

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Joseph Rion	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	859-319-(b)

AGENCY INFORMATION

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

Name of Field Office:	New Orleans
Field Office Director:	David Rivera
ERO PREA Field Coordinator:	(b) (6), (b)
Field Office HQ physical address:	1250 Poydras Street, Suite 325, New Orleans, Louisiana, 70113
Mailing address: <i>(if different from above)</i>	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Pine Prairie ICE Processing Center
Physical address:	1133 Hampton Dupre Road, Pine Prairie, Louisiana, 70576
Mailing address: <i>(if different from above)</i>	
Telephone number:	337-599-2198
Facility type:	DIGSA

Facility Leadership

Name of Official/Officer in Charge:	Indalecio Ramos	Title:	Warden
Email address:	(b) (6), (b) (7)(C)	Telephone number:	337-599-(b) Ext. (b)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Allen Dubroc	Title:	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone number:	337-599-2198, Ext. (b)

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.

The Prison Rape Elimination Act (PREA) on-site audit of the Pine Prairie Ice Processing Center (PPIPC) in Pine Prairie, Louisiana was conducted on March 20-22, 2018 by Joseph Rion and Joseph Ehrhardt, PREA Auditors contracted through Creative Corrections, LLC. Joseph Rion was assigned as the lead Auditor and (b) (7)(C), (b) (6) was assigned as the Co-Auditor. This was the first PREA audit for PPIPC. PPIPC is an Immigration and Customs Enforcement (ICE) contract detention facility, operated by The GEO Group Inc. with a designed capacity of 1086 beds. On day one of the audit, the population count was 796. The average daily population over the past year was 700. The average length of stay at the facility is 45 days. PPIPC houses adult male detainees to hold, process, and prepare individuals pending the results of a judicial removal review. The purpose of the audit was to determine compliance with The Department of Homeland Security (DHS) PREA standards.

The point of contact established for PPIPC was through the External Reviews and Analysis Unit (ERAU) Team Lead (b) (6), (b) (7)(C) provided the completed Pre-Audit Questionnaire (PAQ) along with supporting documents contained on a CD approximately 10 days prior to the on-site portion of the audit. Pre-audit preparation by the Auditors included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed PAQ. The documentation reviewed included agency policies with corresponding attachments, procedures, forms, training records, training curriculum, physical plant layout, and other PREA-related materials that were provided to demonstrate compliance with the PREA standards. The documentation submitted, to include the questionnaire, was very complete and very informative.

An entry briefing led by the ERAU Team Lead Bonita Hopkins was conducted shortly after arrival at the facility on day one of the on-site review. In attendance at the entry briefing were:

(b) (6), (b) (7)(C)	Assistant Field Office Director (AFOD)
(b) (6), (b) (7)(C)	ICE Supervisory Detention and Deportation Officer (SDDO)
Indalecio Ramos	GEO/PPIPC Warden
Allen Dubroc	GEO/PPIPC Prevention of Sexual Assault (PSA) Compliance Manager
(b) (6), (b) (7)(C)	GEO/PPIPC PREA Investigator
(b) (6), (b) (7)(C)	GEO/PPIPC Assistant Warden
(b) (6), (b) (7)(C)	GEO/PPIPC Assistant Warden
(b) (6), (b) (7)(C)	GEO/PPIPC Training Administrator
(b) (6), (b) (7)(C)	GEO/PPIPC Human Resources Manager
(b) (6), (b) (7)(C)	GEO/PPIPC Health Service Administrator (HSA)
Jennifer Sheehan	Corporate Contract Compliance Manager, the GEO Group
(b) (6), (b) (7)(C)	GEO/PPIPC Quality Control Manager
Joseph Rion.	Lead Auditor
Joseph Erhardt	Co-Auditor

Once the introductions were given, the Auditors introduced themselves and provided a tentative audit schedule and an overview of the audit process.

The staffing pattern at PPIPC has 200 employees, of which 150 are security staff (100 male and 50 female), 50 business and support staff, 10 maintenance staff, 10 food service staff, and 10 programs staff. The staffing pattern also includes 10 contract medical staff.

The facility maintains an agreement with St. Landry/Evangeline Sexual Assault Center to receive calls from the PREA hotline and provide victim support services to detainees. Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) services and emergency medical care are provided pursuant to a formal agreement with CHRISTUS St. Francis Cabrini Hospital located in Alexandria, Louisiana.

The physical plant of PPIPC consists of five buildings which include space for medical services, food preparation, dining, visitation, indoor and outdoor recreation, laundry services, commissary services, religious services, library services, barbershops, sally port area, intake area, housing units, control center and an administration building. The physical plant includes five housing units designated as Units A-E. The primary housing configuration consists of dormitory style open -bay barracks with double-bunked beds. Each wing contains a separate shower and restroom section which is partially shielded from view by shoulder-level partitions in the front of each shower/restroom area. There are dividers between the commodes and each shower area is equipped with a plastic curtain that is solid in the middle portion and see-through at the top and bottom only. Unit A consists of two open-bay wings with each wing having a capacity of 24 beds. Unit A is primarily utilized as an orientation unit for newly admitted detainees. Unit B utilizes 8-person and 12-person multi-occupancy rooms. Unit C contains 4 open-bay wings with a bed capacity of 70 beds per wing. Unit D contains 4 open-bay wings with a bed capacity of 70 beds per wing. Unit E is designated as restrictive housing and contains 74 single-occupancy cells. The Medical department includes four single rooms which may be utilized as medical observation/isolation rooms.

Immediately following the entry briefing, the Warden lead the Auditors, ICE support team and a small group of GEO staff on a tour of the facility. All areas of the facility were visited during the course of the tour. During the visits to each area, staff assigned to the area gave an overview of their assigned area and responded to questions raised by the audit team.

The Auditors spoke informally with both staff and detainees during the tour. The Auditors observed cross gender announcements being made while participating in the tour. During the tour, it was found that audit notices were posted throughout the facility. It was also noted that PREA posters detailing PREA information such as the zero-tolerance policy, methods of reporting, community support services, and the PREA hotline numbers were posted throughout the facility with a copy in each living area. The audit team confirmed that the PREA hotline was a direct dial number that did not require the input of any identifying information.

During the tour the auditors reviewed the placement of cameras as well as any potential blind spots. Currently there are a total of (b) (7)(E) cameras strategically placed at various parts of the facility. The cameras may be monitored via desktop computer by the Warden, Assistant Warden of Security, PSA Compliance Manager, PREA Investigator, Major of Security, Administrative Captain, and Administrative Lieutenant. The central monitoring station for the camera system (b) (7)(E) It was noted that when the GEO Group took over operation of the facility in 2015, an (b) (7)(E) cameras were installed. Additionally, there are current plans in place (b) (7)(E) as part of a planned renovation and to (b) (7)(E).

On day one of the audit, the audit team received one letter of correspondence that had been received at the Creative Corrections Corporate Office. The letter stated concerns regarding the complainant/detainee who indicated that he had been harassed and intimidated due to his gay sexual orientation. Although harassment does not constitute a PREA incident under DHS guidelines, this is clearly an issue of detainee safety. Accordingly,

the audit team followed up on the letter and conducted an interview with the complainant/detainee. During the course of the interview the complainant/detainee indicated that during the interim period between mailing the letter and the audit, he had taken his concerns to facility staff who had adequately addressed his concerns by assigning the complainant/detainee to a different housing unit. Since the letter was submitted under a grant of confidentiality, the audit team asked for and was granted consent from the complainant/detainee to discuss the contents of the letter with facility staff. Although issues surrounding detainee personal safety are generally considered to be a valid exception to the confidentiality guidelines, obtaining the complainant/detainee's consent negated the need to exercise this exception. Facility staff confirmed that the complainant/detainee had taken his concerns to the appropriate staff. After review by facility staff, it was determined that the request to be moved to a different housing unit was the appropriate corrective action to address the situation and the detainee was moved accordingly. This was supported by documentation within the detainee movement records. No further review by the audit team was deemed necessary.

Immediately following the tour, the auditors began interviewing both staff and detainees.

During the on-site portion of the audit a variety of techniques were utilized to assess the compliance levels of the standards. Although a thorough review of applicable policies and procedures was an essential component of the audit process, much of the focus of the on-site portion of the audit was to verify the practices mandated by the standards.

The audit team spent a significant portion of the on-site review interviewing both detainees and staff.

Detainee interviews were conducted in two private rooms located in the Operations Building within the main compound. Staff interviews were conducted in two private offices in the administration building. All staff and detainees selected for random interviews were selected by the Auditors from staff and detainee rosters. Staff and detainees selected for targeted interviews were chosen by the auditors based on the interview protocol criteria. On days one and two of the audit, there were 15 targeted staff interviews to include the Warden, the PSA Compliance Manager, the Training Administrator, the Human Resources Manager, one Contractor (medical staff), three Medical/Mental Health staff, the Intake Sergeant, the PREA investigator, the Acting Classification Supervisor, one Non-Security First Responder (medical staff), the Grievance Coordinator, and two Security First Responders. Additionally, there were 14 random staff interviews to include representatives from security, food service, and maintenance. There were representatives from each of the two security shifts (6:00 am to 6:00 pm and 6:00 pm to 6:00 am) included in the sample of random staff.

There were four targeted detainee interviews to include three with limited English proficiency (LEP) and one gay detainee. There were 27 random detainee interviews. The facility indicated that there were currently zero detainees who identified as transgender or intersex, zero detainees with disabilities, zero detainees reporting a sexual abuse incident, zero detainees filing a sexual abuse grievance, and zero detainees in segregation for risk of sexual victimization.

PPIPC had two allegations of sexual abuse over the 12-month period preceding the audit. In the first incident a detainee alleged he was forced by a staff member to spread his buttocks while in a shower area. After consultation with local law enforcement officials this case was investigated by facility staff and determined to be unfounded. In the second incident a detainee alleged he was sexually assaulted by two other detainees. This case was investigated by local law enforcement officials and determined to be unsubstantiated. PPIPC conducts administrative investigations involving PREA/PSA incidents at the institutional level. The facility maintains formal agreements with both the Pine Prairie Police Department and the Evangeline Parrish Sheriff's Department to conduct PREA/PSA investigations into incidents which may rise to the level of criminal conduct. During the course of the audit, team members conducted a number of random document reviews to assist in assessing compliance levels with related PREA standards. One audit team member randomly selected eight staff training files for review to ensure the staff members had completed required PREA training. Of the eight files selected, it was determined that all had been trained in accordance with the PREA standards which mandate that staff receive PREA training at least once every two years. Four staff personnel files were randomly selected by a member of the audit team to ensure the selected staff had received criminal history background checks as is mandated by the PREA standards. Of the four files selected, it was determined that each of the staff members had received the required criminal background checks. One member of the audit team reviewed the medical files of four detainees who had been referred for additional screening because they had indicated a history of victimization when responding to the questions contained in the intake screening instrument. Three of the detainees responding positively to these questions were determined to be in need of further mental health services and are currently participating in a treatment plan developed by medical and mental health staff.

A second detainee letter was received at the Creative Corrections Corporate Office on April 3, 2018 which was ten days after the conclusion of the site visit by the audit team. In the letter the claimant/detainee made allegations of sexual abuse which had occurred prior to the detainee being placed in the custody of DHS. The claimant/detainee indicated in his letter that he wished to pursue criminal charges against the alleged abuser. The audit team had reviewed the detainee's medical as part of a medical records review of detainees who had made claims of prior sexual victimization. The request to pursue criminal charges is a matter that would have to be addressed by law enforcement authorities in the jurisdiction where the acts are alleged to have occurred. For these reasons, the letter was submitted to the ERAU to determine the appropriate disposition. The letter was ultimately referred to AFOD (b) (6), (b) for further review.

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 March 22, 2018 the exit-briefing was conducted at 3:00 PM in a conference room in the administration building. The exit-briefing was led by ERAU Team Lead (b) (7)(C), (b) (6). Those in attendance at the exit-briefing were:

- (b) (6), (b) AFOD
- (b) (6), (b) SDDO
- Indalecio Ramos GEO/PPIPC Warden
- Allen Dubroc, GEO/PPIPC PSA Compliance Manager
- (b) (6), (b) GEO/PPIPC PREA Investigator
- (b) (6), (b) GEO/PPIPC Assistant Warden
- (b) (6), (b) GEO/PPIPC Assistant Warden
- (b) (6), (b) GEO/PPIPC Training Administrator
- (b) (6), (b) (7) GEO/PPIPC Maintenance Supervisor
- (b) (6), (b) GEO/PPIPC Human Resources Manager
- (b) (6), (b) GEO/PPIPC Health Services Administrator
- (b) (6), (b) (7) Corporate Contract Compliance Manager, the GEO Group
- (b) (6), (b) GEO/PPIPC Quality Control Manager
- (b) (6), (b) GEO/PPIPC Intake Supervisor
- Joseph Rion. Lead Auditor
- (b) (6), (b) (7)(C) Co-auditor

During the exit-briefing the audit team discussed the observations made during the course of the on-site review and explained the post-audit process. The team was pleased with the PPIPC’s approach to maintaining an environment promoting sexual safety for the detainee populations. The audit team was impressed with the level of staffing and the use of technology such as the extensive camera system. The audit team reviewed a total of 41 standards. Of the standards there were 35 standards met and one standard (155.14) that was non-applicable. The audit team found that PPIPC exceeded five standards (115.16, 115.17, 115.31, 115.42, and 115.83). The standard of review for meets was the facilities complies in all material ways with the standard for the relevant review period. The standard of review for exceeds was the facility demonstrates a level of achievement that is significantly above and beyond the basic requirements of the standard. During the tour the audit team noted that the notice of audit posters had been posted throughout the facility. The team recommended that the posting date be included so the team could readily determine how long the notice had been posted at the time of the audit.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	5
Number of standards met:	35
Number of standards not met:	0
Number of standards N/A:	1

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) GEO/PPIPC Policy 10.1.1, Sexual Abuse Assault Prevention and Intervention (SAPPI) Program for Detention Facilities, mandates a zero tolerance policy toward sexual abuse and sexual assault. The policy outlines a comprehensive strategy toward the prevention, detection, intervention, and response to sexual abuse and assault incidents within the facility.
- (d) PPIPC has a designated PSA Compliance Manager who reports directly to the Warden of the facility. This position is listed on the facility organizational chart. The PSA Compliance Manager indicated he is given sufficient time to complete his duties. In addition to the PSA Compliance Manager the facility has a staff member assigned as the PREA Investigator. This staff member's duties include the investigation of PREA-related allegations within the facility.

§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) GEO/PPIPC Policy 10.1.1 mandates that the facility maintain a staffing plan developed with the oversight and approval of DHS that ensures sufficient levels of supervision for detainees on each assigned shift. The staffing plan is augmented by the use of technology such as the camera system which includes 135 camera monitors.
- (b) GEO/PPIPC Policy 10.1.1 outlines detainee supervision guidelines and requires that these guidelines be reviewed at least annually and updated as needed. The facility maintains documentation of the annual reviews which were confirmed by the audit team.
- (c) GEO/PPIC Policy 10.1 mandates the factors contained within the standard be taken into consideration when determining staffing needs and the placement of video monitoring equipment. Documentation of a formal staffing analysis and a review of the placement of video monitoring stations was verified by the audit team and is on file at the facility.
- (d) Unannounced security rounds are mandated by GEO/PPIPC Policy 10.1.1 and are included in the post orders for staff assigned to the living units. The audit team observed staff members within the living units make announced rounds during visits to the living units. The practice was also confirmed by reviewing the living unit logbooks which contained entries documenting unannounced rounds and during interviews with random security staff.

§115.14 – Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

This standard is non-applicable to PPIPC. The facility houses adult male detainees only.

§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) GEO/PPIPC Policy 10.1.1 prohibits cross-gender pat down searches of male detainees unless male staff are not available or exigent circumstances exist. The audit team observed male staff conducting pat searches of male detainees during the course of the tour and return visits to various areas of the facility. Pat down searches of male detainees by female staff were limited to the Restrictive Housing Unit when male staff were not available as documented in the logbooks. This was also confirmed during staff interviews of both male and female security staff.
- (c) This component of the standard is non-applicable. PPIPC houses male detainees only.
- (d) GEO/PPIPC Policy 10.1.1 requires that all cross-gender searches be documented. When female staff are assigned to supervise detainees assigned to the Restrictive Housing Unit they conduct pat searches of male detainees if male staff are unavailable. When this occurs these searches are documented in a logbook maintained in the unit. This was confirmed through a review of the logbooks.
- (e)-(f) GEO/PPIPC policy 10.1.1 prohibits cross-gender strip searches and cavity searches except in exigent circumstances or after reasonable diligence a same gender staff member is unavailable to conduct the search. Search logs indicate there have been no cross-gender strip searches or cavity searches to date. This was confirmed through interviews with the Warden and PSA Compliance Manager.
- (g) GEO/PPIPC Policy 10.1.1 and housing unit post orders require female staff to announce their presence prior to entering into the living areas and the shower/restroom areas within the living units. This practice was observed by the audit team and confirmed through staff and detainee interviews. The showers also utilize shower curtains designed for institutional use that protect the privacy of detainees within the shower area.
- (h) This component of the standard is non-applicable. PPIPC houses adult male detainees only.
- (i) The practice of utilizing physical examinations to determine the genital status of a detainee is prohibited under GEO/PPIPC Policy 10.1.1. This was confirmed through a review of staff training curriculum and through random staff interviews.
- (j) GEO/PPIPC policy 10.1.1 mandates staff be trained in pat down search procedures for all detainees including transgender or intersex detainees. The audit team confirmed this through a review of staff training curriculum and interviews with staff.

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

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

- (a)-(b) GEO/PPIPC Policy 10.1.1 mandates that detainees with disabilities and detainees who are limited English proficient (LEP) benefit from and participate in the PREA/PSA program. There were no detainees meeting the criteria for detainees with disabilities at the facility at the time of the audit. Detainees with disabilities are not normally housed at PPIPC. There is a significant presence within the detainee population of detainees who are LEP. PPIPC takes a number of steps to ensure LEP detainees benefit from and participate in the PREA/PSA program. PREA/PSA materials including orientation materials, handouts, PREA/PSA posters, and the PREA/PSA orientation video are available in both English and Spanish. Additionally, the facility utilizes an interpreter service that can be accessed by telephone on a 24 hour per day basis. The interpreter service has the capability of providing translation services for over 30 languages. The facility also employs several staff who are bi-lingual in both English and Spanish in both line-level and administrative positions. The audit team observed bi-lingual staff communicating with detainees during the tour and return visits to various areas of the facility. In the view of the audit team, the facility efforts toward these ends demonstrate a level of compliance above and beyond the basic requirements of the standard. Accordingly, the facility was found to exceed this standard
- (c) GEO/PPIPC Policy 10.1.1 precludes abusers, witnesses, and detainees having a significant relationship with a victim from being utilized to provide interpreter services in matters relating to PREA/PSA issues. Review of PREA/PSA investigation records indicated any translation services utilized in the investigation of PREA/PSA incidents were provided by staff or the telephone-based translation service.

§115.17 – Hiring and promotion decisions.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

- (a) GEO/PPIPC Policy 10.1.1 mandates that the facility may not hire anyone or promote anyone to a position which may require detainee contact if the applicant has engaged in any of the prohibited behavior outlined within this standard. This was confirmed through an interview with the Human Resources Manager.
- (b) GEO/PPIPC Policy 10.1.1 mandates that prospective employees are affirmatively asked about the prohibited behaviors outlined in Section "a" of this standard. This was confirmed through an interview with the Human Resources Manager. The facility captures this information on the application for employment and the interview questions. In addition, each employee makes an affirmative statement that they have not engaged in the prohibited behaviors listed in Section "a" of this standard. In the view of the committee, the facility demonstrates a level of compliance which is significantly above and beyond the basic requirements of the standard. Accordingly, the audit team finds the facility exceeds this standard.
- (c) GEO/PPIPC Policy 10.1.1 mandates that prospective employees that may have detainee contact undergo a criminal background investigation before being hired and that criminal background checks be conducted at least every five years thereafter. GEO/PPIPC Policy 10.1.1 also mandates that in conjunction with the background check the facility shall also make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation into allegations of sexual abuse, prior to hiring new employees. The criminal background checks are conducted by a contracted vendor and the results are documented and maintained on file by the Human Resources Manager. This was confirmed through an interview with the Human Resources Manager and an Auditor reviewed personnel records which documented the successful completion of criminal background checks and subsequent rechecks within five years.
- (d) GEO/PPIPC Policy 10.1.1 mandates that contractors who may have contact with detainees undergo a criminal background investigation prior to employment. This was confirmed through an interview with the Human Resources Manager.
- (e) GEO/PPIPC Policy 10.1.1 mandates that material omissions as to having engaged in the behaviors listed in Section "a" of this standard shall be grounds for termination or the withdrawal of an offer of employment as is appropriate. This was confirmed through an interview with the Human Resources Manager.
- (f) GEO/PPIPC Policy 10.1.1 mandates that the agency shall provide information on substantiated allegations of sexual abuse by a former employee upon receiving a request from an institutional employer for whom such employee has applied for work. There have been no such requests received during the preceding 12 months. This was confirmed through an interview with the Human Resources Manager.

§115.18 – Upgrades to facilities and technologies.

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

Notes:

- (a) The facility has not acquired or designed a new facility or planned a substantial expansion of the existing facility. This component of the standard is not applicable.
- (b) During the audit the facility had received but (b) (7)(E) (b) (7)(E) . There are current plans (b) (7)(E) (b) (7)(E) . During the audit the facility was in the process of purchasing (b) (7)(E) to be installed sometime within the next few months. Through interviews with the Warden and PSA Compliance Manager it was confirmed that the utilization of surveillance technology is considered on an on-going basis in their efforts to enhance their ability to protect detainees from sexual abuse.

§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) GEO/PPIPC Policy 10.1.1-A mandates the facility follow a uniform evidence protocol that maximizes the potential for obtaining useable evidence. The practice was confirmed through interviews with the PSA Compliance Manager and PREA Investigator.
- (b) The utilization of community services was considered in the development of the PREA/SAP program. This was confirmed through interviews with the Warden and PSA Compliance Manager. The utilization of community services was considered as reflected in the service agreements listed in sections "c" through "e" below.
- (c) GEO/PPIPC Policy 10.1.1 mandates that SAFE/SANE services be made available to detainees at no cost. The facility maintains Memorandum of Understanding (MOU) with CHRISTUS St. Francis Cabrini Hospital to provide SAFE/SANE services to sexual assault victims. This was verified by reviewing the MOU and through interviews with the Warden, PSA Compliance Manager, and Health Services Administrator.

- (d) GEO/PPIPC Policy 10.1.1 mandates that victim advocacy services be included as part of the available community support services. The facility maintains a MOU with St. Landry Evangeline Sexual Assault Center to provide victim advocacy services to detainees in need of these services. This was confirmed through a review of the MOU and interviews with the Warden and PSA Compliance Manager.
- (e) The facility maintains MOU's with the Pine Prairie Police Department and the Evangeline Parrish Sheriff's Department to investigate allegations of sexual abuse that may rise to the level of criminal conduct. Upon initial review of each MOU it was initially determined that there was no provision within the MOU that the outside police agencies had been requested to follow the evidence protocol described in Section "a" of this standard. During the on-site portion of the audit the facility added this provision to each MOU and the updated MOU's were signed by the Warden and representatives of each law enforcement agency.

§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) GEO/PPIPC Policy 10.1.1-A mandates that each sexual abuse allegation is investigated. Allegations may be investigated at the agency level or at the facility level with agency approval. Facility level investigations may be administratively investigated at the facility level or referred to the appropriate law enforcement agency for investigation if warranted. This was confirmed through a review of the policy. The practice was confirmed through a review of sexual abuse investigation files and interviews with the PSA Compliance Manager and PREA Investigator.
- (b) GEO/PPIPC Policy 10.1.1-A mandates investigative protocols describe the responsibilities of the agency, facility, and other investigating entities and mandates that investigative records be maintained for at least five years after the investigation has been closed. This was confirmed by a review of the policy. The practice was confirmed through interviews with the PSA Compliance Manager and the PREA Investigator. The storage areas for sexual abuse records and reports were observed by the audit team.
- (c) The investigative protocol is posted on the GEO Group website at www.geogroup.com/PREA. This was confirmed after the website was reviewed by a member of the audit team.
- (d) GEO/PPIPC 10.1.1-A mandates all allegations be reported to the agency who may initiate an agency level investigation or approve the allegations be investigated at the facility level. Facility level investigations involving criminal conduct shall be referred to the appropriate law enforcement agency. If the behavior does not rise to the level of criminal conduct the allegations may be administratively investigated at the facility level. The policy was confirmed after review of the applicable policy. The practice was confirmed through interviews with the PSA Compliance Manger and PREA Investigator. Additionally, the practice was confirmed after a review of sexual abuse investigation files maintained at the facility. It was determined that of the two sexual abuse allegations occurring in 2017, one case was disposed of after an investigation by the Pine Prairie Police Department. The other case was resolved after an administrative investigation.
- (e)(f) GEO/PPIPC Policy 10.1.1 and ICE Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention govern the reporting requirements in the event of an allegation of sexual abuse or assault involving someone in Enforcement and Removal Operations (ERO) custody. GEO/PPIPC Policy 10.1.1 mandates the facility notify the appropriate ICE Field Office and other designated ICE officials within two hours of receipt of an allegation of sexual abuse. This was confirmed through a review of each policy. The facility utilizes a notification checklist to accomplish the notifications. Specific notifications must be made to the Joint Intake Center, the ICE OPR, the ICE FOD, the DHS Office of Inspector General, and if appropriate, the designated law enforcement agency. After a review of the investigative files of the two reported allegations of sexual abuse, it was determined the appropriate notifications to ICE officials had been made.

§115.31 – Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

- (a) GEO/PPIPC Policy 10.1.1 mandates that all staff, including volunteers and contractors are trained in their duties under the facility PSA plan. The contents of the training include staff responsibilities as to the prevention, detection, intervention and response to sexual abuse and sexual assault incidents. Each of the bulleted items within this section of the standard is included in the training curriculum. One member of the audit team met with the facility Training Administrator and reviewed the training curriculum regarding PREA/PSA that is delivered in both pre-service and in-service training. Additionally, training records for all classifications of staff were reviewed. There was sufficient documentation on hand to confirm that all staff receive appropriate training in PREA/PSA.
- (b) GEO/PPIC Policy 10.1.1 mandates that all staff receive PREA/PSA training. Staff employed as of May 6, 2014 completed specialized PREA/PSA training. Staff hired after May 6, 2014 were required to complete basic training which includes a PREA/PSA component and annual in-service training which includes a PREA/PSA component.
- (c) In addition to the training records provided by the Training Administrator, there were 8 randomly selected training files reviewed by a member of the audit team. When four files were initially reviewed it was determined that all staff met the requirement that each staff member be trained in required PREA/PSA topics at least every two years but one of the files reviewed indicated the staff member had missed in-service training in 2016. This was determined to be the result of a scheduling error. To ensure that this was not a systemic problem, an additional four training files were selected. A review of the four additional files indicated all four staff had received the appropriate PREA/PSA training including the in-service training component of the training.

The audit team noted that this standard requires that staff be trained in required PREA/PSA topics at least every two years. Agency/facility policy requires that PREA/PSA training be provided to all staff during basic training conducted after hire and before the initial assignment and annually during in-service training. Additionally, PREA/PSA mandatory topics are frequently covered during pre-shift briefings which are conducted prior to each shift. After on-site verification of these practices, the committee felt that the facility efforts regarding this standard were significantly above and beyond the requirements of the standard and felt the facility exceeds this standard.

§115.32 – Other training.

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

Notes:

- (a) GEO/PPIPC Policy 10.1.1 mandates the training requirements listed in this component of the standard. This was confirmed through a review of the policy. The practice was confirmed through interviews with the Training Administrator and contract employees. Additionally, volunteer and contractor training records were also reviewed.
- (b) This practice was confirmed through a review of the training curriculum for volunteers and contract employees. It was confirmed through interviews with contract employees that they had received training in the zero-tolerance policy.
- (c) It was confirmed through a review of volunteer and contract employee training records that these staff had received the mandated training.

§115.33 – Detainee education.

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

Notes:

- (a) GEO/PPIPC Policy 10.1.1 mandates that upon intake detainees are notified and informed of the information outlined in Items 1-6 of this component of the standard. This was confirmed after a review of the policy. The practice was confirmed based on a review of detainee orientation records and interviews with the PSA Compliance Manager, intake staff, and random detainees.
- (b) The orientation materials containing the information required under Section "a" of this standard are available in both English and Spanish and are translated into other languages as needed. Even though the facility had no disabled detainees, the interviews supported strategies to provide such education in formats accessible to detainees with disabilities, in the event the facility houses detainees with these needs in the future. This was confirmed through interviews with the PSA Compliance Manager, intake staff, and detainees.
- (c) Detainee orientation records are maintained on file at the facility. The practice was verified through interviews with the PSA Compliance Manager and intake staff and a review of detainee orientation records.
- (d) The information required under this component of the standard is posted throughout the facility including within each living unit. This was confirmed by Auditor observation during the tour and subsequent return visits to the housing areas.
- (e) The pamphlet mandated is distributed to all detainees during the intake process. This was confirmed through a review of detainee orientation records and interviews with the PSA Compliance Manager, intake staff, and random detainees.
- (f) Information regarding how to report sexual abuse is included within the Detainee Handbook distributed to all detainees upon arrival at the facility. This was confirmed through a review of the Detainee Handbook and detainee orientation records. The practice was further confirmed through interviews with the PSA Compliance Manager, intake staff, and random detainees.

§115.34 – Specialized training: Investigations.

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

Notes:

- (a)-(b) GEO/PPIPC Policy 10.1.1 mandates that facility staff performing sexual abuse investigations receive specialized investigator training. This was confirmed after a review of the policy. Neither of the two investigations conducted during the audit period were conducted by agency staff. The practice was confirmed through interviews with the PSA Compliance Manager and the PREA Investigator. The practice was further confirmed through a review of the training records of the PSA Compliance Manager and PREA Investigator who have both received specialized training in conducting sexual abuse investigations.

§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) GEO/PPIPC Policy 10.1.1 mandates that medical and mental health practitioners receive the training described in this component of the standard. This was confirmed through a review of the policy and interviews with the Training Administrator.
- (b) GEO/PPIPC Policy 10.1.1 mandates that the specialized training required under Standard 115.35(a) includes (1) How to detect and assess signs of sexual abuse and, (2) How to respond effectively and professionally to signs of sexual abuse, (3) How and to whom to report allegations or suspicions of sexual abuse, and (4) How to preserve evidence of sexual abuse. This was confirmed through a review of the policy. The practice was confirmed through a review of the training curriculum for medical and mental health staff specialized training and interviews with the Training Administrator.
- (c) GEO/PPIPC Policy 10.1.1 mandates the agency review and approve the facility policy and procedures to ensure that facility medical staff are trained in procedures for examining and treating victims of sexual abuse in facilities where medical staff may be assigned these activities. This was confirmed by a review of the policy. The practice was confirmed by reviewing documentation on file at the facility which confirmed an annual review of the policies at the agency level. There is documentation on file at the facility that ICE approved the facility policies and reviews and approves the facility policies on an annual basis.

§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) GEO/PPIPC Policy 10.1.1 mandates that newly admitted detainees are assessed to determine risk for sexual victimization and sexually predatory behavior. Detainees are kept separate from the general population until classified and appropriately housed. This was confirmed after a review of the policy. The practice was confirmed after interviews with the PSA Compliance Manager, intake staff, and random detainees and through Auditor observation of the intake process.
- (b) Initial classification is conducted within 12 hours of the detainee's arrival. This was verified through interviews with the PSA Compliance Manager and the Acting Classification Supervisor.
- (c) During the intake process, an inquiry is made into (1) Whether the detainee has a mental, physical, or developmental disability; and (2) The age of the detainee; and (3) The physical build and appearance of the detainee; and (4) Whether the detainee has previously been incarcerated or detained; and (5) The nature of the detainee's criminal history; and (6) Whether the detainee has any convictions for sex offenses against a child; and (7) Whether the detainee has self-identified as gay, lesbian, bi-sexual, transgender, intersex, or gender nonconforming; and (8) whether the detainee has self-identified as having previously experienced sexual victimization; and (9) the

detainee's own concerns about his or her physical safety. This practice was verified through interviews with the PSA Compliance Manager and the Acting Classification Supervisor and through on-site review of detainee assessment records.

- (d) During the intake process the detainee's history of sexual abuse and sexual violence is considered. This was confirmed through interviews with the PSA Compliance Manager, Intake Staff, Medical Staff, and Mental Health Staff. This practice was confirmed through an on-site review of detainee assessment records.
- (e) Detainees are reassessed for risk of victimization or abusiveness between 60 and 90 days after the date of arrival and at any time based on need. This was confirmed through interviews with the PSA Compliance Manager, Medical Staff, Mental Health Staff, and the Acting Classification Supervisor. The practice was further confirmed after a review of assessment records.
- (f) GEO/PPIPC Policy 10.1.1 prohibits detainees from being disciplined for not answering or completely disclosing information in reference to the questions in 115.41(c), Item (1) whether the detainee has a mental, physical, or developmental disability; Item (7) whether the detainee identifies as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; Item (8) whether the detainee has self-identified as having previously experienced sexual victimization, and Item (9) the detainee's own concerns about his or her physical safety. This was verified through a review of the policy. The practice was verified through interviews with the PSA Compliance Manager, PREA Investigator, intake staff, the Acting Classification Supervisor, and random detainees.
- (g) The responses to the intake questions are maintained in a secure area and access to the information limited under a "need to know" standard. This was confirmed through interviews with the PSA Compliance Manager, PREA Investigator, Intake Staff, Medical Staff, Mental Health Staff, and the Acting Classification Supervisor. The audit team verified the secure storage of intake information through observation.

§115.42 – Use of assessment information.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

- (a) GEO/PPIPC Policy 10.1.1 mandates that information derived from intake screening be used to inform staff in making decisions regarding housing, recreation, work, and other activities. This was confirmed through a review of the policy. The practice was confirmed through interviews with the PSA Compliance Manager, medical staff, mental health staff, and the Acting Classification Supervisor. During the course of reviewing the medical and mental health records of four detainees who had indicated a history of victimization it was determined that in three of the cases reviewed this information had been used to develop mental health treatment plans based on the information obtained during the screening. In the view of the audit team this demonstrated a level of compliance that was substantially above and beyond the basic requirements of the standard. Accordingly, the facility was found to exceed this standard.
- (b) GEO/PPIPC Policy 10.1.1 mandates that the views of transgender and intersex detainees will be taken into account when making assessment and housing decisions. This was confirmed through a review of the policy. There are currently no detainees housed at the facility identifying as transgender or intersex. The practice was confirmed through interviews with the PSA Compliance Manager and the Acting Classification Supervisor when they asked to explain the procedures for processing transgender and intersex detainees.
- (c) GEO/PPIPC Policy 10.1.1 mandates that transgender and intersex detainees be given the opportunity to shower separately from other detainees. This was confirmed through a review of the policy. There are currently no detainees housed at the facility who identify as transgender or intersex. The practice was verified through interviews with the PSA Compliance Manager and the Acting Classification Supervisor when they were asked to explain the shower procedures for transgender and 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) GEO/PPIPC Policy 10.1.1 mandates that the facility maintain a program for detainees placed in administrative segregation for vulnerability to sexual abuse or assault. This was verified by a review of the policy. There are currently no detainees in administrative segregation for reasons of vulnerability to sexual abuse or assault nor have any detainees been placed in segregation for reasons of sexual vulnerability in the year preceding the audit. The practice was verified through interviews with the PSA Compliance Manager and the Acting Classification Supervisor when they were asked to explain the procedures for managing detainees in administrative segregation for vulnerability to sexual abuse and assault. There is documentation on file at the facility that ICE approved this procedure.
- (b) GEO/PPIPC Policy 10.1.1 mandates that placement of detainees in administrative segregation for reasons of vulnerability to sexual abuse and assault is only done as a measure of last resort and that segregation housing for these reasons should ordinarily not exceed 30 days. This was confirmed through a review of the policy. There are currently no detainees in administrative segregation for reasons of vulnerability to sexual abuse or sexual assault. The practice was confirmed through interviews with the PSA Compliance Manager and the Acting Classification Supervisor when they were asked to explain the procedures for managing detainees in administrative segregation for reasons of vulnerability to sexual assault and abuse.
- (c) GEO/PPIPC Policy 10.1.1 mandates detainees in administrative segregation for reasons of vulnerability to sexual abuse will be provided with access to programs, visitation, counsel, and other services to the maximum extent possible. This was confirmed through a review of the policy. There are currently no detainees in administrative segregation for reasons of vulnerability to sexual abuse or sexual assault. The practice was confirmed through interviews with the PSA Compliance Manager and the Acting Classification Supervisor when they were asked to explain the procedures for managing detainees in administrative segregation for reasons of vulnerability to sexual assault and abuse.
- (d) GEO/PPIPC Policy 10.1.1 mandates the placement of detainees in administrative segregation for reasons of vulnerability to sexual abuse will be initially reviewed within 72 hours by a supervisory staff member. Subsequent reviews will be conducted at 7-day intervals for the first 30 days and at 10-day intervals thereafter. This was confirmed through a review of the policy. There are currently no detainees in administrative segregation for reasons of vulnerability to sexual abuse or sexual assault. The practice was confirmed through interviews with the PSA Compliance Manager and the Acting Classification Supervisor when they were asked to explain the procedures for managing detainees in administrative segregation for reasons of vulnerability to sexual assault and abuse.
- (e) GEO/PPIPC Policy 10.1.1 and ICE Policy 11062.2 mandate that the ICE Field Office Director be notified within 72 hours after a detainee is placed in administrative segregation for reasons of sexual vulnerability. This was confirmed through a review of the policy. There are currently no detainees in administrative segregation for reasons of vulnerability to sexual abuse or sexual assault. The practice was confirmed through interviews with the PSA Compliance Manager and the Acting Classification Supervisor when they were asked to explain the procedures for managing detainees in administrative segregation for reasons of vulnerability to sexual assault and abuse.

§115.51 – Detainee reporting.

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

Notes:

- (a) GEO/PPIPC Policy 10.1.1 mandates the facility maintain multiple methods for detainees to privately report sexual abuse, retaliation for reporting sexual abuse, staff neglect, or violations of responsibilities that may have contributed to such incidents. This was confirmed through a review of the policy. The practice was confirmed through interviews with the PSA Compliance Manager, the PREA Investigator, and random detainees and review of the PREA/PSA orientation materials received during intake. The team observed posters containing reporting information posted within the living units.
- (b) GEO/PPIPC Policy 10.1.1 mandates that the facility inform detainees of at least one method for detainees to report sexual abuse to a public or private entity that is not a part of the agency. The entity must have the ability to receive and immediately forward reports of sexual abuse to agency officials, allowing the detainees to remain anonymous upon request. This was confirmed after a review of the policy. The practice was verified through a review of the MOU with St. Landry Evangeline Sexual Assault Center which is the private entity contracted to receive calls through the PREA hotline. The calls may remain anonymous. The audit team observed that posters containing the PREA hotline number were posted in each living area. The practice was also confirmed through interviews with the PREA Compliance Manager and random detainees.
- (c) GEO/PPIPC Policy 10.1.1 mandates that staff shall accept reports made verbally, in writing, anonymously, and from third parties, and to properly document verbal reports. This was confirmed through a review of the policy. Practice was confirmed through interviews with the PSA Compliance Manager, PREA Investigator, random staff, and random detainees.

§115.52 – Grievances.

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

Notes:

- (a) GEO/PPIPC Policy 10.1.1 mandates that the facility shall permit detainees to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. This was confirmed after a review of the policy. Although the facility has had no grievances related to sexual assault within the past year the practice was verified through interviews with the PSA Compliance Manager and the Grievance Coordinator when they were asked to explain the sexual abuse grievance process.
- (b) GEO/PPIPC Policy 10.1.1 mandates that the facility not impose a time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse. This was verified after a review of the policy. The practice was verified through interviews with the PSA Compliance Manager and the Grievance Coordinator when they were asked to explain the sexual abuse grievance process.
- (c) GEO/PPIPC Policy 10.1.1 mandates that the facility implement written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. This was confirmed after a review of the written procedures. Although there were no time-sensitive grievances involving an immediate threat to detainee health, safety, or welfare related to sexual abuse filed over the past year the practice was confirmed through interviews with the PSA Compliance Manager and the Grievance Coordinator.
- (d) GEO/PPIPC Policy 10.1.1 mandates that facility staff shall bring medical emergencies to the attention of medical staff for further assessment. This was confirmed through a review of the policy. The practice was confirmed through interviews with the PSA Compliance Manager and the Grievance Coordinator.
- (e) GEO/PPIPC Policy 10.1.1 mandates the facility shall respond to a grievance within five days of receipt and shall respond to an appeal within 30 days. In addition, GEO/PPIPC mandates that all grievances concerning sexual abuse and the facility response to the grievance shall be forwarded to the appropriate ICE Field Office Director at the end of the grievance process. This was confirmed through a review of the policy. Although there have been no grievances relating to sexual abuse have been filed within the last year the practice was confirmed through interviews with the PSA Compliance Manager and the Grievance Coordinator.
- (f) GEO/PPIPC Policy 10.1.1 mandates that a detainee may obtain assistance from another detainee, the housing officer, other facility staff, family members or legal representatives in preparing a grievance. This was confirmed through a review of the policy. Although there have been no grievances relating to sexual abuse have been filed within the last year the practice was confirmed through interviews with the PSA Compliance Manager, the Grievance Coordinator, and random detainees.

§115.53 – Detainee access to outside confidential support services.

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

Notes:

- (a) GEO/PPIPC Policy 10.1.1 mandates that the facility provide sexual abuse victims access to community resources providing confidential victim support services. The facility maintains a written Memorandum of Understanding (MOU) with St. Landry-Evangeline Sexual Assault Center to provide these services. This was confirmed through a review of the MOU. Any detainee may access these services by utilizing the contact information provided to the detainee population. There were no substantiated sexual abuse cases during the year prior to the audit so there was no need for facility staff to refer specific detainees to these resources as a result of having been sexually abused. . This was confirmed through interviews with the PSA Compliance Manager and a review of sexual abuse investigations on file at the facility.
- (b) GEO/PPIPC Policy 10.1.1 mandates that outside agencies are included in the sexual abuse prevention and intervention protocols. Inclusion of these agencies within the protocols was confirmed after review of the applicable policy and procedure. The practice was confirmed through interviews with the PSA Compliance Manager. Although there were no substantiated sexual abuse incidents requiring the utilization of these services the PSA Manager was knowledgeable of the procedures to be followed in the event an incident requiring the utilization of these services occurred.
- (c) Information regarding the availability of local organizations that can assist victims is included in the orientation materials provided to new detainees upon arrival and is posted on the wall within each living unit. The available information includes the PREA hotline telephone number and the address and telephone number of the organizations providing the services. This was confirmed through a review of the orientation packets and posted materials. Receipt of the materials was verified through a review of detainee orientation records. The content of the posted materials was verified through observation.
- (d) GEO/PPIPC Policy 10.1.1 mandates that communications between sexual abuse victims and outside support agencies shall be confidential except to the extent that disclosure of information relating to the incident is required to comply with mandatory reporting requirements. This is included in the information packets received by new detainees and is also included in the posted materials. This was verified by a review of the orientation packets and a review of the posted information.

§115.54 – Third-party reporting

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

Notes:

GEO/PPIPC Policy 10.1.1 mandates that the facility shall receive reports of sexual abuse from third parties. This was confirmed through a review of the policy. Although the facility has not received third party reports of sexual abuse within the last year, the practice was confirmed through a review of the PREA-related orientation materials, a review of the PREA information posted within the living units, and interviews with the PSA Compliance Manager and random detainees. Information regarding third party reporting is also available to the public at www.thegeogroup.com/prea. This was confirmed through a review of the website by a member of the audit team.

§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) GEO/PPIPC Policy 10.1.1 mandates staff immediately report any of the situations listed in this component of the standard. This was confirmed through a review of the policy. The practice was confirmed through interviews with the PSA Compliance Manager and random and targeted staff interviews. There is documentation on file at the facility that ICE has approved the policy.
- (b) GEO/PPIPC Policy 10.1.1 mandates that staff who become aware of alleged sexual abuse follow the reporting requirements in Section "a" of this standard. Practice was confirmed through interviews with the PSA Compliance Manager, and random and targeted staff interviews.
- (c) GEO/PPIPC Policy 10.1.1 mandates that apart from reporting requirements staff shall not reveal any information related to a sexual abuse report to anyone except to the extent necessary to help protect the safety of the victim, prevent further victimization of other detainees or staff, or make medical treatment, investigation, law enforcement, or other security or management decisions. This was confirmed through a review of the policy. The practice was confirmed through interviews with the PSA Compliance Manager and random and targeted staff interviews.
- (d) The facility does not house juveniles. GEO/PPIPC Policy 10.1.1 mandates that if the victim is considered to be a vulnerable adult under State or local vulnerable person statutes, PPIPC shall report to designated State or local service agencies under applicable mandatory reporting laws. This was confirmed through a review of the policy. The practice was confirmed through interviews with the PSA Compliance Manager who indicated there have been no detainees considered as vulnerable adults during the audit period.

§115.62 – Protection duties.

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

Notes:

GEO/PPIPC Policy 10.1.1 mandates that if an employee or staff member 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. This was confirmed through a review of the policy. There were no instances within the last year requiring staff members to take immediate action to protect a detainee from imminent risk of sexual abuse. Knowledge of the expected practice was confirmed through interviews with the PSA Compliance Manager and random staff.

§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) GEO/PPIPC Policy 10.1.1 mandates the reporting requirements outlined in this component of the standard be followed upon receiving an allegation that a detainee was abused while at another facility. This was confirmed through a review of the policy. Although there were no instances over the past year in which an allegation was received that a detainee had been abused while at another facility the practice was confirmed through interviews with the PSA Compliance Manager.
- (b) GEO/PPIPC Policy 10.1.1 mandates the reporting requirements outlined in Section "a" of this standard be provided no later than 72 hours after receiving the allegation. This was confirmed through a review of the policy. Although there were no cases of this type over the past year the practice was confirmed through interviews with the PSA Compliance Manager.
- (c) Although there were no cases requiring notification over the past year the practice was confirmed through interviews with the PSA Compliance Manager.
- (d) GEO/PPIPC Policy 10.1.1 mandates that when the PPIPC receives information from another facility that a former detainee was sexually abused while at PPIPC the facility shall ensure the incident is referred for investigation and reported to the appropriate ICE officials. This was confirmed through a review of the policy. The practice was confirmed through interviews with the PSA Compliance Manager.

§115.64 – Responder duties.

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

Notes:

- (a) GEO/PPIPC Policy 10.1 mandates that upon learning of an allegation that a detainee has been sexually abused the first responding staff shall follow the steps listed in the component of the standard. This was confirmed through a review of the policy. In reviewing the investigation files of the allegations of sexual abuse which occurred in 2017 it was determined that the first responder steps had been followed as appropriate to each case. This was confirmed through interviews with the PSA Compliance Manager and the PREA Investigator.
- (b) GEO/PPIPC Policy 10.1.1 mandates that all first responding staff follow the steps outlined in Section "a" of the standard except in the event the first responder is not a security staff member, the responder shall request that the victim not take any action that could destroy physical evidence. The non-security staff should then remain with the victim and notify security staff. This was confirmed after a review of the policy. The practice was confirmed through interviews with the PSA Compliance Manager, the PREA Investigator, and random staff.

§115.65 – Coordinated response.

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

Notes:

- (a) GEO/PPIPC Policy 10.1.1 mandates that each facility develop a written response plan coordinating actions taken by staff first responders, medical and mental health staff, investigators, and facility leadership in response to an incident of sexual abuse. This was confirmed through a review of the policy. Practice was confirmed through a review of the response plan, review of the investigative files of the two sexual assault allegations that were made in 2017, and interviews with the Warden, PSA Compliance Manager, and PREA Investigator.

- (b) GEO/PPIPC Policy 10.1.1 mandates that a coordinated multidisciplinary approach is utilized in responding to sexual abuse allegations. This was confirmed by a review of the policy and response plan. Review of the investigative files of the two sexual abuse allegations made in 2017 confirmed the appropriate involvement security staff, medical staff, mental health staff, administrative staff, and allied outside agencies such as the Pine Prairie Police Department. The practice was also confirmed through interviews with the Warden, PSA Compliance Manager, PREA Investigator, Medical Staff, and Mental Health Staff.
- (c) GEO/PPIPC Policy 10.1.1 mandates that if a victim of sexual abuse is transferred between facilities covered under Subpart A or Subpart B the sending facility shall, if permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services. This was confirmed through a review of the policy. A review of the investigative files of the two allegations of sexual abuse reported in 2017 indicated that it had not been necessary to transfer the detainees in these cases. The practice was confirmed through interviews with the PSA Compliance Manager and PREA Investigator when they explained the procedures that would take place had a transfer been necessary.
- (d) GEO/PPIPC Policy 10.1.1 mandates that if a victim of sexual abuse is transferred between facilities not covered under Subpart A or Subpart B the sending facility shall, if permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services. This was confirmed through a review of the policy. A review of the investigative files of the two allegations of sexual abuse reported in 2017 indicated that it had not been necessary to transfer the detainees in these cases. The practice was confirmed through interviews with the PSA Compliance Manager and PREA Investigator when they explained the procedures that would take place had a transfer been necessary.

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

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

Notes:

GEO/PPIPC Policy 10.1.1-A mandates that staff, contractors, and volunteers suspected of sexual abuse be removed from all duties requiring detainee contact pending the outcome of the investigation. This was confirmed through a review of the policy. A review of the investigative file of the allegations of sexual abuse by a staff member confirmed that the affected staff member had been reassigned to a control center until the investigation had been concluded. This was also confirmed through interviews with the Warden, PSA Compliance Manager, PREA Investigator, and the affected staff member (the investigation determined the allegation to be unfounded).

§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) GEO/PPIPC Policy 10.1.1 mandates that retaliation by staff, volunteers, contractors, or detainees against any person who reports sexual abuse is prohibited. This was confirmed through a review of the policy. Practice was confirmed through interviews with the Warden, PSA Compliance Manager, PREA Investigator, random detainees, random security staff, and random non-security staff.
- (b) GEO/PPIPC Policy 10.1.1 mandates that a variety of protection measures be available for detainees or staff who fear retaliation for reporting sexual abuse or cooperating in a sexual abuse investigation. Protection measures included housing changes, removal of staff or detainee abusers from contact with the victim, and emotional support services for persons fearing retaliation. This was confirmed through a review of the policy. Although there were no cases during the past year in which there were allegations of retaliation the practice was confirmed through interviews with the Warden, PSA Compliance Manager, PREA Investigator and Mental Health Staff when they explained the procedures in the event of a retaliation claim.
- (c) GEO/PPIPC Policy 10.1.1 mandates that the protective measures include a documented monitoring plan of at least 90 days in duration to ensure no person reporting sexual abuse or participating in sexual abuse is the victim of retaliation. The PSA Compliance Manager is assigned to monitor for retaliation toward detainees who have reported sexual abuse or cooperating in a sexual abuse investigation. The PREA Investigator has been assigned to monitor for retaliation toward staff who have reported sexual abuse or cooperated in a sexual abuse investigation. A review of the investigation files of the two allegations reported in 2017 indicated there was a documented period of retaliation monitoring in each case. The monitoring covered the items listed in Standard 115.67(c) and was for at least 90 days. It was documented that there was no need to extend the monitoring time beyond 90 days.

§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) GEO/PPIPC Policy 10.1.1 mandates that post-allegation protective custody shall conform to the requirements listed in this component of the standard. This was confirmed through a review of the policy. Although there were no incidents in the last year in which it was necessary to place a detainee into protective custody following an allegation of sexual abuse the practice was confirmed through interviews with the Warden, PSA Compliance Manager, PREA Investigator, and Acting Classification Supervisor when they explained the procedures for post-allegation protective custody.
- (b) GEO/PPIPC Policy 10.1.1 mandates detainees in post-allegation protective custody be held for no longer than five days unless an extension beyond this time is warranted by the unusual circumstances of the case or has been requested by the detainee. Although there were no incidents in the last year in which it was necessary to place a detainee into protective custody following an allegation of sexual abuse the practice was confirmed through interviews with the Warden, PSA Compliance Manager, PREA Investigator, and Acting Classification Supervisor when they explained the procedures for post-allegation protective custody.
- (c) GEO/PPIPC Policy 10.1.1 mandates detainees in post-allegation protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a proper assessment that considers vulnerability factors. This was confirmed through a review of the policy. Although there were no incidents in the last year in which it was necessary to place a detainee into protective custody after it was determined the detainee had been subjected to sexual abuse, the practice was confirmed through interviews with the Warden, PSA Compliance Manager, PREA Investigator, and Acting Classification Supervisor when they explained the procedures for post-allegation protective custody.
- (d) GEO/PPIPC Policy 10.1.1 and ICE Policy 11062.2 mandate that the appropriate ICE Field Office Director be notified when a detainee victim has been held in administrative segregation for more than 72 hours. Although there were no incidents in the last year in which it was necessary to hold a detainee victim in segregation for more than 72 hour the practice was confirmed through interviews with the Warden, PSA Compliance Manager, PREA Investigator, and Acting Classification Supervisor when they explained the procedures for post-allegation protective custody.

§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/PPIPC Policy 10.1.1-A mandates that sexual abuse investigations conducted at the facility level be prompt, thorough, objective, and conducted by trained investigators. This was confirmed through a review of the policy. A review of the training records of the PSA Compliance Manager and PREA Investigator confirms that both have received specialized training for PREA investigators conducted by the GEO Group. A review of the investigative files of the two allegations of sexual abuse that occurred in 2017 indicated that these investigations were conducted in accordance with the requirements listed in this component of the standard in that the investigations were prompt, thorough, objective, and conducted by trained investigators. This was also confirmed through interviews with the PSA Compliance Manager and the PREA Investigator.
- (b) There were no criminal sexual abuse investigations at PPIPC in which the allegations were substantiated in the past year. After a review of the criminal investigation file for the 2017 detainee to detainee sexual assault allegation, it was determined that no additional administrative investigation was warranted.
- (c) GEO/PPIPC Policy 10.1.1-A lists guidelines for administrative investigations that conform to the requirements listed in this component of the standard. This was confirmed through a review of the policy. A review of the investigative file of the administrative investigation into alleged staff to detainee sexual abuse that occurred in 2017 indicated that the investigation was conducted in accordance with the requirements listed in this component of the standard.
- (e) GEO/PPIPC Policy 10.1.1-A mandates that the departure of the alleged abuser or victim from the employment or control of the facility or Agency shall not provide a basis for terminating an investigation. This was confirmed through a review of the policy. Practice was confirmed through with the interviews PSA Compliance Manager and PREA Investigator.
- (f) GEO/PPIPC Policy 10.1.1-A mandates that when outside agencies investigate sexual abuse the facility shall cooperate with the outside investigators and endeavor to stay informed about the progress of the investigation. A review of the investigative files of the criminal investigation into allegations of detainee to detainee sexual abuse that was conducted in 2017 indicated that the facility cooperated with the outside investigators. It was confirmed through interviews with the PSA Compliance Manager and the PREA investigator that the facility was kept informed of the progress of the investigation.

§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/PPIPC Policy 10.1.1-A mandates that no standard of evidence higher than a preponderance of evidence shall be required in determining whether allegations of sexual abuse are substantiated. This was confirmed through interviews with the PSA Compliance Manager and PREA Investigator.

§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/PPIPC Policy 10.1.1-A mandates that at the conclusion of an investigation when the detainee is still in custody or it is otherwise feasible the facility shall notify a detainee making an allegation of sexual abuse of the outcome of the investigation and any responsive action taken. This was confirmed through a review of the policy. A review of the investigation files of the two allegations of sexual abuse which were made in 2017 indicated that both of the detainees who made the allegations were informed of the outcome of the investigation.

§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) GEO/PPIPC Policy 10.1.1-A mandates staff shall be subject to disciplinary or adverse action up to an including removal from their position in the Federal service for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies. This was confirmed through a review of the policy. Although there were no substantiated allegations of sexual abuse by staff during the past year the practice was confirmed through interviews with the Warden, the PSA Compliance Manager, and the Human Resources Manager when they explained disciplinary procedures for staff facing confirmed allegations of sexual misconduct.
- (b) GEO/PPIPC Policy 10.1.1-A mandates that the agency shall review and approve facility policies and procedures regarding disciplinary or adverse actions that meet the criteria outlined within this component of the standard. This was confirmed through a review of the policy. There is documentation on file at the facility that the policy has been approved by ICE. The practice was confirmed through interviews with the Warden, PSA Compliance Manager, and Human Resources Manager.
- (c) GEO/PPIPC Policy 10.1.1-A mandates that the facility shall report all removals or resignations in lieu of removal for violations of sexual abuse policies to appropriate law enforcement agencies unless the activity was clearly not criminal. This was confirmed through a review of the policy. There were no cases over the past year in which staff had been removed from service or resigned in lieu of being removed for violations of the sexual abuse policy. The practice was confirmed through interviews with the Warden, PSA Compliance Manager, and Human Resources Manager when they explained the procedures for removal.
- (d) GEO/PPIPC Policy 10.1.1-A mandates that each facility shall make reasonable efforts to report removals or resignations in lieu of removal for violations of sexual abuse policies to any relevant licensing bodies, to the extent known. Although there were no cases during the past year in which staff had been removed or resigned in lieu of removal, the practice was confirmed through interviews with the Warden, PSA Compliance Manager, and Human Resources Manager.

§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) GEO/PPIPC Policy 10.1.1-A mandates that any contractor or volunteer who has engaged in sexual abuse shall be prohibited from contact with detainees. Each facility shall make reasonable efforts to report to any licensing body, to the extent known, incidents of substantiated sexual abuse by a contractor or volunteer. Such incidents shall also be reported to law enforcement agencies unless the activity was clearly not criminal. This was confirmed through a review of the policy. Although there were no substantiated incidents of sexual abuse

by contractors or volunteers over the past year the practice was verified through interviews. During interviews with the Warden, the PSA Compliance Manager, and the Human Resources Manager, the practice was confirmed when they explained the procedures that would go into effect when a contractor or volunteer engaged in sexual abuse.

- (b) GEO/PPIPC Policy 10.1.1-A mandates that any contractor or volunteer that is suspected of engaging in sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. This was confirmed through a review of the policy. Although there have been no incidents over the past year in which a contractor or volunteer was suspected of sexual abuse the practice was confirmed through interviews with the Warden, PSA Compliance Manager, and Human Resources Manager.
- (c) GEO/PPIPC Policy 10.1.1-A mandates that appropriate remedial measures be taken, including consideration of prohibition of further contact with detainees when a contractor or volunteer has not engaged in sexual abuse but has violated other provisions within the PREA standards. This was confirmed through a review of the policy. The practice was confirmed through interviews with the Warden, PSA Compliance Manager, and Human Resources Manager.

§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) GEO/PPIPC Policy 10.1.1-A mandates that detainees found to have engaged in sexual abuse are subject to disciplinary sanctions. This was confirmed by a review of the policy. Although there were no incidents over the past year in which a detainee had been found to have engaged in sexual abuse the practice was verified through interviews with the Warden, PSA Compliance Manager, PREA Investigator, and Acting Classification Supervisor.
- (b) GEO/PPIPC Policy 10.1.1-A mandates that all steps of the detainee disciplinary process any sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations in the future. This was confirmed through a review of the policy. Although there were no incidents over the past year in which detainees received disciplinary sanctions for sexual abuse the practice was confirmed through interviews with the Warden, PSA Compliance Manager, PREA Investigator, and Acting Classification Supervisor.
- (c) GEO/PPIPC Policy 10.1.1-A mandates that the detainee disciplinary system include progressive levels of reviews, appeals, procedures, and documentation procedure. This was confirmed through a review of the policy. Although there were no incidents over the past year in which detainees were disciplined for engaging in sexual abuse, the practice was confirmed through interviews with the Warden, PSA Compliance Manager, PREA Investigator, and Acting Classification Supervisor.
- (d) GEO/PPIPC Policy 10.1.1-A mandates that the disciplinary process shall consider whether a detainee’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanctions, if any, should be imposed. This was confirmed through a review of the policy. Although there were no incidents over the past year in which detainees were disciplined for engaging in sexual abuse, the practice was confirmed through interviews with the Warden, PSA Compliance Manager, PREA Investigator, and Acting Classification Supervisor.
- (e) GEO/PPIPC Policy 10.1.1-A mandates that detainees shall not be disciplined for sexual contact with staff unless there was a finding that the staff member did not consent to such contact. This was confirmed through a review of the policy. Although there were no incidents over the past year in which detainees were disciplined for sexual contact with staff the practice was verified through interviews with the Warden, PSA Compliance Manager, PREA Investigator, and Acting Classification Supervisor.
- (f) GEO/PPIPC Policy 10.1.1-A mandates that detainees making allegations of sexual abuse in good faith are not disciplined for making the allegation even if the allegation is ultimately found to be unsubstantiated. This was confirmed through a review of the policy. The practice was confirmed through a review of the investigative file of the incident in which a detainee made an allegation of detainee to detainee sexual abuse. Although the incident was ultimately found to be unsubstantiated the complainant/detainee was not disciplined for filing the report. Additionally, the practice was confirmed through interviews with the Warden, PSA Compliance Manager, PREA Investigator, and Acting Classification Supervisor.

§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) GEO/PPIPC Policy 10.1.1 mandates that if the assessment pursuant to Section 115.41 of Subpart A indicates that if a detainee displays sexual victimization tendencies or perpetration tendencies staff shall, as appropriate ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical or mental health follow up as appropriate. This was confirmed through a review of the policy. The practice was confirmed through a review of the medical/mental health files of four randomly selected detainee files taken from a list of detainees who had provided positive responses to the intake trigger questions regarding victim and predator tendencies. The review indicated that in four of four cases, detainees responding positively to the intake trigger questions regarding victimization or predator tendencies were immediately referred for additional medical or mental follow-up. The practice was further confirmed through interviews with the Warden, PSA Compliance Manager, HSA, and Mental Health Staff.
- (b) GEO/PPIPC Policy 10.1.1 mandates that detainees referred for medical follow-up receive a health evaluation within two working days of the assessment. This was confirmed through a review of the policy. At PPIPC the intake victimization and predator tendency screening questions are asked by medical staff during the medical intake interview. The medical staff member asking the intake screening questions is empowered to schedule a medical evaluation of the detainee within two working days if warranted based on the detainee’s responses. During the past year, there were no incidents in which a detainee’s response to the intake victimization and predator tendency questions warranted a follow-up medical evaluation within two working days. It was confirmed through interviews with the Warden, PSA Compliance Manager, and HSA that if warranted, based on a detainee’s response to the trigger questions, a formal medical evaluation would be conducted within two working days if appropriate to the circumstances of future cases.
- (c) GEO/PPIPC Policy 10.1.1 mandates that detainees referred for mental health follow-up receive a mental health evaluation within 72 hours of the assessment. At PPIPC the intake victimization and predator tendency screening questions are asked by medical staff during the medical intake interview. The medical staff member asking the questions is empowered to refer the case to clinical mental health staff if warranted based on the detainee’s response to the trigger questions. Although there were cases in which the detainee responses indicated a need for further mental health intervention after initial evaluation by a master’s degree level mental health practitioner, there were no cases over the past year in which a detainee’s responses to the trigger questions indicated the need for a formal psychiatric evaluation within 72 hours. In the cases referred to the mental health practitioner, the initial evaluation was conducted within 72 hours. This was confirmed through a review of medical/mental health records by a member of the audit team. It was confirmed through interviews with the Warden, PSA Compliance Manager, HSA, and Mental Health Staff, that if warranted, based on a detainee’s response

to the trigger questions, a formal mental health evaluation by a psychiatrist would be conducted within 72 hours if appropriate to the circumstances of future cases.

§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/PPIPC Policy 10.1.1 mandates that detainee victims of sexual abuse receive unimpeded access to emergency medical care to include emergency contraception and sexually transmitted disease prophylaxis, and crisis intervention. This was confirmed through a review of the policy. Although there were no substantiated incidents of sexual abuse within the past year, the practice was confirmed through interviews with the Warden, PSA Compliance Manager, HSA, and Mental Health Staff.
- (b) GEO/PPIPC Policy 10.1.1 mandates that emergency medical treatment services provided to the victim shall be without cost to the victim and regardless of whether the victim cooperated with any investigation arising out of the incident. This was confirmed through a review of the policy. Although there were no substantiated incidents of sexual abuse within the past year the practice was confirmed through interviews with the Warden, PSA Compliance Manager, HSA, and Mental Health Staff.

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

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

- (a) GEO/PPIPC Policy 10.1.1 mandates that the facility shall offer medical and mental health evaluation, and as appropriate, treatment to all detainees who have been victimized by sexual abuse while in immigration detention. This was confirmed through a review of the policy. Although there were no substantiated incidents of sexual abuse within the past year, the practice was confirmed through interviews with the Warden, PSA Compliance Manager, HSA, and Mental Health Staff.
- (b) GEO/PPIPC Policy 10.1.1 mandates that the evaluation of and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in other facilities, or their release from custody. This was confirmed through a review of the policy. Although there were no substantiated incidents of sexual abuse within the past year, the practice was confirmed through interviews with the Warden, PSA Compliance Manager, HSA, and Mental Health Staff.
- (c) GEO/PPIPC Policy 10.1.1 mandates that the facility shall provide victims with medical and mental health services consistent with the community level of care. This was confirmed through a review of the policy. Although there were no substantiated incidents of sexual abuse within the past year, the practice was confirmed through interviews with the Warden, PSA Compliance Manager, HSA, and Mental Health Staff. During the course of the interviews with the HSA and mental health staff it was confirmed that in any incident involving sexual abuse, the affected detainee's case is handled with top priority. In the view of the Auditors, prioritizing sexual abuse cases to receive "front of the line" medical and mental health processing demonstrates a level of compliance substantially above the basic requirements of the standard. Accordingly, the facility exceeds this standard.
- (d) This component of the standard is not applicable to PPIPC. The facility houses adult, male detainees only.
- (e) GEO/PPIPC Policy 10.1.1 mandates that victims of sexual abuse while detained shall be offered tests for sexually transmitted infections as medically appropriate. This was confirmed through a review of the policy. Although there were no substantiated incidents of sexual abuse within the past year, the practice was confirmed through interviews with the Warden, PSA Compliance Manager, and HSA.
- (f) GEO/PPIPC Policy 10.1.1 mandates that treatment services shall be provided to the victim without financial cost and without regard as to whether the victim names the abuser or cooperates with any investigation arising from the incident. This was confirmed through a review of the policy. Although there were no substantiated incidents of sexual abuse within the past year, the practice was confirmed through interviews with the Warden, PSA Compliance Manager, and HSA.
- (g) GEO/PPIPC Policy 10.1.1 mandates the facility shall attempt to conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. This was confirmed through a review of the policy. Although there were no incidents within the past year in which a detainee-on-detainee abuser was identified, the practice was confirmed through interviews with the Warden, PSA Compliance Manager, and HSA.

§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) GEO/PPIPC Policy 10.1.1 mandates an incident review at the conclusion of every sexual abuse investigation and a written policy and practice review within 30 days at the conclusion of every sexual assault investigation determined not to be unfounded. Upon review of PREA investigation case information it was determined that a documented incident review was conducted after the conclusion of both sexual abuse allegation investigations that occurred in 2017. A formal policy and practice review was completed within 30 days after the conclusion of the sexual abuse investigation that was determined to be unsubstantiated. Documentation relating to these reviews was reviewed by a member of the audit team.
- (b) The incident review team considered the factors outlined within this section of the standard. Documentation of these reviews were contained in the case records of each investigation.
- (c) GEO/PPIPC Policy 10.1.1 mandates that annual reviews of each investigation and each incident review be conducted in an effort to assess and improve intervention, prevention, and response effort. Documentation of these reviews is on file in the PSA Compliance Manager's office and was reviewed by a member of the audit team during the audit.

§115.87 – Data collection.

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

Notes:

- (a) GEO/PPIPC 10.1.1-A mandates the facility maintain records associated with PREA/PSA investigations in a secure area located in the Operations Building. This was confirmed through a review of the policy. The practice was confirmed through the on-site observation of the auditors who viewed the investigation file storage area.

§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 audit team was given full access to all areas of the facility to conduct duties associated with the PREA audit.
- (e) The audit team was provided with the necessary relevant documentation needed to assess the facility level of compliance with the DHS PREA standards.
- (i) The audit team was permitted to conduct extensive interviews with both staff and detainees.
- (j) Detainees were permitted to send confidential correspondence to the audit team. There were two letters received by the audit team.

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.

Joseph Rion May 3, 2018

Auditor's Signature & Date