendations regarding changes to the staffing and supervision plan. Based upon all of the above, this standard is deemed to be in full compliance.

### **§115.14 – Juvenile and family detainees.**

**Outcome:** Not Applicable (provide explanation in notes)

**Notes:**

The facility does not house juvenile or family detainees.

### **§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:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" meets the requirements of each element of this standard. Cross-gender searches, strip searches, and body cavity searches are not conducted at this facility. All searches are performed and documented in a log specific to this purpose. The policy prohibits detainees from being searched for the sole purpose of determining genital characteristics. Security staff are trained in the proper procedures for conducting pat-down searches, including pat-down searches by staff of the opposite gender, and searches of transgender and intersex detainees in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and agency policy, including consideration of officer safety. There were no transgender or intersex detainees at the facility at the time of the on-site audit. None of the staff interviewed had ever conducted a strip search at MVIPC, let alone one for the purpose of determining a detainee's genital status. Training curriculum for the conducting of cross gender and transgender/intersex searches of detainees was reviewed by this Auditor and met the requirements of this standard. Documentation of staff training was provided and documented compliance with this standard. All officers interviewed acknowledged they had received training on conducting such searches. The facility reports it has not conducted any cross gender searches or searches of intersex or transgender

detainees. Detainees are able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. Changing clothes is permitted only in bathroom stalls which are out of view of staff and video surveillance. All but one detainee interviewed reported that they had a reasonable degree of privacy when changing clothes, showering and using the toilet. Opposite gender staff announce their presence when entering housing units. This practice was observed throughout the on-site audit and confirmed by detainee and staff interviews. Based upon all of the above, this standard is deemed to be in full compliance.

**§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:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" meets the requirements of each element of this standard. The facility has taken reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse for detainees who are limited in their ability to speak or understand English, deaf or hard of hearing, blind or visually impaired and those with intellectual deficits. The facility provided the entire education program in audio format for the blind and visually impaired and in written format for the deaf and deemed that was sufficient to meet the requirements of this particular standard. There were no deaf or blind detainees to interview to determine the effectiveness of presentation. The facility's PREA education program is an audio/visual presentation that is continually played in English and Spanish. Written materials are provided in English and Spanish and are available in 17 other languages, if needed. Translation and interpretation services are available for detainees with other language needs. Case managers and clinicians are available for detainees with intellectual deficits. All detainees interviewed were aware of their rights under the program. Detainees interviewed were from Cameroon, Taiwan, Portugal, Mexico, India, South Korea, El Salvador, Sudan, Jamaica, Cuba, Armenia, Fiji, Philippines, Nigeria, Pakistan and Uzbekistan. Language Services Associates provided interpretation for Spanish and Pashtu. There were no hearing or visually impaired detainees in the facility at the time of the on-site audit. Interviews with the Warden and PSA Compliance Manager confirmed every effort is made to provide detainees with meaningful access to all aspects of the facility's prevention, detection and response to the sexual abuse prevention program. Based upon all of the above, this standard is deemed to be in full compliance.

**§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:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" meets the requirements of each element of this standard. The policy requires the facility to refrain from hiring, promoting, or enlisting the services of any employee, contractor or volunteer who may have contact with detainees who has engaged or attempted to engage in any of the prohibited acts described in this standard. Written applications and interview protocols require applicants to answer questions specific to this standard. Material omissions regarding misconduct, or the provision of materially false information, are considered to be grounds for termination or withdrawal of an offer of employment, as appropriate. Staff are also under a continuing affirmative duty to disclose any such misconduct throughout the duration of their employment. Background investigations are conducted to determine whether the candidate for hire is suitable for employment and includes a criminal background records check. Detailed records of these background investigations are maintained and available to the agency upon request. Updated background investigations are conducted every five years for those facility staff who may have contact with detainees. Documentation of employee and contractor background checks was provided on-site. Volunteers go through a similar process and are always under supervision when in contact with detainees. Interview with Human Resources Manager confirmed the process for employees and contractors. Interview with Programs Manager confirmed process for the volunteers. Interview with Human Resources Manager confirmed that information regarding references for former employees is handled through an outside contractor. Based upon all of the above, this standard is deemed to be in full compliance.

**§115.18 – Upgrades to facilities and technologies.**

**Outcome:** Not Applicable (provide explanation in notes)

**Notes:**

The facility opened in 2015. There have been no renovations or upgrades since the opening.

**§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:**

The evidence protocol is contained in Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities". This policy was approved by ICE. The facility follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Forensic examinations of sexual abuse/assault victims would be conducted at Dignity Health. The facility does not house juveniles and therefore no determination was made regarding its developmental appropriateness for juveniles. Allegations that rise to the level of criminal behavior would be referred to the Bakersfield Police Department. The uniform evidence protocol takes into consideration how best to utilize available community resources and services to address the victims' needs. The facility has established procedures to make outside victim services available, including victim advocacy services, following incidents of sexual abuse. The facility has a memorandum of understanding with a local rape crisis/victim's services program (The Alliance Against Domestic Violence and Sexual Abuse). This program is on-site at the facility several days a week and conducts classes and holds meetings with detainees so that they are a familiar face to the detainees in the event their services are needed. Policy and Procedure 11.1.6.A - MVIPC states that all services shall be provided at no financial cost to the victim. The two completed sexual abuse investigations were reviewed. None of the allegations would have necessitated a forensic examination and therefore, there was no documentation of practice to review. Interview with the Health Services Administrator confirmed services of a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) would be provided free of charge to the victim by Dignity Health. Policy and Procedure 11.1.6.A – MVIPC requires the Bakersfield Police Department be contacted for allegations that rise to the level of criminal behavior. Documentation of those contacts is on file. Based upon all of the above, this standard is deemed to be in full compliance.

**§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:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" meets the requirements of each element of this standard. There is a protocol in place to ensure that each allegation of sexual abuse, administrative and criminal, is investigated by the agency or the facility, and referred to local law enforcement. The protocol includes a description of the responsibilities of ICE Headquarters, the facility, and other investigative entities. Interviews with Warden, PSA Compliance Manager and investigator confirm compliance with this standard. Email contact with Bakersfield Police Department confirmed they have investigated allegations. The two completed investigations from this audit period were reviewed by this Auditor. Appropriate documentation of all actions and referrals are maintained in the files. The facility opened in 2015. Investigation reports dating back to 2015 were on file in the PSA Compliance Manger's office in a locked file cabinet. The facility had one allegation involving a staff member fitting this standard. Documentation of appropriate notifications, as required by this standard (Joint Intake Center, ICE Office of Professional responsibility, DHS Office of the Inspector General and the appropriate ICE Field Office Director), were reviewed by this Auditor and demonstrated compliance with this standard. Facility/GEO protocols regarding this standard are available at: <http://geogroup.com/prea>. Based upon all of the above, this standard is deemed to be in full compliance.

**§115.31 – Staff training.**

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

**Notes:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" meets the requirements of each element of this standard. The training curriculum was reviewed in detail and was deemed to meet the requirements of each element of this standard. All staff interviewed acknowledged having received the PREA training. All acknowledged that the training covered the topics required by the standard. The training supervisor maintains documentation of all training staff have completed. Training records provided to this Auditor support full compliance for this standard. The facility did not open until mid-2015. Documentation of staff training once opened was provided to this Auditor as well as refresher training as appropriate to their length of employment at Mesa Verde. Review of on-site records confirm staff signatures for completion of training. Based upon all of the above this standard is deemed to be in full compliance.

### §115.32 – Other training.

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

**Notes:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" meets the requirements of this standard. All volunteers and contractors having contact with detainees are trained on their responsibilities under the agency's and the facility's sexual abuse prevention, detection, intervention and response policies and procedures. Contractors and volunteers receive the same training as staff which includes notification of the agency's zero-tolerance policy and how to report any such incidents. Documentation of all volunteers and contractors completing the training was provided to this Auditor. Signed acknowledgements from contractors and volunteers were provided to this Auditor which satisfied the requirements of this standard. Interview with training supervisor confirmed and supported all of the above. An interview with a volunteer confirmed she received appropriate training. Based on all the above this standard is deemed to be in full compliance.

### §115.33 – Detainee education.

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

**Notes:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" meets the requirements of each element of this standard. During the intake process the detainee orientation program notifies and informs detainees of each element of this standard. Detainees receive a DHS/ICE handbook, GEO handbook and pamphlet from ICE on sexual abuse and assault awareness. These materials are available in English and Spanish. PREA education video was observed be played in the intake holding cells and the dining room on a continuous loop. The detainee education program provided at intake is an audio/visual presentation in English and Spanish. The audio/visual education program meets the requirements of this standard for 90% of the detainees. The facility provided the entire education program in audio format for the blind and visually impaired and in written format for the deaf and deemed that was sufficient to meet the requirements of this particular standard. There were no deaf or blind detainees to interview to determine the effectiveness of presentation. The facility's PREA education program is an audio/visual presentation that is continually played in English and Spanish. Written materials are provided in English and Spanish and are available in 17 other languages, if needed. Translation and interpretation services are available for detainees with other language needs. Detainees with significant learning deficits are assigned a clinical staff to address their needs. All detainees were aware of the video playing in the dining room. Some (less than 25%) did not remember seeing the video in the intake holding cells, but all reported having received written materials upon intake. The number of detainees not recalling seeing/hearing the video during intake is **NOT** deemed a sign of non-compliance by this Auditor as all received written materials at intake, have seen the video played on continuous loop in the dining room and were aware of their rights under the facility's PREA program. Additionally, many of the detainees interviewed had been at the facility for nearly a year. The required postings (zero tolerance posters, information on reporting sexual abuse with telephone numbers, information on rape crisis services, counseling services and victim advocacy services) were observed on all housing units and other common areas throughout the facility. Detainee interviews confirm the postings have been in place for a significant period of time. Intake staff interviewed stated the DHS pamphlet, "Sexual Assault Awareness Information" is given to each detainee during the intake process. The pamphlet is also posted throughout the facility and on all housing units. Signed receipts from detainees receiving the handbook were reviewed and found to be in full compliance with this standard. Based upon all of the above, this standard is deemed to be in full compliance.

### §115.34 – Specialized training: Investigations.

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

**Notes:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" meets the requirements of this standard. Specialized training on sexual abuse and effective cross-agency coordination is provided to investigators who conduct investigations into allegations of sexual abuse at the facility. All GEO investigations into alleged sexual abuse are conducted by qualified investigators. The training curriculum utilized by GEO is the PREA Resource Center Curriculum. This Auditor reviewed two of three investigation files for allegations occurring during this audit period. Both were clearly written by qualified investigators. Training supervisor confirmed that the specialized training for investigators was conducted separately from other PREA trainings. The investigator interviewed confirmed she had received specialized training and through her answers, demonstrated a clear understanding of inter-agency coordination. Training certificates for all three GEO employee investigators at Mesa Verde were reviewed. Based upon all of the above, this standard is deemed to be in full compliance.



**§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:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" meets the requirements of this standard. This policy bears an approval signature from ICE. While the facility provides specialized training to its medical and mental health care staff, none of them are DHS or agency employees. Additionally, facility staff do not provide care for victims of sexual abuse occurring at the facility unless life-saving care is needed. The protocol is to transport to Dignity Health. This was confirmed via interview with the Health Services Administrator. Based upon all of the above, this standard is deemed to be in full compliance.

**§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:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" meets the requirements of this standard. All detainees are assessed at intake to identify those likely to be sexual aggressors or sexual abuse victims. Detainees are housed to prevent sexual abuse, taking necessary steps to mitigate any dangers identified in the assessment. All intakes are kept separate from the general population until they are classified and may be housed accordingly. The classification process and initial housing assignment are required by policy to be completed within 12 hours of admission to the facility. The facility uses three separate standardized risk assessment tools, which cover all areas of this standard, to complete the risk assessment. The assessment tools clearly address all the factors required by this standard. All detainees interviewed reported going through the intake process upon arrival at the facility. The intake processing area has single and multiple occupancy holding cells separate from the rest of the population. The facility's classification and housing system support full compliance with this standard. Additionally, within the housing unit, officers will place detainees who are vulnerable to being victimized, closest to the staff post. All intake staff interviewed stated intake processing, including being seen by medical, takes less than 12 hours. There were no transgender or intersex detainees at the facility to interview. All but one detainee stated they were assigned to a housing unit in less than 12 hours. The completed assessment tool results are put into a matrix which categorizes the detainees as vulnerable to victimization or high risk for victimizing others and are kept on separate housing units. Interviews with vulnerable detainees confirmed that their own concerns about their safety were taken into consideration. Interviews with case manager and PSA Compliance Manager support full compliance with this standard. Interviews with vulnerable detainees at the facility for over 60 days also support full compliance. The risk assessment matrix lists date of admission and date of last reassessment, which also supports full compliance with this standard. None of the staff interviewed (PSA Compliance Manager, intake staff, Chief of Security, Case Manager or officers) could recall any instance where a detainee was disciplined for refusing to answer the questions referenced above. None of the detainees interviewed (which included gay, prior victims of sexual abuse, and high risk for victimizing others) reported ever having been disciplined or threatened with discipline over answering the above referenced questions. Interviews with PSA Compliance Manager, Case Manager and intake staff all support that this information is restricted to a need to know basis. Based upon all of the above, this standard is deemed to be in full compliance.

**§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:**

Policy and Procedure 11.1.6.A – MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" meets the requirements of this standard. Information from the risk assessment is used to inform each detainee's housing, recreation, other activities, and voluntary work assignments. All factors required by this standard are taken into consideration when making housing decisions. Each decision is made individually based on the risk assessment factors noted for the individual detainee. Interviews with PSA Compliance Manager, Case Manager and intake staff all support that this information is used to make appropriate decisions regarding housing, work, recreation, and access to volunteers and other outside providers. Detainees deemed high risk of victimizing others are not permitted to work in the food service department. Housing units are clearly set up to keep vulnerable detainees from high risk detainees. There were no transgender or intersex detainees at the facility during the on-site audit. The facility reported having one transgender detainee go through intake in the past 12 months. Due to safety concerns and the detainee's own concerns regarding their safety, the detainee was housed in the medical unit for 48 hours until a transfer to a suitable facility could be arranged. Health Services Administrator, PSA Compliance Manager and case worker confirmed that the policy was followed in this instance. The one transgender detainee previously housed at the facility remained in the medical unit until transferred to another facility. The shower in the medical unit is for individual use. Based upon all of the above, this standard is deemed to be in full compliance.

### §115.43 – Protective custody.

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

**Notes:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" meets the requirements of each element of this standard. The facility has written procedures governing the management of the facility's administrative segregation unit that were developed in consultation with ICE. The policy bears an approval signature from ICE. The facility reported that no detainees were held in administrative segregation on the basis of vulnerability to sexual violence. This was confirmed by the Warden and Chief of Security. There were no detainees housed in protective custody due to vulnerability of sexual violence and therefore no documentation of practice to review for compliance. Policy and Procedure 11.1.6.A has written procedures for the regular review of all vulnerable detainees placed in administrative segregation for their protection, as required by this standard. Per the same policy, detainees would have access to programs, visitation, counseling and other services. Lastly, the policy requires that the appropriate ICE Field Office Director be notified no later than 72 hours after initial placement in protective custody. Based upon all of the above, this standard is deemed to be in full compliance.

### §115.51 – Detainee reporting.

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

**Notes:**

Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" meets the requirements of each element of this standard. The facility has policies and procedures to ensure that detainees have multiple ways to privately report sexual abuse, retaliation for reporting sexual abuse, and staff neglect or violation of responsibilities that may have contributed to such incidents. These include instructions on how detainees may contact their consular official, the DHS Office of the Inspector General or, as appropriate, another designated office, to confidentially and, if desired, anonymously report these incidents. This also includes instructions on how to contact outside entities not a part of the facility or agency. Policy and This policy requires staff to accept verbal, written, anonymous and third-party reports. All detainees interviewed were aware of multiple methods of reporting sexual abuse and their ability make anonymous reports to outside entities. Interviews with the PSA Compliance Manager, random officers and supervisors confirmed they would accept reports whether they were verbal, in writing, anonymous or third-party. Interview with staff from the Alliance Against Domestic Violence and Sexual Abuse confirmed the ability of detainees to anonymously report to an outside entity as required by this standard as well as the Alliance's ability to immediately forward reports to agency officials. Of the three reported allegations of sexual abuse all three were verbal reports. The investigation files for two of these allegations were reviewed and documentation by staff of the verbal report was present. There were no third-party or anonymous reports made during this audit period and therefore no documentation of practice for review. All staff interviewed stated that they would have to write a report documenting the allegation and their actions regardless of how it was received. Based upon all of the above this standard is deemed to be in full compliance.

### §115.52 – Grievances.

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

**Notes:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" addresses all the requirements of this standard. Detainees are permitted to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. There is no time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse. The facility has written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. Medical emergencies are brought to the immediate attention of proper medical personnel for further assessment. Detainees may obtain assistance to prepare a grievance from another detainee, the housing officer or other facility staff, family members, or legal representatives and staff shall take reasonable steps to expedite requests for assistance. Information on filing a grievance is found in the GEO detainee handbook. The facility grievance policy fully complies with this standard. Interviews with the grievance coordinator, PSA Compliance Manager, Chief of Security, and Warden all confirm any grievance received alleging sexual abuse would automatically trigger the facility's coordinated response plan. The facility's grievance procedures clearly outline a rapid response to any grievance involving an immediate threat to detainee health, safety or welfare related to sexual abuse. Per the policy, the facility must respond to the initial grievance within five days and respond to any appeal within 30 days. Interview with the grievance coordinator reports that no such grievances were filed during this audit period. The facility reported no grievances related to sexual abuse were received during this audit period. Therefore, there was no documentation of practice for review. No detainees filed such a grievance and therefore no detainee interviews were conducted related to this standard. Based upon all of the above, this standard is deemed to be in full compliance.

**§115.53 – Detainee access to outside confidential support services.**

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

**Notes:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" addresses the requirements of this standard. The facility makes excellent use of available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators to most appropriately address victims' needs. The facility has a signed, and current, MOU with the California Coalition Against Sexual Assault and the Alliance Against Family Violence and Sexual Assault. The one sexual abuse victim at the facility during the on-site portion of this audit was interviewed. He acknowledged that the services from the Alliance were offered to him, but he preferred to work with the facility's Licensed Social Worker. Interview with the Social Worker confirmed she continues to provide ongoing services to the victim. Interview with PSA Compliance Manager indicated that staff from the Alliance are on-site at the facility on a regular basis. They provide educational programs and counseling in addition to crisis/rape counseling and victim advocacy services. Detainees receive a brochure from the Alliance upon intake. The same brochure is posted on all housing units and other prominent locations throughout the facility. All detainees interviewed were aware of the Alliance and how to contact them if needed. Many were participating in Alliance activities. The facility reports that there were no allegations of sexual abuse reported or investigated as a result of monitoring communications with outside support services. There do not appear to be any applicable mandatory reporting laws related to this facility's population (non-vulnerable adults). All of the detainees interviewed were aware that confidential communications may be monitored. Based upon all of the above, this standard is deemed to be in full compliance and substantially exceeds the requirements of the standard.

**§115.54 – Third-party reporting**

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

**Notes:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" meets the requirements of this standard. The facility has established a method to receive third-party reports of detainee sexual abuse and made it available to the public. The ICE website (<https://ice.gov/prea>) and GEO website (<http://geogroup.com/prea>) contain information on third-party reporting. Information is prominently posted in all areas accessible to the public (main entrance, lobby, visiting area). Reporting information on the GEO website is accurate and functional. The facility reports that it has received no third-party reports during this audit period. Based upon all of the above, this standard is deemed to be in full compliance and exceeds the requirements for third-party reporting.

**§115.61 – Staff reporting duties.**

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

**Notes:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" meets the requirements of this standard. Staff are required to report immediately and according to agency policy, any knowledge, suspicion, or information regarding any incident of sexual abuse that occurred in a facility; retaliation against detainees or staff who reported or participated in an investigation about such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The policy has an approval signature from ICE. All three allegations of sexual abuse were properly reported by staff and investigated. Interviews with PSA Compliance Manager and random staff confirmed their awareness of the policy and their duties to report as required by this standard. All staff interviewed were aware of their obligation to report all allegations of sexual abuse as well as the requirement they document the information in an official written report. The facility does not house vulnerable adults as defined by California statutes. All staff interviewed were aware of the need to maintain strict confidentiality over information regarding allegations of sexual abuse. Based upon all of the above, this standard is deemed to be in full compliance.

**§115.62 – Protection duties.**

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

**Notes:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" meets the requirements of this standard. When staff has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, he or she shall take immediate action to protect the detainee. Facility staff reported they had not received any reports from third parties, anonymously, through a grievance, or by direct report, of a detainee being in substantial risk of harm from sexual abuse. None of the staff interviewed were aware of such an instance during this audit period and were able to articulate measures they would take to protect a detainee should they become aware of a substantial risk of harm from sexual abuse. Staff indicated these measures included maintaining direct visual supervision of the detainee, calling for a supervisor, isolating the detainee from others and calling for immediate transport to the medical unit. Based upon all of the above, this standard is deemed to be in full compliance.

**§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:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" addresses the requirements of this standard. Upon receiving an allegation that a detainee was sexually abused while confined at another facility, the facility will notify the appropriate office of the agency or the administrator of the facility where the alleged abuse occurred. Notification will be as soon as possible, but no later than 72 hours after learning of the allegation. Such notification will be documented. If the facility receives notification from another facility pursuant to this standard, it will notify the ICE Field Office and refer the allegation for investigation. The Warden and PSA Compliance Manager reported the facility had received an allegation of sexual abuse, from a detainee during the intake process, which occurred at another facility. Documentation of this incident having been reported within 72 hours was provided for this Auditor's review. Warden and PSA Compliance Manager report the facility has not received a sexual abuse report from another facility during this audit period. Based upon all of the above this standard is deemed to be in full compliance.

**§115.64 – Responder duties.**

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

**Notes:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" addresses all the elements required by this standard. All staff carry the protocols for first responders in their ID card holder. This Auditor reviewed the information and it covers their duties in detail. All staff interviewed were aware of their first responder duties. None of the sexual abuse allegations reported during this audit period would have necessitated staff to perform first responder duties, however in all three instances the detainee was immediately transported to the medical unit. There were no allegations of sexual abuse reported during this audit period that would have necessitated a non-security staff to perform first responder duties. Interviews with non-security staff confirmed they carry their first responder duties in their ID card holder for easy access should they need them. Based upon all of the above, this standard is deemed to be in full compliance.

**§115.65 – Coordinated response.**

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

**Notes:**

The facility has a written institutional plan (DHS SAAPI Coordinated Response Plan) to coordinate actions to be taken by first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The facility provided this Auditor with a copy of its coordinated response. It is detailed and specific as to each department's actions in response to an incident of sexual abuse. The plan calls for the facility to use a coordinated, multidisciplinary team approach to responding to sexual abuse. The facility's coordinated response plan was reviewed by this Auditor. The plan clearly takes a multidisciplinary approach to responding to sexual abuse. The facility has a response plan checklist to document the implementation of the plan in response to a report of sexual abuse. The checklist requires date and time entries for the completion of each task. Completed forms are maintained in the investigation file. All three checklists were present for the allegations reported during this audit period. The facility reports that no detainee victims of sexual abuse were transferred during this audit period and therefore no documentation of practice related to transfers of detainee victims was available for review. Based upon all of the above, this standard is deemed to be in full compliance.

**§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:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" addresses the requirements of this standard. Staff, contractors, or volunteers suspected of perpetrating sexual abuse are removed from all duties requiring detainee contact pending the outcome of an investigation. There was one sexual abuse report alleging a staff member as the abuser. Documentation of the staff member being placed on no-contact status was provided. Based upon all of the above, this standard is deemed to be in full compliance.

### **§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:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" addresses the requirements of this standard. Staff, contractors, volunteers, and detainees are prohibited by policy from retaliating against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or participates in sexual activity as a result of force, coercion, threats, or fear of force. Per the policy, monitoring is for a minimum of 90 days. The facility employs multiple protection measures (i.e. housing changes, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or for cooperating with investigations). The facility reports there were no grievances related to retaliation against staff or detainees during this audit period. The Warden and PSA Compliance Manager report there is a system in place to monitor for retaliation and document any actions taken in response. The one victim of sexual abuse interviewed by this Auditor reported he had not experienced any retaliation and that he has regularly been asked if any has occurred. The Warden and PSA Compliance Manager reported that monitoring for retaliation is documented on a standardized form. This form was reviewed by this Auditor and meets all the requirements of this standard. It requires weekly monitoring. Documentation of monitoring for the one detainee victim still at the facility was provided. Based upon all of the above, this standard is deemed to be in full compliance.

### **§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:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" addresses all the elements required by this standard. The facility reports no detainees were placed in protective custody as related to this standard. The PSA Compliance Manager confirmed this. The policy requires that detainee victims are not 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 of sexual abuse will not be returned to general population until a proper reassessment has been completed. The facility reported no detainee victims of sexual abuse were placed in administrative segregation during this audit period. The PSA Compliance Manager and security staff confirmed there have been no victims of sexual abuse housed in the restrictive housing unit. There were no detainee victims of sexual abuse in segregated housing. There have been no detainee victims held in protective custody and therefore, no documentation of practice is available to review for compliance. In the event a detainee was placed in post-allegation protective custody; the appropriate ICE Field Office Director would be notified. The Warden and PSA Compliance Manager indicated the policy would be followed should such an event occur. Based upon all of the above, this standard is deemed to be in full compliance.

### **§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:**

GEO Corporate Policy and Procedure Manual 5.1.2-F, "Investigating Allegations of Sexual Abuse and Assault and Evidence Collection in Immigration Detention Facilities" addresses fully the requirements of this standard. The facility conducts administrative investigations (using GEO employee investigators) of allegations of sexual abuse. The only investigation reports reviewed by this auditor were completed by GEO employees. Criminal investigations are handled by the Bakersfield Police Department. A review of both the completed administrative investigations during this audit period, demonstrated a prompt, thorough, and objective investigation was completed by a specially trained and qualified investigator. The quality and thoroughness of the investigation reports were outstanding. Investigation files clearly document an administrative investigation was conducted after the criminal investigation was completed. Both files appropriately document the necessary consultations being conducted. Written reports of investigations conducted during this audit period clearly document all steps taken during the investigative process. These steps meet all the requirements of this standard. Reports are retained, by policy, for at least 10 years. 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 Warden, PSA Compliance Manager (also a trained investigator) and investigator (Sergeant) all support full compliance with this standard. The one ongoing investigation remains open even though the staff member resigned his position. This clearly demonstrates compliance with this section of the standard. Documentation of cooperation and efforts to remain informed about the investigation are part of the investigation file maintained by the facility. Interviews with the Warden, PSA Compliance Manager and investigator all support full compliance with this standard. Based upon all of the above, this standard is deemed to be in full compliance.

**§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 Corporate Policy and Procedure Manual 5.1.2-F, "Investigating Allegations of Sexual Abuse and Assault and Evidence Collection in Immigration Detention Facilities" addresses fully the requirements of this standard. A preponderance of the evidence is the standard for substantiating an allegation in an administrative investigation. The investigator interviewed confirmed that is the evidentiary standard she was trained to use. A review of investigation files determined a preponderance of the evidence is the standard being used. Based upon all of the above this standard is deemed to be in full compliance.

**§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 and Procedure Manual 5.1.2-F, "Investigating Allegations of Sexual Abuse and Assault and Evidence Collection in Immigration Detention Facilities" addresses fully the requirements of this standard. The facility will notify detainees who made an allegation of sexual abuse about the outcome of the investigation if they are still in custody or where it is otherwise feasible. The one detainee interviewed who reported sexual abuse stated he was advised of the outcome of the investigation. Written documentation of this notification is in the investigation file. Based upon all of the above this standard is deemed to be in full compliance.

**§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:**

GEO Corporate Policy and Procedure Manual 5.1.2-F, "Investigating Allegations of Sexual Abuse and Assault and Evidence Collection in Immigration Detention Facilities" addresses fully the requirements of this standard. Staff are 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. Removal from their position and from the Federal service is the presumptive disciplinary sanction for staff who are substantiated for allegations of sexual abuse or for violating agency or facility sexual abuse policies. Per the Warden, staff are subject to disciplinary action and criminal prosecution commensurate with the type of allegation substantiated. The facility reports that there were no substantiated allegations of sexual abuse against staff and therefore, no documentation of practice was available for review by this Auditor. The facility reports there were no staff removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies. Therefore, no documentation of practice (reasonable efforts to notify relevant licensing bodies) was available for review by this Auditor. The facility reports there was one employee resignation prior to the conclusion of the investigation. That investigation was still pending at the time of the on-site audit. Based upon all of the above, this standard is deemed to be in full compliance.

**§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:**

GEO Corporate Policy and Procedure Manual 5.1.2-F, "Investigating Allegations of Sexual Abuse and Assault and Evidence Collection in Immigration Detention Facilities" addresses fully the requirements of this standard. The facility will make reasonable efforts to report substantiated allegations of sexual abuse by a contractor or volunteer to any relevant licensing body, to the extent known, as well as report to law enforcement agencies, unless the activity was clearly not criminal. The facility reports there were no allegations of sexual abuse reported during this audit period that involved contractors or volunteers. The facility reports that there have been no violations of other provisions of these standards by contractors or volunteers and therefore no documentation of practice to review for compliance. Based upon all of the above this standard is deemed to be in full compliance.

**§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:**

GEO Corporate Policy and Procedure Manual 5.1.2-F, "Investigating Allegations of Sexual Abuse and Assault and Evidence Collection in Immigration Detention Facilities" addresses fully the requirements of each element (a – f) of this standard. Detainees are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse. Detainees are not subject to disciplinary sanctions for engaging in consensual acts with staff. The policy further states any imposed sanctions be commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations in the future. The facility reports there were no substantiated allegations of detainee-on-detainee sexual abuse, and no sanctions imposed and therefore no documentation of practice to be reviewed for compliance. The one detainee who made an allegation of detainee-on-detainee abuse that was later deemed unsubstantiated stated he was not disciplined for filing the report. Based upon all of the above this standard is deemed to be in full compliance.

**§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:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" meets the requirements of this standard. Detainees with a history of sexually abusive behavior or sexual victimization are referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. Detainees will receive a health evaluation no later than two working days from the date of assessment and a mental health evaluation no later than 72 hours after the referral. A case worker, intake staff and the Health Services Administrator advised the facility maintains a PREA Risk Assessment Tracking Log. This log documents which detainees were deemed to need a follow-up referral and why. The one detainee interviewed who reported a history of sexual abuse acknowledged he was referred and continues to receive services for his past trauma. The Health Services Administrator reports there were no detainees referred for a health evaluation as a result of their intake risk assessment (all referrals were for mental health evaluations). The PREA Risk Assessment Tracking Log fully supports this statement. Medical records are well documented and contain detailed notes providing clear documentation of follow-up on referrals. Interview with mental health clinician provided clear evidence of a dedicated and professional response to mental health needs. Medical Services Unit, which includes the mental health services staff, is a well-managed and professional group who are dedicated to providing their patients the best care possible. Based upon all of the above this standard is deemed to be in full compliance.

**§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:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" addresses the requirements of this standard. Detainee victims of sexual abuse have timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with generally accepted standards professional care. Emergency medical treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident. Health Services Administrator advised that all emergency medical and mental health services would be provided by Dignity Health (community health services provider). The one detainee who reported sexual abuse that would have necessitated possible emergency medical services and potentially a forensic examination waited months after the incident to report it. He was still transported to the ER as a precaution. Interview with his mental health clinician determined that he received all appropriate services given the length of time between the incident and his report. The policy clearly states that services are free of charge. Health Services Administrator stated services are provided free of charge. There is nothing in the detainee's records that would indicate he was charged for these services. Detainee states he was not charged for these services. Based upon all of the above this standard is deemed to be in full compliance.

**§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:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" addresses the requirements of this standard. Interview with detainee victim of sexual abuse and his clinician confirmed he is receiving ongoing mental health services. The one detainee victim of sexual abuse remains at the facility and is clearly receiving follow up care. The clinician treating him reports that it is extremely difficult to make continuity of care referrals for many detainees who are deported as the services frequently do not exist in the detainee's home community. As a result of my interviews with the Health Service Administrator and mental health clinician, it is this Auditor's professional opinion that detainee victims of sexual abuse at this facility receive care that is as good, if not better than what is available in the community. Any needed service that the facility could not provide would be received from a community practitioner. Access to these services is without financial cost to the detainee. The facility reports that there were no female detainees who reported sexual abuse and therefore no documentation of practice was available for review of compliance. The one detainee victim of sexual abuse reported he was offered testing (the detainee did not specify what type of testing was offered, due to the detainee's obvious distress in talking about the incident this Auditor did not ask him to define the term "testing") while at the ER. Dignity Health's Mercy Hospital is a full-service emergency medical facility which would be capable of providing all appropriate preventive and prophylactic testing and treatment to a victim of sexual abuse. The one alleged abuser in an unsubstantiated report of sexual abuse was no longer at the facility at the time the incident was reported and therefore there is no documentation of practice for review for compliance. If the abuser had been at the facility a mental health evaluation would have been conducted within 60 days. Based upon all of the above this standard is deemed to be in full compliance.

**§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:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" addresses the requirements of this standard. The facility conducts a sexual abuse incident review at the conclusion of every investigation of sexual abuse. Written reports are generated as a result of these reviews. Interviews with the Warden, Chief of Security and PSA Compliance Manager all confirmed that sexual abuse incident reviews do occur and that the incident review team is composed of the appropriate staff members. Documentation of the incident reviews were provided to this Auditor for review. These documents are maintained in the investigation file. Neither of the two incident reviews contained a recommendation for corrective action. Both incidents were deemed to be unsubstantiated. This Auditor deemed the lack of recommendations appropriate based on the circumstances of the incidents. Documentation of the reports being forwarded to the appropriate parties is also maintained in the investigation file. Interviews with members of the incident review team confirmed that the factors required by the standard are taken into consideration as a part of the incident review process. This consideration was documented on the two sexual abuse incident reviews provided to this Auditor. The most recent annual review, dated 09/15/2017 was provided to this Auditor. The annual review report complies with all aspects of this standard and takes into consideration prior years' data for comparison purposes. Documentation of the report sent to the Field Office Director was also provided and meets the requirements of this standard. Based upon all of the above this standard is deemed to be in full compliance.

**§115.87 – Data collection.**

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

**Notes:**

Policy and Procedure 11.1.6.A - MVIPC, "Sexual Abuse Assault Prevention and Intervention Program for Immigration Detention Facilities" meets the requirements of this standard. The facility maintains in a secure area all case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling in accordance with these standards and applicable agency policies, and in accordance with established schedules. Interview with PSA Compliance Manager confirmed compliance with this standard. Records related claims of sexual abuse are maintained in a locked file cabinet in the PSA Compliance Manager's office. Based upon all of the above this standard is deemed to be in full compliance.



**§115.201 – Scope of audits.**

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

**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, indicates the agency will ensure an integrated and comprehensive system of preventing and responding to sexual abuse or assault of individuals in ICE custody. This will include a thorough, coordinated, multidisciplinary team approach, consistent with the goals of the Prison Rape Elimination Act of 2003. This Auditor was given unrestricted access to all areas of the facility. This Auditor was allowed to interview staff and detainees in a confidential manner. Detainees were notified in advance of the date of the audit and provided with the address to confidentially correspond with the Auditor prior to the audit. The Auditor was provided with a thorough tour of the facility including all areas where detainees are housed and work. The facility staff provided the Auditor with relevant documentation to complete a thorough audit of the facility.

**AUDITOR CERTIFICATION:**

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

Kurt Pfisterer

January 7, 2018

**Auditor's Signature & Date**