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

Homeland Security

| AUDITOR INFORMATION | | | |
|---|---|---|---|
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| **AGENCY INFORMATION** | | | |
| **Name of agency:** | U.S. Immigration and Customs Enforcement (ICE) | | |
| **FIELD OFFICE INFORMATION** | | | |
| **Name of Field Office:** | Miami | | |
| **Field Office Director:** | Liana Castano | | |
| **ERO PREA Field Coordinator:** | (b) (6), (b) (7)(C) | | |
| **Field Office HQ physical address:** | 865 SW 78th Avenue, Plantation, FL 33324 | | |
| **INFORMATION ABOUT THE FACILITY BEING AUDITED** | | | |
| **Basic Information About the Facility** | | | |
| **Name of facility:** | Broward Transitional Center | | |
| **Physical address:** | 3900 North Powerline Road, Pompano Beach, Florida 33073 | | |
| **Telephone number:** | 954-973-4485 | | |
| **Facility type:** | Contract Detention Facility | | |
| **PREA Incorporation Date:** | 6/26/2015 | | |
| **Facility Leadership** | | | |
| **Name of Officer in Charge:** | (b) (6), (b) (7)(C) | **Title:** | Facility Administrator |
| **Email address:** | (b) (6), (b) (7)(C) | **Telephone #:** | 954-957-(b) (6), (b) |
| **Name of PSA Compliance Manager**: | (b) (6), (b) (7)(C) | **Title:** | PSA Compliance Manager |
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## FINAL DETERMINATION

## SUMMARY OF AUDIT FINDINGS

**Directions:** Please provide summary of audit findings to include the number of provisions with which the facility has achieved compliance at each level after implementation of corrective actions: Exceeds Standard, Meets Standard, and Does Not Meet Standard.

During the audit, the Auditor found BTC met (32) standards, had (3) standards that exceeded, had (1) standard that was non-applicable, and had (5) non-compliant standards. As a result of the facility being out of compliance with (5) standards, the facility entered a 180-day corrective action period which began on October 24, 2023, and ended on April 27, 2024. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

The facility submitted documentation, through the Agency, for the CAP on January 4, 2024, through April 22, 2024. The Auditor reviewed the CAP and provided responses to the proposed corrective actions. The Auditor reviewed the final documentation submitted on April 25, 2024. In a review of the submitted documentation to demonstrate compliance with the deficient standards, the Auditor determined compliance with 100% of the standards.

**Number of Standards Initially Not Met: 5**

- §115.41 - Assessment for risk of victimization and abusiveness
- §115.42 - Use of assessment information
- §115.64 - Responder Duties
- §115.65 - Coordinated Response
- §115.81 - Medical and mental health screening; history of sexual abuse

**Number of Standards Exceeded: 0**

**Number of Standards Met: 5**

- §115.41 - Assessment for risk of victimization and abusiveness
- §115.42 - Use of assessment information
- §115.64 - Responder Duties
- §115.65 - Coordinated Response
- §115.81 - Medical and mental health screening; history of sexual abuse

**Number of Standards Not Met: 0**

## PROVISIONS

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

### §115.41 - Assessment for risk of victimization and abusiveness

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

**Notes:**

(a)(b)(c)(d)(f)(g): BTC policy 1.15 states, "All Detainees at BTC shall be assessed by a Nurse utilizing an objective screening instrument during intake to identify those likely to be sexual aggressors or sexual abuse victims and shall be housed to prevent Sexual Abuse, including taking necessary steps to mitigate any such dangers. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the Facility. BTC shall use the GEO PREA Risk Assessment Tool (See Attachment B) to conduct the initial risk screening assessment." BTC policy 1.15 further states, "It is prohibited for BTC's staff to discipline Detainees for refusing to answer or not providing complete information in response to certain screening. The facility shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by Employees or other Detainees." The Auditor reviewed a memorandum to the file which states, "Please be advised BTC only houses low and medium/low detainees, and we do not house any aggressors. The facility uses the information from the risk assessment for tracking purposes and not to house, recreation, or voluntary work." The Auditor reviewed the facility PREA SAAPI Risk Assessment and confirmed the assessment considers whether the detainee has a mental, physical, or developmental disability; the age of the detainee, the physical build and appearance of the detainee; whether the detainee has previously been incarcerated or detained; the nature of the detainee's criminal history; whether the detainee has any convictions for sex offenses against an adult or child; whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the detainee has self-identified as having previously experienced sexual victimization; the detainee's own concerns about his or her physical safety; prior acts of sexual abuse; prior convictions for violent offenses; and a history of prior institutional violence or sexual abuse. A review of the assessment form further confirms the assessment must be completed within 24 hours of arrival. In addition, a review of the assessment form confirms it requires a referral must be offered immediately using referral form, and the at-risk-score must be considered prior to housing. Interviews with two intake staff indicated detainees are asked the risk assessment questions during intake and if the detainee is LEP the staff will utilize the language line services or staff interpreters and document how the risk assessment was translated on the assessment form. Interviews with Intake staff further indicated once the risk assessment is completed the assessment is placed into a folder for the PSA Compliance Manager to review after the intake process is completed. However, Intake staff could not articulate the process that would occur if the assessment indicated a detainee is likely to be a sexual abuse victim or aggressor indicating detainees are housed based on their classification assignment from ICE and not based on information gathered from the PREA risk assessment. In an interview with the PSA Compliance Manager, it was indicated all assessments are kept in binders locked in her office and she maintains an excel spreadsheet of detainees who are potential victims and/or potential predators. However, the PSA Compliance Manager further indicated the facility does not utilize the PREA risk assessment or the information maintained on the excel spreadsheet to determine initial housing. In an interview with the PSA Compliance Manager, it was further indicated if a detainee is booked into the facility late on a Friday or over the weekend the assessment would not

be reviewed until the morning of the following Monday. In addition, the PSA Compliance Manager indicated the facility only houses detainees that ICE has classified as a low-level detainee; and therefore, the facility would not receive a known sexual predator. During the on-site audit, the Auditor observed an intake of an LEP detainee whose preferred language was Spanish and confirmed the Intake officer spoke to the detainee in Spanish to complete the SAAPI Risk Assessment; however, during the intake process the Intake officer confirmed a bed assignment had been made prior to completing the assessment. During the on-site audit, the Auditor reviewed 23 detainee files and confirmed each file had a completed PREA risk assessment in the detainee's preferred language; however, as the risk assessments did not include the time of completion the Auditor could not confirm the assessment had been completed within 12 hours as required by subsection (b) of the standard or within 24 hours as required by BTC policy 1.15.

(e): BTC policy 1.15 states, "BTC shall ensure that between 60 and 90 days from the initial assessment at the Facility, medical nurses, PSA Compliance Manager, or designee shall reassess each Detainee's risk for victimization or abusiveness. The reassessment will be recorded on PREA Vulnerability Reassessment Questionnaire (see Attachment C). At any point after the initial intake screening, a Detainee can be reassessed for risk of victimization or abusiveness when warranted based upon the receipt of additional, relevant information or following an incident or abuse or victimization." [sic] The Auditor reviewed the PREA Vulnerability Reassessment Questionnaire and confirmed the form requires a file review which states, "Has the inmate/detainee/resident received any infractions for sexual misconduct, filed any grievances related to threats of sexual assault, or received new information from external agencies since admission that would increase the residents' likelihood of being vulnerable to victimization." A review of the PREA Vulnerability Reassessment Questionnaire further confirms it inquires if the detainee identifies as lesbian, gay, bisexual, transgender/intersex or gender non-conforming; if the detainee has been forced or threatened to engage in sexual activity while at the facility, and if they feel safe. In an interview with the facility Investigator, it was indicated she is responsible for completing the detainee reassessments. In an interview with the facility Investigator, it was further indicated detainees are reassessed between 60 to 90 days, if new information is learned, and if the detainee was involved in an incident of sexual abuse in a face-to-face meeting with the detainee. In addition, the facility Investigator indicated once the reassessment is completed the detainee will sign and date the assessment. The Auditor reviewed 23 detainee files and confirmed reassessments were completed and documented in the file. In addition, the Auditor reviewed seven investigative files and confirmed that reassessments had been completed following an incident of sexual abuse or victimization as required by subsection (e) of the standard.

**Corrective Action:**

The facility is not in compliance with subsections (a), (c), and (d) of the standard. The Auditor reviewed the facility PREA SAAPI Risk Assessment and confirmed the assessment considers whether the detainee has a mental, physical, or developmental disability; the age of the detainee, the physical build and appearance of the detainee; whether the detainee has previously been incarcerated or detained; the nature of the detainee's criminal history; whether the detainee has any convictions for sex offenses against an adult or child; whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the detainee has self-identified as having previously experienced sexual victimization; the detainee's own concerns about his or her physical safety; prior acts of sexual abuse; prior convictions for violent offenses; and a history of prior institutional violence or sexual abuse; however, interviews with Intake staff indicated once the risk assessment is completed the assessment is placed into a folder for the PSA Compliance Manager to review after the intake process is completed. In addition, Intake staff could not articulate the process that would occur if the assessment indicated a detainee is likely to be a sexual abuse victim or aggressor indicating detainees are housed based on their classification assignment from ICE and not based on information gathered from the PREA risk assessment. In an interview with the PSA Compliance Manager, it was indicated all assessments are kept in binders locked in her office and she maintains an excel spreadsheet of detainees who are potential victims and/or potential predators. However, the PSA Compliance Manager further indicated the facility does not utilize the

PREA risk assessment or the information maintained on the excel spreadsheet to determine initial housing. In an interview with the PSA Compliance Manager, it was further indicated if a detainee is booked into the facility late on a Friday or over the weekend the assessment would not be reviewed until the morning of the following Monday. During the on-site audit, the Auditor reviewed 23 detainee files and confirmed each file had a completed PREA risk assessment in the detainee's preferred language; however, as the risk assessments did not include the time of completion the Auditor could not confirm the assessment had been completed within 12 hours as required by subsection (b) of the standard or within 24 hours as required by BTC policy 1.15. To become compliant, the facility must implement a procedure that requires initial housing and classification be completed within 12 hours as required by subsection (b) of the standard. Once implemented the facility must submit documentation that confirms all Intake and Classification staff, and the PSA Compliance Manager are trained on the implemented procedure. In addition, the facility must submit documentation that confirms all Intake and Classification staff, and the PSA Compliance Manager have been retrained on subsections (c) and (d) of the standard which requires the facility to consider information gained from the PREA risk assessment to include whether the detainee has amental, physical, or developmental disability; the age of the detainee, the physical build and appearance of the detainee; whether the detainee has previously been incarcerated or detained; the nature of the detainee's criminal history; whether the detainee has any convictions for sex offenses against an adult or child; whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the detainee has self-identified as having previously experienced sexual victimization; the detainee's own concerns about his or her physical safety; prior acts of sexual abuse; prior convictions for violent offenses; and a history of prior institutional violence or sexual abuse when determining initial housing. The facility must submit 10 detainee files to confirm all elements of subsections (c) and (d) of the standard were considered when determining initial housing and that initial housing and classification was completed within 12 hours of initial intake.

**Corrective Action Taken:**

The facility submitted a revised SAAPI Risk Assessment. The Auditor reviewed the revised SAAPI Risk Assessment and confirmed the revised SAAPI Risk Assessment includes whether the detainee has a mental, physical, or developmental disability; the age of the detainee, the physical build and appearance of the detainee; whether the detainee has previously been incarcerated or detained; the nature of the detainee's criminal history; whether the detainee has any convictions for sex offenses against an adult or child; whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the detainee has self-identified as having previously experienced sexual victimization; the detainee's own concerns about his or her physical safety; prior acts of sexual abuse; prior convictions for violent offenses; and a history of prior institutional violence or sexual abuse when determining initial housing; the detainee's arrival time, and the date and time the detainee signed the completed assessment. A review of the revised SAAPI Risk Assessment further confirms the revised SAAPI Risk Assessment includes the standard requirement to complete the classification and initial housing within 12 hours of arriving at the facility. The facility submitted a training memorandum regarding PREA standard 115.41. The Auditor reviewed the training memo and confirmed the memo instructs staff to complete the initial risk assessment within 12 hours of the detainee entering the facility and to utilize the risk assessment when determining all housing decisions. The facility submitted a PREA Training Sign-In Sheet which confirms all Intake Staff, Classification staff, and the PSA Compliance Manager have received training on the implemented procedure. The facility submitted 12 updated detainee risk assessments. The Auditor reviewed the updated completed initial risk assessments and confirmed the initial risk assessment was completed within 12 hours of arrival. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a), (c), and (d) of the standard.

**§115.42 - Use of assessment information**

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

**Notes:**

(a): BTC policy 1.15 states, "Screening information from standard Section (c) shall be used to determine assignment of Detainees to housing, recreation and other activities, and voluntary work. BTC shall make individualized determination about how to ensure the safety of each Detainee. The PSA Compliance Manager will maintain an "at risk log" of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment." The Auditor reviewed a memorandum to the file which states, "Please be advised BTC only houses low and medium/low detainees, and we do not house any aggressors. The facility uses the information from the risk assessment for tracking purposes and not to house, recreation, or voluntary work." Interviews with two intake staff indicated that detainees are asked the PREA Vulnerability Reassessment Questionnaire questions during intake and if the detainee is LEP, Intake staff will utilize the language line services or staff interpreters documenting the language the assessment form was translated into. Interviews with two Intake staff further indicated once completed, the assessment is placed into a folder for the PSA Compliance Manager to review at a later time. Intake Staff could not articulate the process that would occur if the assessment indicated a detainee is likely to be an abuser or a sexual abuse victim. In addition, Intake staff indicated that detainees are housed based on the classification assignment from ICE and not from information gained utilizing the initial risk assessment. In an interview with the PSA Compliance Manager, it was confirmed the facility does not utilize the assessment for housing, programming, or work assignments. The PSA Compliance Manager further indicated all assessments are kept in binders in her locked office and she keeps an excel spreadsheet of detainees who are potential victims and/or potential predators; however, the excel spreadsheet is not utilized to determine initial housing, recreation or other activities, or volunteer work programs. In addition, the PSA compliance Manager indicated the facility would not house a known predator at the facility, as the facility only houses detainees ICE has classified as a low-level detainee. During the on-site audit, the Auditor observed an intake of an LEP detainee whose preferred language was Spanish and confirmed the Intake Officer spoke to the detainee in Spanish to complete the SAAPI Risk Assessment; however, during an interview with the Intake Officer it was confirmed a bed assignment had been determined prior to completing the initial risk assessment. During the on-site audit, the Auditor reviewed 23 detainee files and confirmed each file had a completed risk assessment; however, although the Auditor could confirm, detainees were housed and provided work assignments, a review of the detainee files could not confirm information gathered from the PREA risk assessment was utilized to determine the detainee's initial housing, recreation and other activities, or voluntary work assignments.

(b)(c): BTC policy 1.15 states, "When making assessments and housing decisions for Transgender and Intersex Detainees, the facility shall consider the Detainee's gender self-identification and an assessment of the effects of placement on the Detainee's health and safety. BTC will consult with ICE. A Medical or Mental Health Practitioner shall be consulted as soon as practicable on these assessments and placement decisions which shall not be based solely on the identity documents or physical anatomy of the Detainee." BTC 15 further states, "The Detainee's self-identification of his/her gender and self-assessment of safety needs shall always be taken into consideration as well. Housing and programming assignments for each Transgender and Intersex Detainee shall be reassessed at least twice a year to determine any threats to safety experienced by the Detainee. Serious consideration shall be given to the individual's own views with respect to his/her own safety. Facilities shall use the Transgender Care Committee Summary form (see Attachment D) to conduct the six-month reassessment. When operationally feasible, Transgender and Intersex Detainees housed at BTC shall be given an opportunity to shower separately from other Detainees." An interview with the PSA Compliance Manager indicated the facility has a Transgender Classification and Care Committee that consists of the facility FA, the facility security chief, medical and/or mental health staff, and the PSA Compliance Manager and the ERO LGBTI liaison and the FOD is consulted. The PSA Compliance Manager further indicated, if during intake, a detainee self-identifies as being a transgender or intersex detainee, the detainee would be housed in the medical unit until the committee can make placement decisions and the effects the placement may have on the detainee's health and safety. In addition, the PSA Compliance Manager indicated the facility is notified that a transgender detainee is

going to be transported to the facility; and therefore, the committee will conduct an interview over the phone with the transgender detainee prior to his or her arrival to obtain the detainee's preference for housing, pat-down searches, and any other matters. The PSA Compliance Manager further indicated upon the detainee's arrival the committee will meet within 72 hours to assess medical, psychological, housing and any other needs the detainee may have, and the committee does not base the placement decision solely on the detainee's identity documents or the physical anatomy of the detainee. In addition, the PSA Compliance Manager indicated the committee does consider the detainee's self-assessment of his or her safety needs and if the detainee does not feel safe with the housing assignment or at the facility in general, the detainee would be housed in the medical unit until a transfer to another facility with protective custody can be arranged. In an interview with the PSA Compliance Manager, it was further indicated transgender and intersex detainees are able to shower separately from other detainees. An interview with the facility Investigator indicated that a reassessment is completed with all detainees between 60 and 90 days; and therefore, an assessment of the detainee's placement and programming would be completed every six months. In an interview with one transgender detainee, it was confirmed the facility considered the detainee's gender self-identification, the effect the placement would have on the detainee's health and safety, and that the detainee was able to shower separately from other detainees. The Auditor reviewed the transgender detainee's file and confirmed that a reassessment had been completed between 60 and 90 days.

**Corrective Action:**

The facility is not in compliance with subsection (a) of the standard. In an interview with the PSA Compliance Manager, it was confirmed the facility does not utilize information gathered from the PREA risk assessment to determine housing, recreation and other activities, or volunteer work assignments. The PSA Compliance Manager further confirmed for detainees who are booked into the facility late on Fridays or over the weekend, the assessment would not be reviewed until the following Monday morning. In addition, interviews with Intake staff confirmed detainees are housed based on the classification assignment from ICE and not from information gathered during the PREA risk assessment. During the on-site audit, the Auditor observed an intake of an LEP detainee whose preferred language was Spanish and confirmed the Intake Officer spoke to the detainee in Spanish to complete the SAAPI Risk Assessment; however, during an interview with the Intake Officer it was confirmed a bed assignment had been determined prior to completing the initial risk assessment. To become compliant, the facility shall establish a process that utilizes the information from the assessment under 115.41 to inform assignment of detainees to housing, recreation, and other activities, and voluntary work. Once implemented the facility must submit documentation that confirms all applicable staff have been trained on the updated procedure. The facility must provide the Auditor 15 detainee files that confirm the facility utilized the information learned from the assessment to inform assignment of detainees to housing, recreation, and other activities, and voluntary work.

**Corrective Action Taken:**

The facility submitted revised policy BTC-1-02. The Auditor reviewed revised policy BTC-1-02 and confirmed the revised policy requires a PREA risk assessment screening be conducted by Intake staff before the detainee is cleared to go to his/her room and if the detainee scores a four or more, or if they are at risk, the intake officer completing the assessment must immediately notify the medical department by phone and email. A review of revised policy BTC-1-02 further confirmed the revised policy requires staff utilize the information gathered from the revised risk assessment to determine the assignment of housing, recreation, voluntary work, and other activities. In addition, a review of revised policy BTC-1-02 confirms the revised policy requires the facility to consider housing the detainee based on information gathered from the PREA risk assessment, which includes: i. mental, physical, or developmental disability; ii. the age of the detainee, the physical build and appearance of the detainee; iii. whether the detainee has previously been incarcerated or detained; iv. the nature of the detainee's criminal history; v. whether the detainee has any convictions for sex offenses against an adult or child; vi. whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex or gender nonconforming; vii. whether the detainee has self-identified as having previously experienced sexual victimization; viii. the

detainee's own concerns about his or her physical safety; ix. prior acts of sexual abuse; prior convictions for violent offenses; and x. a history of prior institutional violence or sexual abuse. The facility submitted a training memorandum, and a training sign-in sheet, which confirms all Intake staff, Classification staff, PSA Compliance Manager, and all security supervisors received training on revised policy BTC-1-02. The facility submitted a revised dorm layout plan. The Auditor reviewed the revised dorm layout plan and confirmed the facility has designated rooms close to the officer's station for close monitoring should a detainee identify as being prone to sexual victimization during the initial risk assessment. The facility submitted a revised SAAPI risk assessment which includes the question "Was the information gathered from this form used to determine housing" and required the user to state yes or no and to describe the outcome. The facility submitted an updated "Volunteer Activities Screening" form. The Auditor reviewed the updated "Volunteer Activities Screening" form and confirmed the facility added "Was the information gathered from the Risk Assessment and At-Risk tracking log considered before approving the detainee for the Voluntary Work Program? [ ] Yes [ ] No" with staff initials. The facility submitted a memorandum to staff, with read receipts, which confirmed applicable staff have received training on updated "Volunteer Activities Screening" form. The facility submitted a memorandum to Auditor which states, "Please be advised that at Broward Transitional Center, recreation is determined by a detainee's housing assignment, which is monitored utilizing the facility tracking log, which is maintained based on information gained from the initial risk assessment." The facility submitted a copy of the "At Risk Log-Positive PREA Screening" form dated 4/17/2024. The Auditor reviewed the "At Risk Log-Positive PREA Screening" form and confirmed the facility utilizes information gained from the initial risk assessment to monitor and track the housing, recreation, and volunteer work of detainees who identified as being victims of prior sexual abuse or perpetrating sexual abuse. The facility submitted five detainee files which confirm the information gained from the initial risk assessment was utilized to determine the housing for the detainees. The facility submitted a memorandum to the Auditor which states, "Please be advised there have been no detainees who have requested and have been approved for volunteer work or programming since the implementation of the new procedure to include the updated volunteer programming form." Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (a) of the standard.

**§115.64 - Responder Duties**

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

**Notes:**

(a)(b): BTC policy 1.15 states, "Upon learning of an allegation that a Detainee was Sexually Abused, or if the Employee sees abuse, the first Security Staff member to respond to the report shall: a. Separate the alleged victim and alleged abuser; b. Immediately notify the on-duty security supervisor and remain on the scene until relieved by responding personnel; c. Preserve and protect, to the greatest extent possible, and crime scene until appropriate steps can be taken to collect any evidence; d. If the Sexual Abuse occurred within 96 hours, ensure that the alleged victim and alleged abuser do not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Request the alleged victim and ensure alleged abuser should be placed (separately) in a dry room or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; until the forensic examination can be performed. A Security Staff member of the same sex shall be placed outside the cell or area for direct observation to ensure these actions are not performed." BTC policy 1.15 further states, "If the first responder is not a Security Staff member, the responder shall be required to request that the alleged victim not take any action that could destroy physical evidence; remain with the alleged victim and notify Security Staff." A review of BTC policy 1.15 (which serves as the facility coordinated response plan) confirms it directs security first responders "If the Sexual Abuse occurred within 96 hours, ensure that the alleged victim and alleged abuser do not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating." A review of BTC policy 1.15 further confirms it directs security staff first

responders "Request the alleged victim and ensure alleged abuser should be placed (separately) in a dry room or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; until the forensic examination can be performed." As direction to security first responders is contradictory in two sections it does not provide clear direction to security first responders when responding to an allegation of sexual abuse regarding whether they should request or ensure the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Interviews with 12 security line staff and supervisors indicated if detainee reported an allegation of sexual abuse to them, they would separate the detainee, call for backup, secure the scene, and request the detainee victim and ensure the abuser does not take any action that could destroy physical evidence. Interviews with two non-security first responders indicated that they call for security staff, separate the detainees, and request the victim not to take action that can destroy evidence and ensure the perpetrator does not take action that can destroy evidence. The Auditor reviewed seven investigative files and confirmed each investigation included an incident report which indicated that the victim and the abuser were immediately separated and taken to medical for care and observation.

**Corrective Action:**

The facility is not in compliance with subsection (a) of the standard. A review of BTC policy 1.15 (which serves as the facility coordinated response plan) confirms it directs security first responders "If the Sexual Abuse occurred within 96 hours, ensure that the alleged victim and alleged abuser do not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating." A review of BTC policy 1.15 further confirms it directs security staff first responders "Request the alleged victim and ensure alleged abuser should be placed (separately) in a dry room or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; until the forensic examination can be performed." As direction to security first responders is contradictory in two sections it does not provide clear direction to security first responders when responding to an allegation of sexual abuse regarding whether they should request or ensure the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. To become compliant, the facility must revise BTC policy 1.15 (which serves as the facility's coordinated response plan) to allow for both sections to include the requirement if the abuse occurred within a time period that still allows for the collection of physical evidence, request the victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, smoking, drinking, or eating.

**Corrective Action Taken:**

The facility submitted revised BTC policy 1.15 which serves as the facility coordinated response plan. The Auditor reviewed revised BTC policy 1.15 and confirmed revised BTC policy 1.15 directs first responders to request the alleged victim, and ensure the alleged abuser, does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating if the sexual abuse occurred within 96 hours of being reported. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a) of the standard.

**§115.65 - Coordinated Response**

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

**Notes:**

(a)(b)(c)(d): BTC policy 1.15 states, "BTC has written protocols in place to coordinate the actions taken in response to incidents of Sexual abuse. The Facility Coordinated Response plan shall contain actions of staff first responders, Medical and Mental Health Practitioners, investigators, and Facility leadership. BTC's Prevention of Sexual Abuse (PSA) Compliance Manager shall be a required participant and the Corporate PREA Coordinator

may be consulted as part of this coordinated response. If the victim of Sexual Abuse is transferred between DHS Immigration Detention Facilities, the sending ICE facility staff shall, as permitted by law, inform the receiving ICE facility staff of the incident and the victim's potential need for medical or social services. If the victim of Sexual abuse is transferred to a non-DHS Facility, the sending Facility shall, as permitted by law, inform the receiving Facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." In addition, BTC policy 1.15 states, "Upon learning of an allegation that a Detainee was Sexually Abused, or if the Employee sees abuse, the first Security Staff member to respond to the report shall: a. Separate the alleged victim and alleged abuser; b. Immediately notify the on-duty security supervisor and remain on the scene until relieved by responding personnel; c. Preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence; d. If the Sexual Abuse occurred within 96 hours, ensure that the alleged victim and alleged abuser do not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. Request the alleged victim and ensure alleged abuser should be placed (separately) in a dry room or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; until the forensic examination can be performed." An interview with the PSA Compliance Manager indicated that BTC policy 1.15 is the facility's "Coordinated Response plan." A review of the plan indicates the facility utilizes a multidisciplinary team approach in responding to an incident. The facility coordinated response plan includes the actions to be taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident; however, a review of BTC policy 1.15 further confirms direction to security first responders is contradictory in two sections; and therefore, it does not provide clear direction to security first responders when responding to an allegation of sexual abuse regarding whether they should request or ensure the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In addition, a review of BTC policy 1.15 confirms it requires staff if the victim of Sexual Abuse is transferred between DHS Immigration Detention Facilities, the sending ICE facility staff shall, as permitted by law, inform the receiving ICE facility staff of the incident and the victim's potential need for medical or social services and if the victim of sexual abuse is transferred to a non-DHS Facility, the sending Facility shall, as permitted by law, inform the receiving Facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. However, subsections (c ) and (d) of the standard requires that the coordinated response plan direct staff if a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services and if a victim is transferred from a DHS immigration detention facility to a facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. In an interview with the HSA, it was confirmed if the detainee victim is transferred to a non-DHS facility, the medical staff would obtain the detainee's consent prior to providing the information to the receiving facility; however, the standard requires obtaining the detainee victim's consent if the detainee is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section. The Auditor reviewed seven investigative files and confirmed the facility did not transfer any detainees due to an incident of sexual abuse.

**Corrective Action:**

The facility is not in compliance with subsections (a), (c) and (d) of the standard. A review of BTC policy 1.15 (which serves as the facility coordinated response plan) confirms it directs security first responders "If the Sexual Abuse occurred within 96 hours, ensure that the alleged victim and alleged abuser do not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating." A review of BTC policy 1.15 further confirms it directs security staff first responders "Request the alleged victim and ensure alleged abuser should be placed (separately) in a dry room or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating,

defecating, smoking, drinking or eating; until the forensic examination can be performed." As direction to security first responders is contradictory in two sections it does not provide clear direction to security first responders when responding to an allegation of sexual abuse regarding whether they should request or ensure the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In addition, a review of BTC policy 1.15 confirms it requires staff if the victim of Sexual Abuse is transferred between DHS Immigration Detention Facilities, the sending ICE facility staff shall, as permitted by law, inform the receiving ICE facility staff of the incident and the victim's potential need for medical or social services and if the victim of sexual abuse is transferred to a non-DHS Facility, the sending Facility shall, as permitted by law, inform the receiving Facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. However, subsections (c ) and (d) of the standard requires that the coordinated response plan direct staff if a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services and if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform he receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. In an interview with the HSA, it was confirmed if the detainee victim is transferred to a non-DHS facility, the medical staff would obtain the detainee's consent prior to providing the information to the receiving facility; however, the standard requires obtaining the detainee victim's consent if the detainee is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section. To become compliant, the facility must revise BTC policy 1.15 (which serves as the facility's coordinated response plan) to allow for both sections to include the requirement if the abuse occurred within a time period that still allows for the collection of physical evidence, request the victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, smoking, drinking, or eating. In addition, the facility must revise BTC policy 1.15 to include the requirements if a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services and if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform he receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. Once the BTC policy 1.15 has been revised, the facility must submit documentation that confirms all applicable staff, including medical and mental health have been trained on the requirements of subsections (c) and (d) of the standard. If applicable, the facility must submit to the Auditor copies of sexual abuse allegation investigation files that include a detainee victim being transferred due to an incident of sexual abuse.

**Corrective Action Taken:**

The facility submitted revised BTC policy 1.15, which serves as the facility coordinated response plan. The Auditor reviewed the revised BTC policy 1.15 and confirmed the revised policy includes the verbiage "If the Sexual Abuse occurred within 96 hours, request that the alleged victim and ensure the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating." A review of revised BTC policy 1.15 further confirms the revised policy includes the verbiage "If a victim of sexual abuse is transferred between DHS PREA facilities the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services" and "if a victim is transferred from a DHS PREA facility to a non DHS PREA facility the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." The facility submitted training sign-in sheets which confirm applicable staff, including medical, have been trained on the revised policy. The facility submitted copies of facility emails which included an alleged victim of sexual abuse who was transferred from BTC due to an incident of sexual abuse. The Auditor reviewed the submitted

facility emails and confirmed a detainee victim of sexual abuse had requested protective custody and the facility transferred the detainee to another facility covered by subpart A or B of the standard. A review of copies of submitted facility emails further confirmed the facility notified the receiving facility of the victim's potential need for medical or social services as required by subsection (c) of the standard. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a), (c), and (d) of the standard.

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

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

**Notes:**

(a)(b)(c): BTC policy 1.15 states, "If during the intake assessment, the Nurse tasked with screening determines that a Detainee is at risk for either sexual victimization or abusiveness, or if the Detainee has experienced prior victimization or perpetrated sexual abuse, the Detainee shall be immediately referred to a Qualified Medical and/or Mental Health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the Detainee shall receive a health evaluation no later than two (2) working days from the date of assessment. When a referral for mental health follow-up is initiated, the Detainee shall receive a mental health evaluation no later than 72 hours after the referral." Interviews with two Intake staff indicated that detainees receive a PREA assessment during intake and if the detainee is LEP staff will document the use of language line services or staff interpreters to complete the PREA assessment. Interviews with two Intake staff further indicated once the assessment is completed it is placed into a folder for the PSA Compliance Manager to review at a later time. The Auditor reviewed a completed SAAPI Risk Assessment and confirmed the assessment form indicates if there are three or more "yes" responses Intake staff are required to make notification to the PSA Compliance Manager and then complete a mental health referral; however, a review of the SAAPI Risk Assessment further confirmed the detainee had three "yes" responses and the assessment had been placed in an envelope for the PSA Compliance Manager without a mental health referral being completed. In an interview with the PSA Compliance Manager, it was indicated the assessment form was being revised to include if there are four "yes" responses notifications would be made. In addition, in an interview with the PSA Compliance Manager it was further indicated she reviews all assessments and will complete the mental health referrals if needed; however, the PSA Compliance Manager further confirmed for detainees who are booked into the facility late on Fridays or over the weekend, the assessment would not be reviewed until the morning of the following. In an interview with the HSA, it was indicated if a referral is received for follow-up the detainee would receive a health evaluation within two days of receiving the referral. An interview with a mental health practitioner indicated that each morning she will look at the intake folder and review all assessments to determine if a mental health follow-up is needed and will immediately make an appointment for the detainee to be seen within 72 hours and her review is usually completed before she receives the referral from the PSA Compliance Manager. However, the mental health practitioner further indicated her normal working hours are Monday through Friday; and therefore, detainees who arrive at the facility late on Friday evening or over the weekend would not be reviewed until the morning of the following Monday. The Auditor reviewed 23 detainee files of which five assessments indicated the detainee had experienced prior sexual victimization. The Auditor reviewed documentation included in all five detainee files and confirmed the detainee was received during working hours; and therefore, a referral was made for a mental health follow-up on the same day the detainee was booked into the facility; however, in interviews with the mental health practitioner and the PSA Compliance Manager the Auditor confirmed that detainees who are booked into the facility late on Fridays or over the weekend, are not referred to mental health by Intake staff and will not have their assessment reviewed by mental health or the PSA Compliance Manager until the following Monday morning. A review of the five detainee files that included detainees who experienced a history of sexual abuse further confirmed the detainees were seen by mental health within 48 hours of receipt of the referral.

**Corrective Action:**

The facility is not in compliance with subsection (a) of the standard. The Auditor reviewed a completed SAAPI Risk Assessment and confirmed the assessment form indicates if there are three or more "yes" responses Intake staff are required to make notification to the PSA Compliance Manager and then complete a mental health referral; however, a review of the SAAPI Risk Assessment further confirmed the detainee had three "yes" responses and the assessment had been placed in an envelope for the PSA Compliance Manager without a mental health referral being completed. In an interview with the PSA Compliance Manager, it was further indicated she reviews all assessments and will complete the mental health referrals if needed; however, the PSA Compliance Manager further confirmed for detainees who are booked into the facility late on Fridays or over the weekend, the assessment would not be reviewed until the morning of the following Monday. In an interview with a mental health practitioner indicated that each morning she will look at the intake folder and review all assessments to determine if a mental health follow-up is needed and will immediately make an appointment for the detainee to be seen within 72 hours and her review is usually completed before she receives the referral from the PSA Compliance Manager. However, the mental health practitioner further indicated her normal working hours are Monday through Friday; and therefore, detainees who arrive at the facility late on Friday evening or over the weekend would not be reviewed until the morning of the following Monday. To become compliant, the facility must establish a process to ensure detainees who experience sexual abuse or perpetrated sexual abuse are immediately referred to a qualified medical or mental health practitioner for medical or mental health follow-up as needed. Once implemented the facility must submit documentation that confirms all Intake, medical, mental health staff, and the PSA Compliance Manager are trained on the new procedure. If applicable, the facility must submit 10 detainee files that include detainees who have experienced sexual abuse or perpetrator sexual abuse and are processed on a Friday evening or during the weekend to confirm an immediate referral was made for a medical or mental health follow up as needed.

**Corrective Action Taken:**

The facility submitted a revised BTC-1-02. The Auditor reviewed revised BTC-1-02 and confirmed revised BTC-1-02 requires a PREA risk assessment screening to be conducted by Intake staff before the detainee is cleared to go to his/her room and if the detainee scores a four or more or if they are at risk, the intake officer completing the assessment must immediately notify a Qualified Medical and/or Mental Health practitioner by phone and/or email and complete the medical/mental health referral form for a follow-up as appropriate. The facility submitted PREA Training Sign-In sheets confirming Intake staff, medical staff, and Mental Health staff have received training on revised policy BTC-1-02. The facility submitted a revised SAAPI risk assessment which includes "a referral made to a qualified medical and/or mental health practitioner." The facility submitted a Medical/Mental Health Referral Form, which includes a referral for a medical evaluation and/or a mental health evaluation. The facility submitted a memorandum which states "Please be advised that the facility does not have any detainee files which include detainees who have experienced sexual abuse or perpetrated sexual abuse who were processed on a Friday evening, or during the weekend, to confirm an immediate referral was made to medical or mental health for follow up as needed during the CAP period." Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (a) of the standard.

**AUDITOR CERTIFICATION:**

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

*Robin Bruck* 5/24/2024

**Auditor's Signature & Date**

(b) (6), (b) (7)(C) 5/28/2024

**Program Manager's Signature & Date**

(b) (6), (b) (7)(C) 5/24/2024

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

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

Homeland Security

| AUDIT DATES | | | |
|---|---|---|---|
| **From:** | 8/22/2023 | **To:** | 8/24/2023 |
| **AUDITOR INFORMATION** | | | |
| **Name of auditor:** | Robin Bruck | **Organization:** | Creative Corrections, LLC |
| **Email address:** | (b) (6), (b) (7)(C) | **Telephone #:** | 409-866- |
| **PROGRAM MANAGER INFORMATION** | | | |
| **Name of PM:** | (b) (6), (b) (7)(C) | **Organization:** | Creative Corrections, LLC |
| **Email address:** | (b) (6), (b) (7)(C) | **Telephone #:** | 409-866- |
| **AGENCY INFORMATION** | | | |
| **Name of agency:** | U.S. Immigration and Customs Enforcement (ICE) | | |

| FIELD OFFICE INFORMATION | |
|---|---|
| **Name of Field Office:** | Miami |
| **Field Office Director:** | Liana Castano |
| **ERO PREA Field Coordinator:** | (b) (6), (b) (7)(C) |
| **Field Office HQ physical address:** | 865 SW 78th Avenue Plantation, FL 33324 |

| INFORMATION ABOUT THE FACILITY BEING AUDITED | | | |
|---|---|---|---|
| **Basic Information About the Facility** | | | |
| **Name of facility:** | Broward Transitional Center | | |
| **Physical address:** | 3900 North Powerline Road Pompano Beach Florida 33073 | | |
| **Telephone number:** | | | |
| **Facility type:** | Contract Detention Facility | | |
| **PREA Incorporation Date:** | 6/26/2015 | | |
| **Facility Leadership** | | | |
| **Name of Officer in Charge:** | (b) (6), (b) (7)(C) | **Title:** | Facility Administrator |
| **Email address:** | (b) (6), (b) (7)(C) | **Telephone #:** | 954-957- |
| **Name of PSA Compliance Manager:** | (b) (6), (b) (7)(C) | **Title:** | PSA Compliance Manager |
| **Email address:** | (b) (6), (b) (7)(C) | **Telephone #:** | 954-957- |

## 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 Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of Broward Transitional Center (BTC) was conducted August 22 through August 24, 2023, by U.S. Department of Justice (DOJ) and DHS Certified PREA Auditor, Robin M. Bruck employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by U.S. Immigration and Customs Enforcement (ICE) PREA Contract Program Manager (PM) (b) (6), (b) (7)(C) and Assistant Program Manager (APM) (b) (6), (b) (7)(C), both DOJ and DHS Certified PREA Auditors. The PM accompanied the Auditor and provided guidance during the on-site audit. The PM's role is to provide oversight for the ICE PREA audit process and liaison with ICE Office of Professional Responsibilities (OPR), External Reviews and Analysis Unit (ERAU) during the audit review process. The purpose of the audit was to assess the facility's compliance with the DHS PREA Standards. The BTC is privately operated by the GEO Group and operates under contract with the DHS, Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO). The facility processes detainees who are pending immigration review or deportation. BTC is located in Pompano Beach, Florida. The audit is the third DHS PREA audit for BTC and includes a review from August 22, 2022, through August 22, 2023.

BTC consists of one building and has a design capacity of 700 detainees (595 males and 105 females). The facility Pre-Audit Questionnaire (PAQ) indicated 3254 adult detainees have been booked into the facility in the past 12 months. On the first day of the on-site audit, the detainee population was 563 (469 males and 94 females). BTC houses adult male and female detainees who are assigned a low custody level and must not have a criminal or institutional record that includes violent behaviors. The average length of stay is 45 days. The top three nationalities at the facility are Dominican Republic, Guatemala, and Mexico.

Male detainees are housed in rooms located in the North and South housing units. Female detainees are housed in rooms located in the West housing unit. Each room has five to six detainees assigned to the room. Each room has a bathroom that consists of a shower, toilet, and sink and has a door, allowing the detainees privacy when performing bodily functions, showering, or changing clothing. In addition, each room has an entry door with no locks, a large window that allows security staff to see into the rooms, and a "panic" button for a detainee to utilize if a detainee feels threatened or if there is an emergency in the room. North, South and West units surround the detainee recreational area. Facility procedures do not allow cross-gender supervision of the detainees. If cross-gender staff must enter the housing rooms, detainees are asked to step outside the area or the cross-gender staff must be accompanied by an officer of the same gender as the detainees. BTC does not house juveniles or family units.

Approximately four weeks prior to the on-site audit, Inspections and Compliance Specialist (ICS) ERAU Team Lead (TL), (b) (6), (b) (7)(C), provided the Auditor with the facility PAQ, Agency policies, facility policies, and other documentation to support compliance with the standards. The PAQ and supporting documentation was organized utilizing the PREA Pre-Audit: Policy and Document Request DHS Immigration Detention Facilities form and placed into folders for ease of auditing. The main policy that governs the BTC PREA program is 1.15 Sexual Assault/Abuse Prevention/Intervention. All documentation, policies, and the facility PAQ was reviewed by the Auditor prior to the on-site audit. In addition, the Auditor reviewed the Agency and facility websites. An entrance briefing was held in the BTC conference room on Tuesday, August 22, 2023, at 8:00 a.m. The ICE ERAU TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C) TL, ICS/ICE/OPR/ERAU
(b) (6), (b) (7)(C) Assistant Field Office Director (AFOD), ICE/ERO
(b) (6), (b) (7)(C) Facility Administrator (FA), GEO

(b) (6), (b) (7)(C) Manager Corporate Office, GEO Group
(b) (6), (b) (7)(C) PREA Investigator, GEO Group
(b) (6), (b) (7)(C) PSA Compliance Manager, GEO Group
(b) (6), (b) (7)(C) Assistant Facility Administrator (AFA), GEO Group
(b) (6), (b) (7)(C) Supervisory Detention and Deportation Officer (SDDO), ICE/ERO
(b) (6), (b) (7)(C) PM, Certified DOJ/DHS PREA Auditor, Creative Corrections, LLC
Robin M. Bruck, Certified DOJ/DHS PREA Auditor, Creative Corrections, LLC

The Auditor introduced herself and provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance to those present. The Auditor explained that the audit process is designed to not only assess compliance through written policy and procedures but also to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. The Auditor further explained compliance with the PREA standards will be determined based on a review of the policies and procedures, observations made during the facility on-site visit, documentation review, and conducting interviews with both staff and detainees.

An on-site tour of the facility was conducted by the Auditors and key staff from GEO Group and ICE. All areas of the facility where detainees are afforded the opportunity to go were observed including housing units, programming areas, booking/intake, recreation, visitation, laundry, food service, library, and medical. In addition, the Auditors observed the control center, sally port, and administrative offices. During the tour, the Auditors made visual observations of bathrooms and shower areas, camera locations, and the adequacy of staff in all areas of the facility and noted there were no notable blind spots in the facility. The Auditors observed PREA information in all common areas of the facility, and near the detainee telephones which included the DHS-prescribed sexual assault awareness notice, the Detention and Reporting Information Line (DRIL) poster, DHS Office of Inspector General (OIG) poster, the Nancy J. Cotterman Center (NJCC) poster, and information for contacting the consular officials. The information was predominately in English and Spanish; however, the facility reported that each of the posters, the ICE National Detainee Handbook, the facility handbook, and the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlets are on the detainee tablets and can be accessed in all languages currently available. At the time of the on-site audit, the detainee tablets were being updated and will be reassigned, three to each room; however, the updates on the tablets had not been completed prior to the Auditors exit from the facility. The Auditors tested the numbers provided for the DRIL, DHS OIG, NJCC, and the facility PREA Hotline and confirmed they were all in good working order.

A review of the BTC PAQ indicates the facility has 257 staff who have recurring contact with detainees, which includes 129 security staff (87 males and 42 females), 22 medical staff, and 1 mental health staff. Additional staff include administration, food service, maintenance, and religious services. Commissary staff are contracted and are employed by Keefe Group, LLC. In addition, the staff performing religious services at the facility, utilizes the services of volunteers. Security staff work in three shifts 0700-1500, 1500-2300 and 2300-0700. The facility provided the Auditors with staff rosters for staff interviews and file reviews. The Auditors conducted a total of 26 staff interviews which included 12 random GEO Group staff (including line-staff and first-line supervisors), and 14 specialized staff to include, the facility AFOD, SDDO, FA, GEO Group Corporate PREA Coordinator, PSA Compliance Manager who also serves as the facility Grievance Officer (GO), Human Resource Manager (HRM), Training Director, Intake Staff (2), Investigator who also serves as the facility Retaliation Monitor (RM) and Classification Officer, Classification Supervisor, Health Services Administrator (HSA), Mental Health practitioner. The Auditor did not conduct interviews of contractors or volunteers as they were not at the facility during the on-site audit. All interviews were conducted in a private setting, allowing for confidentiality for those participating in the interview process.

The Auditors conducted 24 detainee interviews (both male and female), which included 16 detainees who were limited English proficient (LEP), 1 transgender detainee, 1 victim of previous sexual abuse (who was provided

advocacy services at the completion of the interview), 1 victim who reported sexual abuse, 2 detainees who identified as gay, 2 detainee who had limited sight, and 1 random detainee. Each LEP interview was conducted with the use of a language line through Language Services Associates (LSA) provided by Creative Corrections, LLC. All interviews were conducted in a private setting, allowing for confidentiality for those participating in the interview process.

The facility PAQ reported there is one specially trained facility Investigator to complete all allegations of sexual abuse. The facility PREA Allegation Spreadsheet indicated the facility had seven PREA allegations closed during the audit period. The Auditor reviewed all seven investigation files and confirmed the files included six detainee-on-detainee allegations (four unsubstantiated, one unfounded, and one substantiated) and one staff-on-detainee allegation which was determined to be unfounded.

An exit briefing was conducted on Thursday, August 24, 2023, at 10:30 a.m. The ICE ERAU TL opened the briefing and turned it over to the Auditor. In attendance were:

(b) (6), (b) (7)(C) TL, ICS/ICE/OPR/ERAU
(b) (6), (b) (7)(C) AFOD, ICE/ERO
(b) (6), (b) (7)(C) FA, GEO Group
(b) (6), (b) (7)(C) Manager Corporate Office, GEO Group
(b) (6), (b) (7)(C) PREA Investigator, GEO Group
(b) (6), (b) (7)(C), PSA Compliance Manager, GEO Group
(b) (6), (b) (7)(C), AFA, GEO Group
(b) (6), (b) (7)(C) SDDO, ICE/OPR
Robin M. Bruck, Certified DOJ/DHS PREA Auditor, Creative Corrections, LLC

The Auditor spoke briefly and informed those present that it was too early in the audit process to formalize a determination of compliance with each standard. The Auditor further advised she would review all documentation, interview notes, file review notes, and on-site observations to determine compliance. The Auditor thanked all facility staff for their cooperation in the audit process. The ICE ERAU TL explained the audit report process, timeframes for any corrective action imposed, and the timelines for the final report.

## SUMMARY OF AUDIT FINDINGS

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

**Number of Standards Exceeded: 3**

- §115.15 - Limits to cross-gender viewing and searches
- §115.31 - Staff Training
- §115.32 - Other Training

**Number of Standards Met: 32**

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
- §115.13 - Detainee supervision and monitoring
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient
- §115.17 - Hiring and promotion decisions
- §115.18 - Upgrades to facilities and technologies
- §115.21 - Evidence protocols and forensic medical examinations
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight
- §115.33 - Detainee Education
- §115.34 - Specialized training: Investigations
- §115.35 - Specialized training: Medical and mental health care
- §115.43 - Protective Custody
- §115.51 - Detainee Reporting
- §115.52 - Grievances
- §115.53 - Detainee access to outside confidential support services
- §115.54 - Third-party reporting
- §115.61 - Staff and Agency Reporting Duties
- §115.62 - Protection Duties
- §115.63 - Reporting to other Confinement Facilities
- §115.66 - Protection of detainees from contact with alleged abusers
- §115.67 - Agency protection against retaliation
- §115.68 - Post-allegation protective custody
- §115.71 - Criminal and administrative investigations
- §115.72 - Evidentiary standard for administrative investigations
- §115.73 - Reporting to detainees
- §115.76 - Disciplinary sanctions for staff
- §115.77 - Corrective action for contractors and volunteers
- §115.78 - Disciplinary sanctions for detainees
- §115.82 - Access to emergency medical and mental health services
- §115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
- §115.86 - Sexual abuse incident review
- §115.87 - Data collection
- §115.201 - Scope of Audit

**Number of Standards Not Met: 5**

- §115.41 - Assessment for risk of victimization and abusiveness
- §115.42 - Use of assessment information
- §115.64 - Responder Duties
- §115.65 - Coordinated Response
- §115.81 - Medical and mental health screening; history of sexual abuse

**Number of Standards Not Applicable: 1**

- §115.14 - Juvenile and family detainees

## PROVISIONS

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

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

**Outcome:** Meets Standard

**Notes:**

(c): BTC policy 1.15 states, "BTC mandates zero tolerance towards all forms of Sexual Abuse." The Auditor reviewed BTC policy 1.15 and confirmed it includes definitions of sexual abuse and general PREA definitions. In addition, a review of BTC policy 1.15 confirms it outlines the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment through; but not limited to, hiring practices, training, unannounced rounds, mandatory reporting, investigations, and support from victim advocates. During the on-site audit, the Auditor observed the DHS-prescribed sexual assault awareness notice posted in all facility common areas in both English and Spanish. Formal interviews with ICE staff, GEO Group staff and staff contractors confirmed they were knowledgeable regarding the Agency and the facility's zero-tolerance policies. An interview with the AFOD and review of a memorandum to the file, confirms that the Sexual Assault and Abuse Prevention and Intervention policy has been reviewed and approved by the Agency.

(d): BTC policy 1.15 states, "BTC's Facility Administrator shall designate a local PSA Compliance Manager within the Detention Immigration Facility who shall serve as the facility point of contact for the DHS PSA Coordinator and Corporate PREA Coordinator." An interview with the PSA Compliance Manager, confirmed she has sufficient time and authority to oversee the facility's efforts to comply with the facility sexual abuse prevention and intervention policies and procedures and she serves as the facility point of contact for the Agency PSA Coordinator. The Auditor reviewed the BTC Organizational Chart and confirmed the PSA Compliance Manager reports directly to the facility FA.

**Corrective Action:**

No corrective action needed.

### §115.13 - Detainee supervision and monitoring

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): BTC policy 1.15 states, "BTC shall ensure that it maintains sufficient supervision of Detainees, through appropriate staffing levels and, where applicable, video monitoring, to prevent and protect Detainees against Sexual abuse. BTC shall develop and document comprehensive Detainee supervision guidelines to determine and meet the Facility's Detainee supervision needs and shall review those guidelines at least annually." During the on-site audit the Auditor reviewed the facility's Annual PREA Facility Assessment dated September 12, 2022 and confirmed in determining adequate levels of detainee supervision and the need for video monitoring the facility took into consideration generally accepted detention and correctional practices; any judicial findings of inadequacy; the physical layout of the facility; the composition of the detainee population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; the findings and recommendations of sexual abuse incident review reports, and any other relevant factors. In addition, the Auditor reviewed the facility comprehensive detainee supervisions guidelines and confirmed the guidelines were reviewed by facility administration in September 2022. During an interview with the AFOD, it was confirmed once the facility has

reviewed and/or revised the comprehensive detainee supervision guidelines, they are submitted to his office, for review and approval. In an interview with the facility FA, it was indicated to ensure adequate supervision of detainees the facility would utilize overtime to cover facility posts. During the on-site audit, the Auditors observed adequate staff and video monitoring technology throughout the facility.

(d): BTC policy 1.15 states, "BTC will maintain a practice requiring Security Supervisors to conduct unannounced rounds on each shift. Additionally, the Warden shall identify management staff (i.e., Warden, Assistant Warden, Fire Safety Manager, PREA Compliance Administrator, and Programs Manager) who will also conduct unannounced rounds throughout the facility to deter Employee Sexual Abuse and Sexual Harassment. Unannounced rounds shall be implemented no less than once per week for all shifts and will be documented in the logbooks. Employees are prohibited from alerting other Employees that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of BTC. In an interview with the PSA Compliance Manager, it was indicated the facility maintains a Duty Officer Schedule and the rank of Lieutenant and above is assigned as the Duty Officer on a weekly basis. Interviews with the PSA Compliance Manager further indicated during their assigned week, each Duty Officer is required to conduct unannounced security inspections within the facility at different times of the day and must include at least one round on every shift and the unannounced security inspections are documented in the facility logbooks. During the on-site audit, the Auditor observed the logbook entries and confirmed unannounced security inspections are conducted frequently and on every shift. During interviews with two security supervisors, it was confirmed they could articulate the purpose for conducting unannounced security inspections. Interviews with two security supervisors further confirmed in addition to completing unannounced security inspections in the housing units, inspections are conducted after hours in areas that are closed for the night. In an interview with the facility FA, it was confirmed staff are prohibited from alerting other staff and will be disciplined for any violations of the policy.

**Recommendation (d):** The Auditor recommends the facility update BTC policy 1.15 to coincide with the facility's current practice that requires staff to complete unannounced security inspections every day on every shift.

**Corrective Action:**

No corrective action needed.

**§115.14 - Juvenile and family detainees**

**Outcome:** Not Applicable

**Notes:**

(a)(b)(c)(d): BTC does not house juveniles or family detainees. A review of the PAQ, a memorandum to the file which states, "Broward Transitional does not house juvenile or family detainees", and interviews with the facility FA and security line staff confirmed the facility does not house juveniles or family detainee units.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Exceeds Standard

**Notes:**

(b)(c)(d)(e)(f): BTC policy 1.15 states, "Cross-gender pat-down searches of male Detainees shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required or in Exigent Circumstances. BTC shall not permit cross-gender pat-down searches of female Detainees, absent Exigent Circumstances. BTC shall document all strip searches, visual body cavity and cross-gender pat-down searches. Cross-gender strip searches or cross-gender visual body cavity searches shall not be conducted except in Exigent Circumstances, including consideration of officer safety, or when performed by

Medical Practitioner." During interviews with 12 security line staff and supervisors, it was confirmed they were aware cross-gender pat-down searches could not be conducted; however, if one were to occur due to an exigent circumstance, it must be documented. Interviews with 12 security line staff and supervisors further indicated they do not conduct strip searches, cross-gender strip searches, or visual body cavity searches of detainees; however, if there was one conducted due to exigent circumstances, it would be documented on the "Strip and Viewing Search log." Interviews with 24 detainees confirmed they had been pat-down searched in a professional and respectful manner upon entry to the facility by a staff member of the same gender. During the on-site audit, the Auditor observed a pat-down search and confirmed the search had been conducted in a professional and respectful manner by staff member of the same gender as the detainee being searched.

(g): BTC policy 1.15 further states, "BTC shall implement policies and procedures which allow Detainees to shower, change clothing, and perform bodily functions without Employees of the opposite gender viewing them, absent Exigent Circumstances or instances when the viewing is incidental to routine cell checks or otherwise appropriate in connections with a medical examination or monitored bowel movement. BTC policies and procedures require Employees of the opposite gender to announce their presence when entering housing units or any areas where Detainees are likely to be showering, performing bodily functions, or changing clothes." Post Order (PO) #1 Housing Officer states, "Male staff will not search or enter a female detainee's room without a female staff member being present. Female staff will not enter a male detainee's room without the presence of a male staff member." In addition, PO #1 states, "Prior to any male staff member entering the female housing unit, he MUST be announced via radio. When a male staff member or visitor enters the housing unit, the on-duty housing officers will verbally announce "male on the floor." This statement will be made in a tone loud enough to be heard by female detainees in the hall and common areas of the housing unit…" Interviews with the facility FA and the PSA Compliance Manager indicated that female staff are not assigned to work in male housing units and male staff are not assigned to work in female housing units. Interviews with the facility FA and the PSA Compliance Manager further indicated opposite gender staff must be accompanied by staff of the same gender as the detainees before they may enter the housing area. Interviews with 24 detainees confirmed they are always aware when staff of the opposite gender are entering the housing area. In addition, interviews with 24 detainees indicated staff of the opposite gender do not normally enter their rooms. Based on the facility's proactive approach of not assigning opposite gender staff in housing units to allow detainees privacy from viewing by the opposite gender while performing bodily functions, showering, and changing of clothing the Auditor finds the facility exceeds subsection (g) of the standard.

(h): BTC is not designated as Family Residential Centers; therefore, provision (h) is not applicable.

(i)(j): BTC policy 1.15 states, "BTC shall not search or physically examine a Detainee for the sole purposes of determining the Detainee's genital characteristics. If the Detainee's gender is unknown, it may be determined during conversations with the Detainee, by reviewing medical records, or by learning the information as part of a standard medical examination that all Detainees must undergo as part of intake or other processing procedures conducted in private by the Medical Practitioner." BTC policy 1.15 further states, "Security staff at BTC shall be trained to conduct pat-down searches, including cross-gender pat-down searches and searches of Transgender and Intersex Detainees in a professional and respectful manner, and in the least intrusive manner possible, including consideration of officer safety." The Auditor reviewed the facility Sexual Abuse and Assault Prevention and Intervention (PREA) training curriculum, which states, "Remember, the PREA Standards impose a complete ban on searching or physically examining a transgender or intersex detainee or resident for the sole purpose of determining their genital status." In addition, a review of the training curriculum confirms it contains slides that require staff conduct pat-down searches in a professional and respectful manner. Interviews with 12 security line staff and supervisors indicated they would not search or physically examine a transgender or intersex detainee for the sole purpose of determining their genital status. Interviews with 12 security line staff and supervisors further indicated they received cross-gender pat-down search training and training on conducting a pat-down search of a transgender or intersex detainee. In addition, interviews with 12 security line staff and supervisors confirmed

they could articulate the difference between conducting a pat-down search of a detainee and a pat-search of a transgender/intersex detainee. The Auditor reviewed 20 staff training files and confirmed all had received training in the proper procedures for conducting pat-down searches, including cross-gender pat-down searches and searches of transgender and intersex detainees. A review of 20 staff training files further confirmed staff must complete the pat-down search training on a yearly basis.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b): BTC policy 1.15 states, "BTC shall ensure that Detainees with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, or have intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the Company's efforts to prevent, detect, and respond to Sexual Abuse and Assault." BTC policy 1.15 further states, "Facility staff shall use methods to ensure effective communication, which shall include, when necessary, access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation." During the on-site audit, the Auditor observed the facility had an ample supply of the ICE National Detainee Handbook available in the 14 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese and the DHS-prescribed SAA Information pamphlet available in the 15 most prevalent languages encountered by ICE, (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Vietnamese, Turkish, and Ukrainian). In addition, the Auditor observed the facility supplemental handbook available in English and Spanish only; however, the Auditor was able to review the facility intake log completed each time the facility language line is utilized to provide PREA information to a detainee, and confirmed, the facility has the ability to translate the facility Supplemental Handbook in other languages utilizing Google Translate. Interviews with the facility PSA Compliance Manager and two Intake staff, indicated reasonable accommodations are made to ensure detainees who are deaf or hard of hearing or are blind or have limited sight receive notification, orientation, and instruction on the facility sexual abuse prevention and response, to include but not limited to, the use of a Teletypewriter/Telecommunications device for the deaf, (TTY/TDD) phone, video remote interpreting via I-pad, hearing aid/amplifier, ICE Effective Communication card for the deaf detainees, Eye-Pal Reader, Audio Books, Braille books for the blind, and the Eye-Pal reader that can also be used for those with limited reading skills. Interviews with facility PSA Compliance Manager and two Intake staff, further indicated if a detainee had an intellectual, psychiatric, or speech difficulty staff would talk slowly on their level and would request the detainee repeat the information back for confirmation it was understood. During the on-site audit PREA information, to include the DHS-prescribed sexual assault awareness notice, instructions and contact information for the DHS OIG, DRIL, and NJCC was observed in all common areas of the facility in both English and Spanish. In addition, the Auditor observed the detainees have access to information regarding PREA and how to report an incident of sexual abuse on televisions located in each room available in English and Spanish only; however, an interview with the PSA Compliance Manager indicated the video transcript can be translated to a detainee's preferred language, if needed. During the on-site audit, the Auditor observed the booking process of a LEP detainee whose preferred language was Spanish and confirmed the facility utilized an employee who spoke Spanish to interpret the PREA information for the detainee and the detainee was provided the ICE National Detainee Handbook, the DHS-prescribed SAA Information pamphlet, and the facility Supplemental Handbook in Spanish. Interviews with 24 detainees confirmed they were provided the ICE National Detainee Handbook, the DHS-prescribed SAA Information pamphlet, and the facility supplemental handbook in a language they could understand. In addition, interviews with two detainees with limited sight confirmed both detainees were provided with specialty eyeglasses and were able to read and understand the PREA information.

(c): BTC policy 1.15 states, "In matters relating to Sexual Abuse, BTC shall provide in-person or telephonic interpretation services that enable effective, accurate and impartial interpretation, by someone other than another Detainee, unless the Detainee expresses a preference for a Detainee interpreter and BTC staff determines that such interpretation is appropriate. Any use of these interpreters under these type circumstances shall be justified and fully documented in the written investigative report. Minors, alleged abusers, Detainees who witnessed the alleged abuse, and Detainees who have a significant relationship with the alleged abuser shall not be utilized as interpreters in matters relating to allegations of sexual abuse." The Auditor reviewed the facility Sexual Abuse and Assault Prevention and Intervention (PREA) training curriculum which states, "Detainee interpreters, detainee readers or other types of detainee assistants may not be used unless the detainee expresses a preference for a detainee interpreter and the Facility determines that such interpretation is appropriate. Minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser shall not be utilized as interpreters in matters relating to allegations of Sexual Abuse." Interviews with 12 security line staff and supervisors confirmed they would not utilize a detainee for interpretation unless the detainee expressed a preference, and the Agency determines the interpretation would be appropriate. An interview with the facility Investigator confirmed if the detainee requested another detainee to provide interpretation during an investigation into an allegation of sexual abuse the request, and who provided the interpretation, would be documented in the investigative report. The Auditor reviewed seven sexual abuse allegation investigation reports and confirmed none of the detainee victims had requested the use of another detainee to interpret during the investigation.

**Recommendation (c):** The Auditor recommends the facility update BTC policy 1.5 to include the requirement that the Agency determines if the interpretation is appropriate and not staff or the facility to coincide with the facility practice.

**Corrective Action:**

No corrective action needed.

**§115.17 - Hiring and promotion decisions**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, collectively require "anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks." ICE Directive 7-6.0 outlines "misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application." The Unit Chief of OPR Personnel Security Operations (PSO) informed auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. BTC policy 1.15 states, "BTC is prohibited from hiring or promoting anyone who will have direct contact with Detainees who have engaged in Sexual Abuse in a prison, jail, holding Facility, community confinement Facility, Juvenile Facility or other institution; who has been convicted of engaging in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. BTC shall ensure that a background investigation is conducted, including a criminal background records check, is conducted to determine whether the candidate for hire is suitable for employment with the Facility or Agency and make its bests efforts to contact prior institutional employers to

obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to hiring new Employees. Background investigations, including criminal background records checks shall be repeated for all Employees at least every five years." BTC policy 1.15 further states, "BTC shall also impose upon Employees a continuing affirmative duty to disclose any such conduct as part of its hiring and promotional processes and during annual performance reviews for current Employees. Material omission regarding such misconduct, or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of employment, as appropriate." In addition, BTC policy 1.15 states, "BTC is prohibited from contracting with anyone, who will have direct contact with Detainees, who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or in the community. BTC shall conduct a background investigation, including criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegations of Sexual Abuse, prior to enlisting the services of any Contractor. Background investigations, including criminal background checks shall be repeated for all Contractors at least every five years." An interview with the HRM indicated that before hiring a potential employee they must complete the Electronic Questionnaire for Investigation Processing (e-QIP) and must provide fingerprints. The HRM further indicated background checks are completed by the ICE PSU and ICE will determine suitability for hiring. In addition, the HRM indicated potential employees will fill out a Declaration for Federal Employment which states, "All your answers must be truthful and complete. A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you or for firing you after you begin work." The HRM, further indicated, all potential staff and contractors are required to complete the DHS 6 Code of Federal Regulations Part 115 which asks potential staff/contractors all questions required by subsection (a) of the standard. The form requires the participant to sign the form which includes "I understand that a knowing and willful false response may result in a negative finding regarding my fitness as a contract employee supporting ICE. Furthermore, should my answers change at any time I understand I am responsible for immediately reporting the information to my Program Manager." Utilizing the PSU Background Investigation for Employees and Contractors, the Auditor submitted 20 names of ICE and GEO Group staff to confirm background investigations. Documentation was provided to confirm all submitted names had completed a background check, the Declaration for Federal Employment, and the DHS 6 Code of Federal Regulations Part 115 prior to being hired. In addition, a review of the PSU Background Investigation for Employees and Contractors confirmed background investigations are completed every five years. A review of the PSU Background Investigation for Employees and Contractors further confirmed there was one contractor the documentation could not confirm had received a background check; however, the facility provided the Auditor with the required documents during the on-site audit. The Auditor reviewed the personnel files of three GEO Group employees promoted during the audit period and confirmed each file contained the DHS 6 Code of Federal Regulations Part 115 which asks potential staff/contractors all questions required by subsection (a) of the standard. An interview with the AFOD indicated that no ICE staff had been promoted during the audit period. An interview with the GEO Corporate PREA Coordinator confirmed GEO does provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

**Corrective Action:**

No corrective action needed.

## §115.18 - Upgrades to facilities and technologies

**Outcome:** Meets Standard

**Notes:**

(a)(b): BTC policy 1.15 states, "BTC shall consider the effect any new or upgraded design, acquisition, expansion or modification of the physical plant or monitoring technology might have on BTC's ability to protect Detainees in BTC from Sexual Abuse." Interviews with the facility FA and PSA Compliance Manager indicated BTC considered the effect of upgrading and installing video monitoring technology on the facility's ability to protect detainees from sexual abuse. The Auditor reviewed a memorandum to the file which states, "The (b) (6), (b) (7)(C)

(b) (7)(E) in the areas that detainees frequently gather. The other (b) (7)(E) of detainees moving throughout the facility." In addition, the Auditor reviewed documentation on the installation of the (b) (7)(E) to protect detainees from sexual abuse. In interviews with the facility FA and PSA Compliance Manager it was confirmed the facility has not acquired, expanded, or modified the physical plant during the audit period.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): The Agency's Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency's evidence and investigation protocols. Per Policy 11062.2, "when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted." BTC policy 1.15 states, "BTC shall follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for juveniles where applicable and developed in coordination with the Department of Homeland Security (DHS). BTC shall offer all Detainees who experience Sexual Abuse access to forensic medical examinations by an outside entity with the victim's consent and without cost to the Detainee and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite Qualified Medical Practitioner may perform the examination if a SAFE or SANE is not available. The outside (i.e., Nancy J. Cotterman Center) or internal victim advocate shall provide emotional support, crisis intervention, information and referrals. As requested by the victim, the presence of his or her outside or internal victim advocate including any available victim advocacy services offered by a hospital conducting the forensic exam, shall be allowed for support during a forensic exam and investigatory interviews." The Auditor reviewed a Memorandum of Understanding (MOU) between the GEO Group, INC., and Broward County, which was executed on June 15, 2023, and remains in effect for a period of 5 years and confirmed Broward County agreed to provide services for all BTC detainees who are victims of sexual assault through NJCC. The provided services include forensic medical examination conducted by a qualified Sexual Assault Nurse Examiner (SANE), a Sexual Assault Helpline, a sexual assault advocate to accompany and support the victim through the forensic medical exam and investigatory interviews to provide emotional support, crisis intervention, and information and referrals that may be needed. During the on-site audit the Auditor tested the sexual assault helpline utilizing the detainee phones and confirmed the number could be accessed by the detainees. In addition, during the on-site audit, the Auditor spoke with a victim advocate from the NJCC, and confirmed the required services are provided to detainees housed at BTC. The victim advocate from NJCC further stated, if a detainee was involved in a sexual assault and consented to a forensic exam, he/she would be transported to the NJCC or the SANE would travel to the facility to conduct a forensic examination at no cost to the detainee and a victim advocate would accompany the detainee during the exam and during investigatory interviews to provide emotional support, crisis intervention, and counseling.

(e): Interviews with the facility FA and the PSA Compliance Manager confirmed the Broward County Sheriff's

Office (BCSO) is responsible for conducting criminal investigations of sexual abuse that occur at BTC. The Auditor reviewed an email communication between the facility and the BCSO which confirmed the facility has requested BCSO follow the requirements of subsections (a) through (d) of the standard.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): The Agency provided Policy 11062.2, which states in part that; "when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG)." GEO policy 5.1.2-F, Investigating Allegations of Sexual Abuse and Assault and Evidence Collection in Immigration Detention Facilities, states, "Each facility will have a policy in place to ensure that each allegation of sexual abuse is investigated by the facility or referred to an appropriate law enforcement agency with legal authority to conduct criminal investigations" and "the facility shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse." GEO policy 5.1.2-F further states, GEO shall publish this policy on its website in lieu of each facility making their local protocol available." In addition, GEO policy 5.1.2-F states, "When a detainee or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure the incident is promptly reported to the ICE Office of Enforcement and Removal Operations (ERO), who shall ensure the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or DHS Office of the Inspector General and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation. When an employee, contractor or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure the incident is promptly reported to ERO, who shall ensure the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of the Inspector General. If the allegation is potentially criminal, the facility shall ensure it is promptly referred to an appropriate law enforcement agency having jurisdiction for investigation." A review of GEO policy 5.1.2-F further confirms it includes a description of responsibilities of the agency, the facility and other investigating entities; and requires the documentation and maintenance, of all investigation reports be maintained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years and requires no matter what the circumstances the files will be retained for no less than ten years. The Auditor reviewed the GEO Group, Inc. website https://www.geogroup.com/PREA and the Agency website (https://www.ice.gov/prea) and confirmed the required protocols are posted and available to the public. An interview with the facility Investigator indicated that all allegations of sexual abuse are investigated at the facility. The facility Investigator further indicated, when the facility receives an allegation of sexual abuse BCSO is immediately called to the facility for a criminal investigation. In addition, the facility Investigator further indicated, an administrative investigation will begin once the BCSO has determined if a criminal investigation will continue or if they are declining to investigate. An interview with the facility FA indicated that all allegations are immediately reported to the AFOD. In an interview with the AFOD it was indicated he would report the allegation to the Joint Intake Center (ICE) and the OPR. The Auditor reviewed seven investigation files and determined the BCSO had been called to the facility in all cases and notifications had been made to the JIC and OPR.

**Corrective Action:**

No corrective action needed.

**§115.31 - Staff Training**

**Outcome:** Exceeds Standard

**Notes:**

(a)(b)(c): BTC policy 1.15 states, "All Employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program." BTC policy 1.15 further states, "PREA/SAAPI refresher training shall be conducted each year thereafter for all Employees. Refresher training shall include updates to Sexual Abuse and Assault policies. Employees shall document through signature on the PREA Basic Training Acknowledgement Form (see Attachment E) that they understand the training they have received." The Auditor reviewed the facility Sexual Abuse and Assault Prevention and Intervention (PREA) 2020 training curriculum and confirmed the training includes the Agency and the facility's zero tolerance policies for all forms of sexual abuse; definitions and examples of prohibited behavior; the right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; recognition of situations where sexual abuse may occur; recognition of physical, behavioral, and emotions signs of sexual abuse, and methods of preventing and responding to such occurrences; how to avoid inappropriate relationships with detainees; how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees; procedures for reporting knowledge or suspicion of sexual abuse; and the requirement to limit reporting sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigation purposes." Interviews with the PSA Compliance Manager, the facility Training Director, and 12 random security line staff and supervisors indicated that employees are required to attend PREA training on a yearly basis. Interviews with 12 security line staff and supervisors confirmed staff could articulate their knowledge of PREA including all required elements required by the standard. The Auditor reviewed 20 staff training files and confirmed documentation of the training received each year is maintained in the staff training files. In addition, a review of three of the training files confirmed the employees had been employed at the facility prior to May 2014, had received training in 2014, and received training every year thereafter. The Auditor reviewed certificates of completed training of all ICE staff assigned to the facility and confirmed all ICE staff have received the required training on a yearly basis. Based on the Auditor's review of all submitted documentation that included training records of all GEO Group, contracted, and ICE staff that confirmed staff are required to receive annual PREA training the Auditor finds the facility exceeds standard 115.31.

**Corrective Action:**

No corrective action needed.

**§115.32 - Other Training**

**Outcome:** Exceeds Standard

**Notes:**

(a)(b)(c): BTC policy 1.15 states, "All Employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program. BTCs Program Department shall ensure that all Volunteers who have contact with Detainees are trained on their responsibilities under GEO's Sexual Abuse and Assault prevention, detection and response policies and procedures. The level and type of training provided to Volunteers shall be based on the services they provide and the level of contact they have with Detainees, however, all Volunteers who have contact with Detainees shall be notified of GEO's and the facility's zero-tolerance policies regarding Sexual Abuse and informed on how to report such incidents. Volunteers who have contact with Detainees shall receive annual PREA refresher training. Volunteers shall document through signature or electronic verification that they understand the training they have received." The Auditor reviewed the facility Volunteer Training curriculum and confirmed it notifies both volunteers and "other" contractors of the Agency and the facility's zero-tolerance policies and how to report an allegation of sexual abuse. Interviews with

the PSA Compliance Manager and the facility Training Director indicated that volunteers and "other" contractors are required to complete PREA training on an annual basis. In addition, the Auditor reviewed the files of three "other" contractors and two volunteers and confirmed each file contained the Volunteer Training Sign-In Sheets and Contractor In-Service Sign-In Sheets to confirm volunteers and "other" contractors are required to document the training received by signature. Based on the Auditor's review of all submitted documentation that included training records of "other" contractors and volunteers that confirmed "other" contractors and volunteers are required to receive annual PREA training the Auditor finds the facility exceeds standard 115.32.

**Corrective Action:**

No corrective action needed.

**§115.33 - Detainee Education**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(f): BTC policy 1.15 states, "During the intake process, BTC shall ensure that the Detainee orientation program conducted by the Programs Department notifies and informs Detainees of BTC's zero-tolerance policy regarding all forms of Sexual Abuse and Assault." BTC policy 1.15 further states, "At BTC, education shall be provided in formats accessible to all Detainees, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as to Detainees who have limited reading skills. BTC's Program Department shall maintain documentation of Detainee participation in the intake process orientation which shall be retained in their individual files." The Auditor reviewed BTC policy and confirmed it includes the requirement to provide detainees instruction on the Agency and the facility's zero tolerance policies, prevention and intervention strategies; definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse and coercive sexual activity; explanation of methods for reporting sexual abuse, including to any staff member other than an immediate point-of-contact line officer (e.g., the compliance manager or a mental health specialist), the DHS Office of Inspector General, and the Joint Intake Center; information about self-protection and indicators of sexual abuse; prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings; and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. During the on-site audit, the Auditor observed the facility had an ample supply of the ICE National Detainee Handbook available in the 14 of the most prevalent languages encountered by ICE, specifically English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese and the DHS-prescribed SAA Information pamphlet available in the 15 most prevalent languages encountered by ICE, (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Vietnamese, Turkish, and Ukrainian). In addition, the Auditor observed the facility Supplemental Handbook available in English and Spanish only; however, the Auditor was able to review the facility intake log completed each time the facility language line is utilized to provide PREA information to a detainee, and confirmed the facility has the ability to translate the facility Supplemental Handbook in other languages utilizing Google Translate. Interviews with the facility PSA Compliance Manager and two Intake staff indicated reasonable accommodations are made to ensure detainees who are deaf or hard of hearing or are blind or have limited sight receive notification, orientation, and instruction on the facility sexual abuse prevention and response, to include but not limited to, the use of a TTY/TDD phone, video remote interpreting via I-pad, hearing aid/amplifier, ICE Effective Communication card for the deaf detainees, Eye-Pal Reader, Audio Books, Braille books for the blind, and the Eye-Pal reader that can also be used for those with limited reading skills. Interviews with facility PSA Compliance Manager and two Intake staff further indicated if a detainee had an intellectual, psychiatric, or speech difficulty staff would talk slowly on their level and would request the detainee repeat the information back for confirmation it was understood. During the on-site audit PREA information, to include the DHS-prescribed sexual assault awareness notice, instructions and contact information for the DHS OIG, DRIL, and NJCC was observed on the housing units in both English and Spanish. In addition, the Auditor observed detainees have access to information regarding PREA and how to report an incident of sexual abuse on televisions located in each room available in English and Spanish only; however, an interview with the PSA Compliance Manager

indicated a video transcript can be translated to a detainee's preferred language, if needed. During the on-site audit, the Auditor observed the booking process of a LEP detainee whose preferred language was Spanish and confirmed the facility utilized an employee who spoke Spanish to interpret the PREA information for the detainee and the detainee was provided the ICE National Detainee Handbook, the DHS-prescribed SAA Information pamphlet, and the facility Supplemental Handbook in Spanish. In addition, the Auditor was able to observe the detainee's participation in the facility orientation was documented on a "New Intake Detainee Orientation Sign in Log", which includes the ERO Language Line translator's ID and what language was utilized to provide orientation. The Auditor reviewed 23 detainee files and confirmed all files included documentation of the detainee participation in the facility orientation program during the intake process including documentation of accommodations utilized to successfully establish effective communication with the detainee. The Auditor reviewed the ICE National Detainee Handbook and confirmed the handbook provided the detainee with information on how to report an incident of sexual abuse. Interviews with 24 detainees confirmed they were provided the ICE National Detainee Handbook, the DHS-prescribed SAA Information pamphlet, and the facility supplemental handbook in a language they could understand. Interviews with two detainees with limited sight confirmed both detainees were provided with specialty eyeglasses and were able to read and understand the PREA information.

(d)(e): BTC policy 1.15 states, "BTC shall post on all housing unit bulletin boards/common areas the following notices: 1) The DHS-prescribed sexual assault awareness notice; 2) The name of the PSA Compliance Manager; and 3) The name of local organizations that can assist Detainees who have been victims of Sexual Abuse. Facilities shall make available and distribute the DHS-prescribed "Sexual Assault Awareness Information" pamphlet." During the on-site audit, the Auditor observed the DHS-prescribed sexual assault awareness notice, which contained the name of the facility PSA Compliance Manager, and the flyer for NJCC posted in all common areas of the facility. In addition, during an interview with the PSA Compliance Manager, she indicated the ICE National Detainee Handbook, the facility Supplement Handbook, the DHS-prescribed SAA Information pamphlet, and the flyer for NJCC are also available to the detainees on the detainee tablets. The Auditor reviewed the detainee tablets and confirmed all detainee tablets had been collected in order to have them updated and reassigned; however, the tablets had not been redistributed to the detainee population prior to the Auditor exiting the facility.

**Corrective Action:**

No corrective action needed.

**§115.34 - Specialized training: Investigations**

**Outcome:** Meets Standard

**Notes:**

(a)(b): The Agency policy 11062.2 states, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The lesson plan is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conduct an investigation of sexual abuse in a confinement setting. The Agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled residents; and an overall view of the investigative process. The Agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirement. BTC policy 1.15 states, "Investigators are those who conduct investigations into allegations of Sexual Abuse at Immigration Detention Facilities. BTC investigators shall be trained in conducting investigations on Sexual Abuse and effective cross-agency coordination. All investigations into alleged Sexual Abuse will be conducted by qualified investigators. Investigators shall receive specialized training in addition to the general training mandated for Employees in Section E (a). BTCs PSA Compliance Manager and Training

Coordinator shall maintain documentation of this specialized training." The facility PAQ indicates the facility has one Investigator who has received specialized training on sexual abuse and effective cross-agency coordination. The facility utilizes the National PREA Resource Center training titled "PREA Specialized Training Investigating Sexual Abuse in Adult/Juvenile Correctional Setting." The Auditor reviewed the facility Investigator's training certificate which indicated she had received the training in 2015. In addition, the Auditor confirmed she had received yearly PREA training as required in standard 115.31. An interview with the facility Investigator confirmed her extensive knowledge in conducting investigations and confirmed she is very knowledgeable in PREA standards. The Auditor reviewed seven investigation files and confirmed all investigations had been completed by a specially trained facility Investigator.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

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

(b)(c): BTC policy 1.15 states, "BTC shall train all full-time and part-time Medical and Mental Health Care Practitioners who work regularly in its Facility on certain topic, including detecting signs of Sexual Abuse and Assault, preserving physical evidence of Sexual Abuse, responding professionally to victims of Sexual Abuse and proper reporting of allegations or suspicions of Sexual Abuse and Assault. Note: this training shall be completed as part of the newly hired employee pre-service orientation." BTC policy 1.15 further states, "Facilities shall maintain documentation of this specialized training." The facility PAQ indicated the facility has 22 medical and 1 mental health staff employed at the facility. The facility utilizes the National PREA Resource Center training titled "Specialized Medical and Mental Health PREA Training." The Auditor reviewed the training curriculum and confirmed the curriculum contains all elements required by subsection (b) of the standard. In addition, the Auditor reviewed the Course Enrollment which confirmed all medical and mental health staff have completed the training. Interviews with the HSA and one mental health practitioner indicated medical and mental staff must attend PREA training on annual basis and have completed specialized training. The Auditor reviewed five medical and mental health files and confirmed medical staff have received the required PREA training and the specialized training required by subsection (b) of the standard.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Does Not Meet Standard

**Notes:**

(a)(b)(c)(d)(f)(g): BTC policy 1.15 states, "All Detainees at BTC shall be assessed by a Nurse utilizing an objective screening instrument during intake to identify those likely to be sexual aggressors or sexual abuse victims and shall be housed to prevent Sexual Abuse, including taking necessary steps to mitigate any such dangers. Each new arrival shall be kept separate from the general population until he/she is classified and may be housed accordingly. The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the Facility. BTC shall use the GEO PREA Risk Assessment Tool (See Attachment B) to conduct the initial risk screening assessment." BTC policy 1.15 further states, "It is prohibited for BTC's staff to discipline Detainees for refusing to answer or not providing complete information in response to certain screening. The facility shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by Employees or other Detainees." The Auditor reviewed a memorandum to the file which states, "Please be

advised BTC only houses low and medium/low detainees, and we do not house any aggressors. The facility uses the information from the risk assessment for tracking purposes and not to house, recreation, or voluntary work." The Auditor reviewed the facility PREA SAAPI Risk Assessment and confirmed the assessment considers whether the detainee has a mental, physical, or developmental disability; the age of the detainee, the physical build and appearance of the detainee; whether the detainee has previously been incarcerated or detained; the nature of the detainee's criminal history; whether the detainee has any convictions for sex offenses against an adult or child; whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the detainee has self-identified as having previously experienced sexual victimization; the detainee's own concerns about his or her physical safety; prior acts of sexual abuse; prior convictions for violent offenses; and a history of prior institutional violence or sexual abuse. A review of the assessment form further confirms the assessment must be completed within 24 hours of arrival. In addition, a review of the assessment form confirms it requires a referral must be offered immediately using referral form, and the at-risk-score must be considered prior to housing. Interviews with two intake staff indicated detainees are asked the risk assessment questions during intake and if the detainee is LEP the staff will utilize the language line services or staff interpreters and document how the risk assessment was translated on the assessment form. Interviews with Intake staff further indicated once the risk assessment is completed the assessment is placed into a folder for the PSA Compliance Manager to review after the intake process is completed. However, Intake staff could not articulate the process that would occur if the assessment indicated a detainee is likely to be a sexual abuse victim or aggressor indicating detainees are housed based on their classification assignment from ICE and not based on information gathered from the PREA risk assessment. In an interview with the PSA Compliance Manager, it was indicated all assessments are kept in binders locked in her office and she maintains an excel spreadsheet of detainees who are potential victims and/or potential predators. However, the PSA Compliance Manager further indicated the facility does not utilize the PREA risk assessment or the information maintained on the excel spreadsheet to determine initial housing. In an interview with the PSA Compliance Manager, it was further indicated if a detainee is booked into the facility late on a Friday or over the weekend the assessment would not be reviewed until the morning of the following Monday. In addition, the PSA Compliance Manager indicated the facility only houses detainees that ICE has classified as a low-level detainee; and therefore, the facility would not receive a known sexual predator. During the on-site audit, the Auditor observed an intake of an LEP detainee whose preferred language was Spanish and confirmed the Intake officer spoke to the detainee in Spanish to complete the SAAPI Risk Assessment; however, during the intake process the Intake officer confirmed a bed assignment had been made prior to completing the assessment. During the on-site audit, the Auditor reviewed 23 detainee files and confirmed each file had a completed PREA risk assessment in the detainee's preferred language; however, as the risk assessments did not include the time of completion the Auditor could not confirm the assessment had been completed within 12 hours as required by subsection (b) of the standard or within 24 hours as required by BTC policy 1.15.

(e): BTC policy 1.15 states, "BTC shall ensure that between 60 and 90 days from the initial assessment at the Facility, medical nurses, PSA Compliance Manager, or designee shall reassess each Detainee's risk for victimization or abusiveness. The reassessment will be recorded on PREA Vulnerability Reassessment Questionnaire (see Attachment C). At any point after the initial intake screening, a Detainee can be reassessed for risk of victimization or abusiveness when warranted based upon the receipt of additional, relevant information or following an incident or abuse or victimization." [sic] The Auditor reviewed the PREA Vulnerability Reassessment Questionnaire and confirmed the form requires a file review which states, "Has the inmate/detainee/resident received any infractions for sexual misconduct, filed any grievances related to threats of sexual assault, or received new information from external agencies since admission that would increase the residents' likelihood of being vulnerable to victimization." A review of the PREA Vulnerability Reassessment Questionnaire further confirms it inquires if the detainee identifies as lesbian, gay, bisexual, transgender/intersex or gender non-conforming; if the detainee has been forced or threatened to engage in sexual activity while at the facility, and if they feel safe. In an interview with the facility Investigator, it was indicated she is responsible for completing the detainee reassessments. In an interview with the facility Investigator, it was further indicated

detainees are reassessed between 60 to 90 days, if new information is learned, and if the detainee was involved in an incident of sexual abuse in a face-to-face meeting with the detainee. In addition, the facility Investigator indicated once the reassessment is completed the detainee will sign and date the assessment. The Auditor reviewed 23 detainee files and confirmed reassessments were completed and documented in the file. In addition, the Auditor reviewed seven investigative files and confirmed that reassessments had been completed following an incident of sexual abuse or victimization as required by subsection (e) of the standard.

**Corrective Action:**

The facility is not in compliance with subsections (a), (c), and (d) of the standard. The Auditor reviewed the facility PREA SAAPI Risk Assessment and confirmed the assessment considers whether the detainee has a mental, physical, or developmental disability; the age of the detainee, the physical build and appearance of the detainee; whether the detainee has previously been incarcerated or detained; the nature of the detainee's criminal history; whether the detainee has any convictions for sex offenses against an adult or child; whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the detainee has self-identified as having previously experienced sexual victimization; the detainee's own concerns about his or her physical safety; prior acts of sexual abuse; prior convictions for violent offenses; and a history of prior institutional violence or sexual abuse; however, interviews with Intake staff indicated once the risk assessment is completed the assessment is placed into a folder for the PSA Compliance Manager to review after the intake process is completed. In addition, Intake staff could not articulate the process that would occur if the assessment indicated a detainee is likely to be a sexual abuse victim or aggressor indicating detainees are housed based on their classification assignment from ICE and not based on information gathered from the PREA risk assessment. In an interview with the PSA Compliance Manager, it was indicated all assessments are kept in binders locked in her office and she maintains an excel spreadsheet of detainees who are potential victims and/or potential predators. However, the PSA Compliance Manager further indicated the facility does not utilize the PREA risk assessment or the information maintained on the excel spreadsheet to determine initial housing. In an interview with the PSA Compliance Manager, it was further indicated if a detainee is booked into the facility late on a Friday or over the weekend the assessment would not be reviewed until the morning of the following Monday. During the on-site audit, the Auditor reviewed 23 detainee files and confirmed each file had a completed PREA risk assessment in the detainee's preferred language; however, as the risk assessments did not include the time of completion the Auditor could not confirm the assessment had been completed within 12 hours as required by subsection (b) of the standard or within 24 hours as required by BTC policy 1.15. To become compliant, the facility must implement a procedure that requires initial housing and classification be completed within 12 hours as required by subsection (b) of the standard. Once implemented the facility must submit documentation that confirms all Intake and Classification staff, and the PSA Compliance Manager are trained on the implemented procedure. In addition, the facility must submit documentation that confirms all Intake and Classification staff, and the PSA Compliance Manager have been retrained on subsections (c) and (d) of the standard which requires the facility to consider information gained from the PREA risk assessment to include whether the detainee has a mental, physical, or developmental disability; the age of the detainee, the physical build and appearance of the detainee; whether the detainee has previously been incarcerated or detained; the nature of the detainee's criminal history; whether the detainee has any convictions for sex offenses against an adult or child; whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex or gender nonconforming; whether the detainee has self-identified as having previously experienced sexual victimization; the detainee's own concerns about his or her physical safety; prior acts of sexual abuse; prior convictions for violent offenses; and a history of prior institutional violence or sexual abuse when determining initial housing. The facility must submit 10 detainee files to confirm all elements of subsections (c) and (d) of the standard were considered when determining initial housing and that initial housing and classification was completed within 12 hours of initial intake.

**§115.42 - Use of assessment information**

**Outcome:** Does Not Meet Standard

**Notes:**

(a): BTC policy 1.15 states, "Screening information from standard Section (c) shall be used to determine assignment of Detainees to housing, recreation and other activities, and voluntary work. BTC shall make individualized determination about how to ensure the safety of each Detainee. The PSA Compliance Manager will maintain an "at risk log" of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment." The Auditor reviewed a memorandum to the file which states, "Please be advised BTC only houses low and medium/low detainees, and we do not house any aggressors. The facility uses the information from the risk assessment for tracking purposes and not to determine housing, recreation, or voluntary work." Interviews with two intake staff indicated that detainees are asked the PREA Intake Risk Screening Assessment questions during intake and if the detainee is LEP, Intake staff will utilize the language line services or staff interpreters documenting the language the assessment form was translated into. Interviews with two Intake staff further indicated once completed, the assessment is placed into a folder for the PSA Compliance Manager to review at a later time. Intake Staff could not articulate the process that would occur if the assessment indicated a detainee is likely to be an abuser or a sexual abuse victim. In addition, Intake staff indicated that detainees are housed based on the classification assignment from ICE and not from information gained utilizing the initial risk assessment. In an interview with the PSA Compliance Manager, it was confirmed the facility does not utilize the assessment for housing, programming, or work assignments. The PSA Compliance Manager further indicated all assessments are kept in binders in her locked office and she keeps an excel spreadsheet of detainees who are potential victims and/or potential predators; however, the excel spreadsheet is not utilized to determine initial housing, recreation or other activities, or volunteer work programs. In addition, the PSA compliance Manager indicated the facility would not house a known predator at the facility, as the facility only houses detainees ICE has classified as a low-level detainee. During the on-site audit, the Auditor observed an intake of an LEP detainee whose preferred language was Spanish and confirmed the Intake Officer spoke to the detainee in Spanish to complete the SAAPI Risk Assessment; however, during an interview with the Intake Officer it was confirmed a bed assignment had been determined prior to completing the initial risk assessment. During the on-site audit, the Auditor reviewed 23 detainee files and confirmed each file had a completed risk assessment; however, although the Auditor could confirm detainees were housed and provided work assignments, a review of the detainee files could not confirm information gathered from the PREA risk assessment was utilized to determine the detainee's initial housing, recreation and other activities, or voluntary work assignments.

(b)(c): BTC policy 1.15 states, "When making assessments and housing decisions for Transgender and Intersex Detainees, the facility shall consider the Detainee's gender self-identification and an assessment of the effects of placement on the Detainee's health and safety. BTC will consult with ICE. A Medical or Mental Health Practitioner shall be consulted as soon as practicable on these assessments and placement decisions which shall not be based solely on the identity documents or physical anatomy of the Detainee." BTC 1.15 further states, "The Detainee's self-identification of his/her gender and self-assessment of safety needs shall always be taken into consideration as well. Housing and programming assignments for each Transgender and Intersex Detainee shall be reassessed at least twice a year to determine any threats to safety experienced by the Detainee. Serious consideration shall be given to the individual's own views with respect to his/her own safety. Facilities shall use the Transgender Care Committee Summary form (see Attachment D) to conduct the six-month reassessment. When operationally feasible, Transgender and Intersex Detainees housed at BTC shall be given an opportunity to shower separately from other Detainees." An interview with the PSA Compliance Manager indicated the facility has a Transgender Classification and Care Committee that consists of the facility FA, the facility security chief, medical and/or mental health staff, and the PSA Compliance Manager and the ERO LGBTI liaison and the FOD is consulted. The PSA Compliance Manager further indicated, if during intake, a detainee self-identifies as being a transgender or intersex detainee, the detainee would be housed in the medical unit until the committee can make placement decisions and the effects the placement may have on the detainee's health and

safety. In addition, the PSA Compliance Manager indicated the facility is notified that a transgender detainee is going to be transported to the facility; and therefore, the committee will conduct an interview over the phone with the transgender detainee prior to his or her arrival to obtain the detainee's preference for housing, pat-down searches, and any other matters. The PSA Compliance Manager further indicated upon the detainee's arrival the committee will meet within 72 hours to assess medical, psychological, housing and any other needs the detainee may have, and the committee does not base the placement decision solely on the detainee's identity documents or the physical anatomy of the detainee. In addition, the PSA Compliance Manager indicated the committee does consider the detainee's self-assessment of his or her safety needs and if the detainee does not feel safe with the housing assignment or at the facility in general, the detainee would be housed in the medical unit until a transfer to another facility with protective custody can be arranged. In an interview with the PSA Compliance Manager, it was further indicated transgender and intersex detainees are able to shower separately from other detainees. An interview with the facility Investigator indicated that a reassessment is completed with all detainees between 60 and 90 days; and therefore, an assessment of the detainee's placement and programming would be completed every six months. In an interview with one transgender detainee, it was confirmed the facility considered the detainee's gender self-identification, the effect the placement would have on the detainee's health and safety, and that the detainee was able to shower separately from other detainees. The Auditor reviewed the transgender detainee's file and confirmed that a reassessment had been completed between 60 and 90 days.

**Corrective Action:**

The facility is not in compliance with subsection (a) of the standard. In an interview with the PSA Compliance Manager, it was confirmed the facility does not utilize information gathered from the PREA risk assessment to determine housing, recreation and other activities, or volunteer work assignments. The PSA Compliance Manager further confirmed for detainees who are booked into the facility late on Fridays or over the weekend, the assessment would not be reviewed until the following Monday morning. In addition, interviews with Intake staff confirmed detainees are housed based on the classification assignment from ICE and not from information gathered during the PREA risk assessment. During the on-site audit, the Auditor observed an intake of an LEP detainee whose preferred language was Spanish and confirmed the Intake Officer spoke to the detainee in Spanish to complete the SAAPI Risk Assessment; however, during an interview with the Intake Officer it was confirmed a bed assignment had been determined prior to completing the initial risk assessment. To become compliant, the facility shall establish a process that utilizes the information from the assessment under 115.41 to inform assignment of detainees to housing, recreation, and other activities, and voluntary work. Once implemented the facility must submit documentation that confirms all applicable staff have been trained on the updated procedure. The facility must provide the Auditor 15 detainee files that confirm the facility utilized the information learned from the assessment to inform assignment of detainees to housing, recreation, and other activities, and voluntary work.

**§115.43 - Protective Custody**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): BTC policy 1.15 states, "BTC does not have a special housing unit or administrative segregation units. However, in instances of protecting a detainee on the basis of a vulnerability to sexual abuse or assault; a detainee will be escorted to the Medical Department. At this point BTC in consultation with ICE Enforcement and Removal Operations Field Office Director having jurisdiction for the Facility, will decide housing arrangements including transferring the alleged victim or perpetrator to another facility. Use of Administrative observation to protect Detainees vulnerable to Sexual Abuse or assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, as a last resort. The facility will assign Detainees vulnerable to Sexual Abuse to the Medical Department/or appropriate location for their protection until alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If administrative observation is used to protect vulnerable Detainees, they shall have access to programs, visitation, counsel and other services available to the general population to the maximum

extent practicable." During interviews with the facility FA and the PSA Compliance Manager, and through Auditor observations, it was confirmed the facility does not place a detainee in administrative segregation or protective custody. Interviews with the facility FA and the PSA Compliance Manager further indicated if a vulnerable detainee requests protective custody for his/her safety the detainee would be held in the Medical Unit until arrangements could be made to transport the detainee to another facility. In addition, interviews with the facility FA and the PSA Compliance Manager indicated there were no detainees held in medical due to vulnerability to sexual abuse during the audit period. An interview with the AFOD confirmed BTC policy 1.15 has been submitted to the Agency for review and approval.

(d)(e): BTC policy 1.15 states, "The BTC shall implement written procedures for regular review of all Detainees held in the medical department for their protections as follows: 1) A supervisory staff member shall conduct a review within 72 hours of the Detainee placement in observation to determine whether observation is still warranted; and, 2) A supervisory staff member shall conduct, at a minimum, an identical review after the Detainee has spent seven (7) days under observation, and every week thereafter for the first 30 days, and every 10 days thereafter. The Facility shall utilize the "DHS Sexual Assault/Abuse Available Alternatives Assessment (See attachment G)" form to document the assessments. All completed forms shall be reviewed and signed by the Facility Administrator or Assistant Facility Administrator upon completion. The Facility shall notify the appropriate ICE Field Office Director no later than 72 hours after the initial placement in observation (e.g., Medical Department) on the basis of vulnerability to Sexual Abuse or assault for review and approval of the placement." Interviews with the facility FA and the PSA Compliance Manager indicated that a vulnerable detainee would only be held in the medical unit for his or her protection until arrangements could be made for the detainee to be transferred to another facility; however, should the hold be longer than 72 hours the requirements on BTC policy would be followed including a supervisory staff member conducting a review within 72 hours of the detainee placement in observation to determine whether observation is still warranted and a supervisory staff member conducting, at a minimum, an identical review after the detainee has spent 7 days under observation, and every week thereafter for the first 30 days, and every 10 days thereafter.

**Corrective Action:**

No corrective action needed.

**§115.51 - Detainee Reporting**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): BTC policy 1.15 states, "BTC provides multiple ways for Detainees to privately report Sexual Abuse and Assault, retaliation for reporting Sexual Abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. BTC provides contact information to Detainees for relevant consular officials, the DHS Office of Inspector General or, as appropriate, another designated office, to confidentially and, if desired, anonymously, report these incidents. BTC shall provide Detainees contact information on how to report Sexual Abuse or Assault to a public entity or office that is not part of GEO (i.e., ICE) and that is able to receive and immediately forward Detainee reports of Sexual Abuse to Facility or GEO officials and allow the Detainee to remain anonymous if requested. The Facility shall provide Detainees contact information to report Sexual Abuse or Assault to the Facility PSA Compliance Manager. Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports." The Auditor observed information in English and Spanish that advised detainee's how to contact their consular official, the DHS OIG, DRIL, and the designated facility PREA Hotline to confidentially and if desired anonymously report an incident of sexual abuse posted in all common areas of the facility, including in close proximity to the detainee telephones. In interviews with PSA Compliance Manager and 12 security line staff and supervisors it was indicated detainees are provided multiple ways to report sexual abuse, retaliation and any staff neglect of their responsibilities that may have contributed to an incident of sexual abuse. Interviews with 12 security line staff and supervisors indicated that all reports received verbally, in writing, anonymously and from third parties must be promptly reported and documented. Interviews with 12 security line staff and supervisors further indicated

detainees can report an incident of sexual abuse to the facility, utilizing the PREA Hotline, from the detainee phones or tablet. The Auditor reviewed the detainee tablets and confirmed all detainee tablets had been collected in order to have them updated and reassigned; however, the tablets had not been redistributed to the detainee population prior to the Auditor exiting the facility. During the on-site audit, the Auditor tested all numbers provided to the detainees from the detainee telephones and confirmed all were in good working order.

**Recommendation (a)(b)(c):** During the on-site audit, the Auditor observed that the facility had every other detainee telephone disabled due to the requirements of Covid 19. The Auditor recommends all facility telephones be put back in use as the Covid restrictions have been lifted.

**Corrective Action:**

No corrective action needed.

**§115.52 - Grievances**

**Outcome:** Meets Standard

**Notes:**

(a)(b): BTC 1-07 Grievance Procedures states, "Facility grievance policies will include the following procedures regarding Sexual Abuse grievances: 1. The facility administration will permit a detainee to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. 2) The facility administration will not impose a time limit on when a detainee may submit a grievance regarding allegations of sexual abuse. 3) All grievances related to sexual abuse and assault and the facility's decision with respect to such grievances will be sent to the appropriate field office director at the end of the grievance process." BTC 1-07 further states, "Emergency grievances whether in writing or oral will be responded to as soon as practicable by the facility administrator or designee. These grievances will be handled as time-sensitive grievances, which could involve an immediate threat to health, safety or welfare." BTC 1-07 further states "Medical emergencies will be brought to the immediate attention of proper medical personnel for further assessment. If it is determined that it is not a medical emergency, standard grievance procedures will apply." Additionally, the policy states, "To prepare a grievance, a Detainee may obtain assistance form another Detainee, the housing officer or other facility staff, family members, or legal representatives. Staff shall take reasonable steps to expedite requests for assistance from these other parties. The facility shall issue a decision on the grievance within five (5) days of receipt and shall respond to an appeal of the grievance decision within 30 days. The facility shall send all grievances related to Sexual Abuse and the Facility's decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process." An interview with the PSA Compliance Manager/GO indicated grievance forms are picked up daily from locked grievance boxes located in designated common areas of the facility. The PSA Compliance Manager/GO further indicated the facility does not impose a time limit to submit a grievance that includes an allegation of sexual abuse and detainees can request the assistance of another detainee, staff, family, legal representative, or any other person to prepare a grievance. In addition, the PSA Compliance Manager/GO indicated all PREA related grievances are considered emergency grievances and medical staff would be notified whenever a grievance related to sexual abuse is received to ensure an assessment of the detainee is made. The PSA Compliance Manager/GO further indicated the detainee would be issued notification within five days that the grievance is closed and referred to the PREA Investigator to investigate. In addition, the PSA Compliance Manager/GO indicated once the investigation is concluded the grievance and the investigation report are forwarded to the ICE AFOD. During the on-site audit, the Auditor observed the grievance boxes in the designated common areas of the facility. In addition, the Auditor tested the grievance system by placing a handwritten note into the grievance box with instructions to deliver the note to the Auditor when received. Within a few hours the PSA Compliance Manager provided the Auditor with the note. The Auditor reviewed seven investigative files and confirmed the one allegation of sexual abuse received through the grievance system was closed within five days indicated the allegation had been forwarded to the Investigator for an investigation.

**Corrective Action:**

No corrective action needed.

**§115.53 - Detainee access to outside confidential support services**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): BTC policy 1.15 states, "BTC shall utilize available community resources (e.g., Nancy J. Cotterman Center) and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of Sexual Abuse perpetrators to most appropriately address victim's needs. BTC makes available to Detainees information about local organizations (Nancy J. Cotterman Center) that can assist Detainees who have been victims of Sexual Abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available). BTC's medical staff shall enable reasonable communications between Detainees and these organizations as well as informs Detainees (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. BTC has entered into an agreement with Nancy J. Cotterman Center to a community service provider to provide Detainees with confidential emotional support services related to the Sexual Abuse while in custody, if the local provider is not available, BTC shall contact national organizations that provide legal advocacy and/or confidential emotional support services for immigrant victims of crime." The Auditor reviewed the facility Supplemental Detainee Handbook, available in English and Spanish which is translated to the detainee using the language line during the orientation process, and confirmed the handbook provides detainees with information regarding NJCC including the services they provide, the extent to which communications would be monitored, and the extent to which allegations of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. During the on-site audit the Auditor observed instructions posted by the detainee telephones advising detainees on how to make an anonymous report of sexual abuse. The Auditor reviewed a Memorandum of Understanding (MOU) between the GEO Group, INC., and Broward County, which was executed on June 15, 2023, and remains in effect for a period of 5 years. A review of the MOU confirms Broward County agrees to provide services for all BTC detainees who are victims of sexual assault through NJCC. A review of the MOU further confirms the services provided include emotional support, crisis intervention, support during investigator interviews, information, and referrals that may be needed. During the on-site audit, the Auditor observed the NJCC flyer, which contained the NJCC telephone number and address, posted in all common areas of the facility. An interview with the PSA Compliance Manager indicated detainees are able to call from the detainee telephones or with the use of the tablet in the privacy of their rooms; however, the tablets had not been redistributed to the detainee population prior to the Auditor exiting the facility. Utilizing the detainee telephones, the Auditor tested the sexual assault helpline and confirmed the number could be accessed by the detainees and that prior to the call going through the message on the telephone informs the detainees the call may be monitored. During the on-site audit, the Auditor interviewed a victim advocate from the NJCC and confirmed NJCC provides detainees with access to advocates for emotional support, crisis intervention, and counseling related to sexual abuse. In an interview with the victim advocate from NJCC it was further indicated all services provided by NJCC are at no cost to the detainee. Interviews with 24 detainees indicated they were aware of the victim advocate services that are provided. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed the investigation report indicated each detainee victim was given a flyer for NJCC at the time the allegation of sexual abuse was made.

**Corrective Action:**

No corrective action needed.

**§115.54 - Third-party reporting**

**Outcome:** Meets Standard

**Notes:**

BTC policy 1.15 states, "BTC posts publicly GEO's third-party reporting procedures in housing units, facility lobby and visitation areas. In addition, GEO shall post on its public website its methods of receiving third-party reports of Sexual Abuse or Assault on behalf of Detainees. In all facilities, third party reporting posters shall be posted in all public areas in English and Spanish to include lobby, visitation, and staff break areas within the facility." A review of the Agency website (www.ice.gov/prea) confirmed it provides the public with information (telephone number & address) regarding third-party reporting of sexual abuse on behalf of the detainee. In addition, the Auditor reviewed the GEO website www.geogroup/prea and confirmed the website advises the public how to report allegations of sexual abuse/sexual harassment of someone in a GEO facility. A review of the GEO website further confirmed contact information is provided for the GEO Group PREA Coordinator including a phone number. The Auditor tested the reporting function and received an email from the GEO Group PREA Coordinator confirming the receipt of the Auditor email. In addition, during the on-site audit the Auditor tested the phone number from the detainee phones and confirmed it was in good working order.

**Corrective Action:**

No corrective action needed.

**§115.61 - Staff and Agency Reporting Duties**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): The Agency policy 11062.2, states, "If the alleged victim is under the age of 18 or determined, after consultation with the relevant OPSA Office of the Chief Counsel (OCC), to be a vulnerable adult under a State or local vulnerable persons statute, report the allegation to the designated State or local services agency as necessary under applicable mandatory reporting laws." BTC policy 1.15 states, "Employees are required to immediately report, in accordance with agency policy, any of the following: 1) Knowledge, suspicion, or information regarding an incident of Sexual Abuse or Assault that occurred in a Facility whether or not it is a GEO Facility; 2) Retaliation against Detainees or Employees who reported such an incident or participated in an investigation about such incidents; and, 3) Any Employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisor or officials, Employees shall not reveal any information related to a Sexual Abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other Detainees or staff in the Facility, or if medical treatment, investigation, law enforcement, or other security and management decisions. Employees reporting Sexual Abuse shall be afforded the opportunity to report such information to the Chief of Security or upper-level executive privately if requested and may also utilize the employee hotline which is outside the chain of command or contact the Corporate PREA Coordinator directly to report these types of incidents privately. Allegations of Sexual Abuse in which the alleged victim is under the age of 18 or considered a vulnerable adult under the State or local vulnerable persons statute, the Facility shall report to designated State or local services Agencies under applicable mandatory reporting laws." Interviews with 12 security line staff and supervisors confirmed they were knowledgeable regarding their responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation, or staff failure to perform their duties he/she becomes aware of to their immediate supervisor. In interviews with 12 facility line and supervisors it was further confirmed they were aware of the requirement not to share information pertaining to an allegation of sexual abuse unless the information is needed to prevent further sexual abuse, to make medical treatment, to aid in an investigation or law enforcement, or to make other security or management decisions. In addition, interviews with 12 security line staff and supervisors further confirmed they are aware of their ability to make a report outside the chain of command through the "employee hotline." An interview with the GEO Corporate PREA Coordinator confirmed the "employee hotline" is a line provided to staff for making a report anonymously or outside the chain of command and goes directly to the GEO Corporate Office. An interview with the facility FA indicated she was aware if an alleged victim is a vulnerable adult a report would be made to Adult Protective Services and the ICE

FOD. The facility FA further confirmed the facility does not house juvenile detainees. Interviews with the FA and AFOD, and the Auditor's review of the policy, confirmed that the Agency has reviewed and approved the facility policy and procedures. The Auditor reviewed seven sexual abuse allegation investigative files and confirmed there were no allegations of sexual abuse which involved a vulnerable detainee victim.

**Corrective Action:**

No corrective action needed.

**§115.62 - Protection Duties**

**Outcome:** Meets Standard

**Notes:**

BTC policy 1.15 states, "When an Employee or Facility staff member has a reasonable belief that a Detainee is subject to substantial risk of imminent Sexual Abuse, he or she shall take immediate action to protect the Detainee." Interviews with the facility FA and 12 random security line staff and supervisors confirmed if they become aware a detainee is at substantial risk of sexual abuse their first response would be the safety of the detainee and would take immediate action to protect the detainee. The Auditor reviewed seven investigative files and confirmed each investigation included an incident report which confirmed staff took immediate action to protect the detainee by separating the detainee victim from the alleged abuser.

**Corrective Action:**

No corrective action needed.

**§115.63 - Reporting to other Confinement Facilities**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): BTC policy 1.15 states, "In the event that a Detainee at BTC alleges that Sexual Abuse occurred while confined at another Facility, BTC shall document those allegations and the Facility Administrator or Assistant Facility Administrator (in the absence of the Facility Administrator) where the allegation was made shall contact the Facility Administrator or designee where the abuse alleged to have occurred and notify the ICE Field Office as soon as possible, but no later than 72 hours after receiving the notification. The Facility Administrator shall ensure that documentation is maintained related to notifications and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PSA Compliance Manager and Corporate PREA Coordinator. The Facility shall ensure that all notifications of alleged abuse is investigated in accordance with PREA standards and reported to the appropriate ICE Field Office Director." In an interview with the facility FA, it was indicated she would notify the appropriate agency officials where the alleged sexual abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation. In an interview with the facility FA it was further indicated, the notification would be made by telephone and would be followed up with an email to document the notification. In addition, the facility FA indicated, if the facility received notice from another facility that a detainee has alleged an incident of sexual abuse while housed at BTC, she would notify the FOD and ensure that the allegation is immediately assigned for investigation. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed the facility has not received a sexual abuse allegation occurring at another facility, or another facility reporting an allegation that occurred at BTC, during the audit period.

**Corrective Action:**

No corrective action needed.

**§115.64 - Responder Duties**

**Outcome:** Does Not Meet Standard

**Notes:**

(a)(b): BTC policy 1.15 states, "Upon learning of an allegation that a Detainee was Sexually Abused, or if the Employee sees abuse, the first Security Staff member to respond to the report shall: a. Separate the alleged victim and alleged abuser; b. Immediately notify the on-duty security supervisor and remain on the scene until relieved by responding personnel; c. Preserve and protect, to the greatest extent possible, and crime scene until appropriate steps can be taken to collect any evidence; d. If the Sexual Abuse occurred within 96 hours, ensure that the alleged victim and alleged abuser do not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Request the alleged victim and ensure alleged abuser should be placed (separately) in a dry room or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; until the forensic examination can be performed. A Security Staff member of the same sex shall be placed outside the cell or area for direct observation to ensure these actions are not performed." BTC policy 1.15 further states, "If the first responder is not a Security Staff member, the responder shall be required to request that the alleged victim not take any action that could destroy physical evidence; remain with the alleged victim and notify Security Staff." A review of BTC policy 1.15 (which serves as the facility coordinated response plan) confirms it directs security first responders "If the Sexual Abuse occurred within 96 hours, ensure that the alleged victim and alleged abuser do not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating." A review of BTC policy 1.15 further confirms it directs security staff first responders "Request the alleged victim and ensure alleged abuser should be placed (separately) in a dry room or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; until the forensic examination can be performed." As direction to security first responders is contradictory in two sections it does not provide clear direction to security first responders when responding to an allegation of sexual abuse regarding whether they should request or ensure the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Interviews with 12 security line staff and supervisors indicated if detainee reported an allegation of sexual abuse to them, they would separate the detainee, call for backup, secure the scene and request the detainee victim and ensure the abuser does not take any action that could destroy physical evidence. Interviews with two non-security first responders indicated that they call for security staff, separate the detainees and request the victim not to take action that can destroy evidence and ensure the perpetrator does not take action that can destroy evidence. The Auditor reviewed seven investigative files and confirmed each investigation included an incident report which indicated that the victim and the abuser were immediately separated and taken to medical for care and observation.

**Corrective Action:**

The facility is not in compliance with subsection (a) of the standard. A review of BTC policy 1.15 (which serves as the facility coordinated response plan) confirms it directs security first responders "If the Sexual Abuse occurred within 96 hours, ensure that the alleged victim and alleged abuser do not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating." A review of BTC policy 1.15 further confirms it directs security staff first responders "Request the alleged victim and ensure alleged abuser should be placed (separately) in a dry room or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; until the forensic examination can be performed." As direction to security first responders is contradictory in two sections it does not provide clear direction to security first responders when responding to an allegation of sexual abuse regarding whether they should request or ensure the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. To become compliant, the facility must revise BTC policy 1.15 (which serves as the facility's coordinated response plan) to allow for both sections to include the requirement if the abuse occurred within a time period that still allows for the collection of

physical evidence, request the victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, smoking, drinking, or eating.

**§115.65 - Coordinated Response**

**Outcome:** Does Not Meet Standard

**Notes:**

(a)(b)(c)(d): BTC policy 1.15 states, "BTC has written protocols in place to coordinate the actions taken in response to incidents of Sexual abuse. The Facility Coordinated Response plan shall contain actions of staff first responders, Medical and Mental Health Practitioners, investigators, and Facility leadership. BTC's Prevention of Sexual Abuse (PSA) Compliance Manager shall be a required participant and the Corporate PREA Coordinator may be consulted as part of this coordinated response. If the victim of Sexual Abuse is transferred between DHS Immigration Detention Facilities, the sending ICE facility staff shall, as permitted by law, inform the receiving ICE facility staff of the incident and the victim's potential need for medical or social services. If the victim of Sexual abuse is transferred to a non-DHS Facility, the sending Facility shall, as permitted by law, inform the receiving Facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." In addition, BTC policy 1.15 states, "Upon learning of an allegation that a Detainee was Sexually Abused, or if the Employee sees abuse, the first Security Staff member to respond to the report shall: a. Separate the alleged victim and alleged abuser; b. Immediately notify the on-duty security supervisor and remain on the scene until relieved by responding personnel; c. Preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence; d. If the Sexual Abuse occurred within 96 hours, ensure that the alleged victim and alleged abuser do not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. Request the alleged victim and ensure alleged abuser should be placed (separately) in a dry room or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; until the forensic examination can be performed." An interview with the PSA Compliance Manager indicated that BTC policy 1.15 is the facility's "Coordinated Response plan." A review of the plan indicates the facility utilizes a multidisciplinary team approach in responding to an incident. The facility's coordinated response plan includes the actions to be taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident; however, a review of BTC policy 1.15 further confirms direction to security first responders is contradictory in two sections; and therefore, it does not provide clear direction to security first responders when responding to an allegation of sexual abuse regarding whether they should request or ensure the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In addition, a review of BTC policy 1.15 confirms it requires staff if the victim of Sexual Abuse is transferred between DHS Immigration Detention Facilities, the sending ICE facility staff shall, as permitted by law, inform the receiving ICE facility staff of the incident and the victim's potential need for medical or social services; and if the victim of sexual abuse is transferred to a non-DHS Facility, the sending Facility shall, as permitted by law, inform the receiving Facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. However, subsections (c ) and (d) of the standard requires that the coordinated response plan direct staff if a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services and if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. In an interview with the HSA, it was confirmed if the detainee victim is transferred to a non-DHS facility, the medical staff would obtain the detainee's consent prior to providing the information to the receiving facility; however, the standard requires obtaining the detainee victim's consent if the detainee is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section. The Auditor reviewed seven investigative files and confirmed the facility did not transfer any detainees due to an incident of sexual abuse.

**Corrective Action:**

The facility is not in compliance with subsections (a), (c) and (d) of the standard. A review of BTC policy 1.15 (which serves as the facility coordinated response plan) confirms it directs security first responders "If the Sexual Abuse occurred within 96 hours, ensure that the alleged victim and alleged abuser do not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating." A review of BTC policy 1.15 further confirms it directs security staff first responders "Request the alleged victim and ensure alleged abuser should be placed (separately) in a dry room or area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; until the forensic examination can be performed." As direction to security first responders is contradictory in two sections it does not provide clear direction to security first responders when responding to an allegation of sexual abuse regarding whether they should request or ensure the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In addition, a review of BTC policy 1.15 confirms it requires staff if the victim of Sexual Abuse is transferred between DHS Immigration Detention Facilities, the sending ICE facility staff shall, as permitted by law, inform the receiving ICE facility staff of the incident and the victim's potential need for medical or social services and if the victim of sexual abuse is transferred to a non-DHS Facility, the sending Facility shall, as permitted by law, inform the receiving Facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. However, subsections (c ) and (d) of the standard requires that the coordinated response plan direct staff if a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services and if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. In an interview with the HSA, it was confirmed if the detainee victim is transferred to a non-DHS facility, the medical staff would obtain the detainee's consent prior to providing the information to the receiving facility; however, the standard requires obtaining the detainee victim's consent if the detainee is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section. To become compliant, the facility must revise BTC policy 1.15 (which serves as the facility's coordinated response plan) to allow for both sections to include the requirement if the abuse occurred within a time period that still allows for the collection of physical evidence, request the victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, smoking, drinking, or eating. In addition, the facility must revise BTC policy 1.15 to include the requirements if a victim of sexual abuse is transferred between facilities covered by 6 CFR part 115, subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services and if a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of this section, the sending facility shall, as permitted by law, inform he receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. Once the BTC policy 1.15 has been revised, the facility must submit documentation that confirms all applicable staff, including medical and mental health have been trained on the requirements of subsections (c) and (d) of the standard. If applicable, the facility must submit to the Auditor copies of sexual abuse allegation investigation files that include a detainee victim being transferred due to an incident of sexual abuse.

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

**Outcome:** Meets Standard

**Notes:**

BTC policy 1.15 states, "Employees, Contractors and Volunteers suspected of perpetrating Sexual Abuse shall be removed from all duties requiring Detainee contact pending the outcome of an investigations and will be reported to licensing authority. Any "no contact" orders shall be documented. Separation orders requiring "no contact" shall be documented by facility management via email or memorandum within 24 hours of the reported

allegation. The email or memorandum shall be printed and maintained as part of the related investigation file. Note: A GEO OPR Referral shall be completed for allegations in which staff is the alleged abuser." In interviews with the facility FA and the PSA Compliance Officer it was indicated that staff are removed from contact with detainees until the investigation has been concluded. The Auditor reviewed one staff-on-detainee sexual abuse allegation investigation file and confirmed the staff member had been removed from all detainee contact pending the outcome of the investigation until the allegation was determined to be unfounded.

**Corrective Action:**

No corrective action needed.

**§115.67 - Agency protection against retaliation**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): BTC policy 1.15 states, "Employees, Contractors and Volunteers, and Detainees shall not retaliate against any person, including a Detainee, who reports, complains about, or participates in an investigation into an allegation of Sexual Abuse, or for participating in Sexual Activity as a result of force, coercion, threats, or fear of force. BTC's PSA Compliance Manager or Mental Health personnel shall be responsible for monitoring Detainee retaliation. BTC shall employ multiple protections measures, such as housing changes, removal of alleged staff abusers from contact with victims, and emotional support services for Detainees and Employees who fear retaliation for reporting Sexual Abuse or for cooperating with investigations. A Mental Health staff member or PSA Compliance Manager shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist." BTC policy 1.15 further states, "For at least 90 days following a report of Sexual Abuse, BTC shall monitor the conduct and treatment of Detainees who reported the Sexual Abuse to see if there are changes that may suggest possible retaliation by Detainees or staff and shall act promptly to remedy such retaliation. Items to be monitored for Detainees include disciplinary reports and housing or program changes. For at least 90 days following a report of Staff Sexual Misconduct (abuse or harassment) by another Employee, the Facility Human Resources Staff or Facility Investigator as designated by the Facility Administrator shall monitor the conduct and treatment of the Employee who reported the Staff Sexual Misconduct (abuse or harassment) or Employee Witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Designated staff shall meet every 30 days for 90 days with employees in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist." An interview with the facility PSA Compliance Manager/Retaliation Monitor, indicated that she is responsible for retaliation monitoring of detainee victims of sexual abuse and detainee witnesses who cooperate with an investigation and the HRM is responsible to monitor staff for retaliation. In addition, the PSA Compliance Manager indicated she meets with the detainee every week for 90 days, or longer if needed, and will review the detainee's housing record, disciplinary record, or any program changes, that may have occurred. In an interview with the HRM it was indicated staff would be monitored for 90 days to ensure there have not been negative reviews or reassignments as a result of reporting an allegation of sexual abuse or cooperating with an investigation. In an interview with the HRM, it was further indicated there has not been a staff member who required retaliation monitoring during the reporting period. The Auditor reviewed seven investigative files and confirmed all files contained documentation of retaliation monitoring that occurred every week for 90 days or until the detainee was no longer at the facility.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): BTC policy 1.15 states, "BTC shall make every effort to place Detainee victims of Sexual Abuse in a supportive environment that represents the least restrictive housing options possible (e.g., protective custody (Medical Observations/Appropriate alternative), subject to the requirements of 115.43. Detainee victims shall not be held longer than five (5) days in any type of administrative observation, except in unusual circumstances or at the request of a detainee. A Detainee victim who is in protective custody after having been subjected to Sexual Abuse shall not be returned to the general population until completion of a proper reassessment, taking into consideration any increased vulnerability of the Detainee as a result of the Sexual Abuse. The Facility shall notify the appropriate ICE Enforcement and Removal Operations Feld Office Director whenever a Detainee victim has been held under administrative observations for 72 hours." Interviews with the facility FA and the PSA Compliance Manager and Auditor observations, confirmed the facility does not have the ability to place a detainee in protective custody. Interviews with the facility FA and PSA Compliance Manager further indicated if a detainee victim of sexual abuse required protective custody for his or her safety the detainee would be held in the Medical Unit until arrangements could be made to transport the detainee to another facility; however, should the detainee be held in the medical unit for a period of time the facility would follow all requirements of the standard including notifying the FOD and conducting a proper reassessment should the detainee victim be returned to population. The Auditor reviewed one substantiated allegation of sexual abuse and confirmed the detainee victim was not placed in protective custody for his safety due to an incident of sexual abuse.

**Corrective Action:**

No corrective action needed.

**§115.71 - Criminal and administrative investigations**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(e)(f): BTC policy 1.15 states, "An administrative or criminal investigation shall be completed for all allegations of Sexual Abuse at BTC, regardless of whether a criminal investigation is completed. The Facility Administrator and ICE shall be notified prior to investigating all allegations of Sexual Abuse." BTC policy 1.15 further states, "When the facility conducts its own investigations into allegations of Sexual Abuse, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. BTC shall use investigators who have received specialized training in Sexual Abuse investigations. The specialized training shall include techniques for interviewing Sexual Abuse victims, proper use of Miranda and Garrity warnings, Sexual Abuse evidence collections and the criteria and evidence required to substantiate a case for administrative actions or prosecution referral. An administrative investigation will begin with 24 hours of notifying ICE of a sexual abuse allegation except for allegations where the facility has been advised a criminal investigation is pending by either local law enforcement or ICE office of Professional Responsibility (OPR) or DHS Office of Inspector General (IOG). [sic] Note: Should the ICE OPR or DHS OIG open a criminal investigation, they will notify the facility within 24 hours of the report to inform of their interest." In addition, BTC policy 1.15 states, "Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. Within 30 days of the conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Within 30 days of the conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity." BTC policy 1.15 further states, "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." In addition, BTC policy 1.15 states, "When outside agencies investigate Sexual Abuse, BTC shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation." An interview with a facility Investigator, indicated the facility will complete an administrative investigation on all

allegations. She would remain in constant contact with the BCSO and will begin an administrative investigation as soon as BCSO and the ICE OPR indicates an investigation can begin. She further indicated that an investigation would continue regardless of if the victim or the abuser (staff or detainee) is no longer at the facility. The Auditor reviewed and confirmed that investigator is qualified and has completed specialized training in sexual abuse and effective cross-agency coordination and the facility general PREA training as required by standard §115.31. The Auditor reviewed seven sexual abuse allegation investigative files and confirmed each investigation was completed promptly, thoroughly, and objectively by a specially trained investigator.

(c): BTC policy 1.15 states, "An investigative report shall be written for all investigations of allegation of Sexual Abuse conducted at the facility level. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of Sexual Abuse involving the suspected perpetrator. Administrative investigations (1) shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) shall be documented in a written report format that includes at a minimum a description of the physical and testimonial evidence, the reasoning behind the credibility assessments and investigative facts and findings." BTC policy 1.15 further states, "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as Detainee or staff. No agency shall require a Detainee who alleges Sexual Abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation." In addition, BTC policy 1.15 states, "GEO shall retain all written reports reference this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years." The Auditor reviewed seven investigative files; each file contained an investigative report. The reports included a description of the physical and testimonial evidence, the reasoning behind credibility assessments, a review of prior complaints and reports of sexual abuse involving the abuser, efforts to determine whether staff actions or failures to act contributed to the abuse and the investigative facts and findings.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

Agency Policy 11062.2 states, "The OPR shall conduct either an OPR review or investigation, in accordance with OPR policies and procedures. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse." BTC policy 1.15 states, "Facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are Substantiated." An interview with the facility Investigator, and review of seven investigation files, confirmed the facility does not impose a standard higher than a preponderance of evidence to substantiate an allegation of sexual abuse.

**Corrective Action:**

No corrective action needed.

**§115.73 - Reporting to detainees**

**Outcome:** Meets Standard

**Notes:**

BTC policy 1.15 states, "At the conclusion of all investigations conducted by facility investigators, the facility investigator, PSA Compliance Manager, or staff member designated by the Facility Administrator shall inform the Detainee who made the allegation of sexual abuse in writing, whether the allegation has been: Substantiated, Unsubstantiated or Unfounded and any responsive action taken." An interview with the PSA Compliance

Manager, indicated the facility utilizes a "Notification of the Results of an Investigation" form to notify a victim detainee of the results of an investigation. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed each file contained a copy of the notification that had been provided to the detainee in a language the detainee could understand. A review of seven sexual abuse allegation investigation files further confirmed the detainee victim signs an acknowledgement of receipt confirming the notification. In addition, a review of the seven sexual abuse allegation investigation files confirms one detainee-on-detainee allegation was substantiated. In review of the notification provided to the detainee, the Auditor could not confirm the victim detainee had been notified of the responsive action the facility had taken; however, the Auditor interviewed the detainee victim with the use Language Services Associates (LSA) provided by Creative Corrections, LLC and was able to confirm the facility had notified the detainee of the investigations results including the perpetrator of the abuse had been transferred to another facility.

**Corrective Action:**

No corrective action needed.

**§115.76 - Disciplinary sanctions for staff**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): BTC policy 1.15 states, "Staff shall be subject to disciplinary or adverse action up to and including removal from their position and the Federal service for substantiated allegations of Sexual Abuse or for violating the agency or facility Sexual Abuse policies. The Agency shall review and approve facility policies and procedures regarding disciplinary or adverse actions for staff and shall ensure that the facility policy and procedures specify disciplinary or adverse actions for staff, up to and including removal from their position and from the Federal service for staff, when there is a substantiated allegation of Sexual Abuse, or when there has been a violation of agency sexual abuse rules, policies, or standards. Removal from their position and from the Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in Sexual Abuse, as defined under the definitions of Sexual Abuse of a detainee by an Employee, Contractor, or Volunteer. BTC shall report all removals or resignations in lieu of removal for violations of Agency or facility Sexual Abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal. BTC shall removal [sic] for violations of Agency or facility Sexual Abuse policies to any relevant licensing bodies, to the extent known." An interview with the facility PSA Compliance Manager and the facility Investigator indicated that BCSO is called to the facility for every allegation of sexual abuse reported to the facility. Interviews with the facility FA and 12 security line staff and supervisors indicated they were aware that termination is the presumptive disciplinary sanction if they violate the facility sexual abuse policies. Interviews with the facility FA and the HRM indicated the facility would notify any licensing body necessary if a licensed staff member is removed or resigns in lieu of removal for violating the facility sexual abuse policies. The Auditor reviewed one staff-on-detainee investigation file and confirmed the allegation had been determined to be unfounded. An interview with the AFOD confirmed that all facility policies had been submitted to the Agency and approved.

**Corrective Action:**

No corrective action needed.

**§115.77 - Corrective action for contractors and volunteers**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): BTC policy 1.15 states, "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 relevant licensing body, to the extent known, incidents of substantiated Sexual Abuse by a Contractor or Volunteer. Such incidents shall also be reported to law enforcement agencies, unless the activity was clearly not criminal. Contractor and Volunteers suspected of perpetrating Sexual Abuse shall be removed from all duties requiring

Detainee contact pending the outcome of an investigation. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with Detainees by Contractors or Volunteers who have not engaged in Sexual Abuse but have violated other provisions within these standards." An interview with the facility FA indicated that any contractor or volunteer suspected of perpetrating sexual abuse would be removed from all duties involving detainee contact and law enforcement would be notified, the incident would be reported to the contractor's employer, and any other licensing bodies. The facility FA further indicated, if a contractor or volunteer violated any other provisions of facility policies, they would be removed from the facility and any further contact with detainees, pending the results of an investigation. The Auditor reviewed seven sexual abuse allegation investigation files and confirmed none of the allegations included a contractor or volunteer.

**Corrective Action:**

No corrective action needed.

**§115.78 - Disciplinary sanctions for detainees**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): BTC policy 1.15 states, "The facility shall subject a Detainee to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding the Detainee engaged in Sexual Abuse. At all steps in the disciplinary process any sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the Detainee to conform with rules and regulations in the future. The Facility has a Detainee disciplinary system with progressive levels of reviews, appeals, procedures, and documentation procedures. 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 sanction, if any, should be imposed. The facility shall not discipline a Detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of Sexual Abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegations. The PSA Compliance Manager shall receive copies of all disciplinary reports regarding Sexual Activity and Sexual Abuse for monitoring purposes." Interviews with the facility FA and the PSA Compliance Manager indicated that the facility does not have the ability to discipline detainees. If a detainee is alleged to have perpetrated sexual abuse, the BCSO will be called to the facility for a criminal investigation and the perpetrating detainee will be immediately transferred to another facility. The Auditor reviewed one substantiated detainee-on-detainee investigation. The review confirmed that BCSO had been called to the facility and declined to investigate, as the allegation did not rise to the level that criminal charges could be filed. The detainee perpetrator had been immediately transferred to another facility. In addition, the Auditor reviewed confirmation that the receiving facility had been notified that the detainee had perpetrated sexual abuse against another detainee.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Does Not Meet Standard

**Notes:**

(a)(b)(c): BTC policy 1.15 states, "If during the intake assessment, the Nurse tasked with screening determines that a Detainee is at risk for either sexual victimization or abusiveness, or if the Detainee has experienced prior victimization or perpetrated sexual abuse, the Detainee shall be immediately referred to a Qualified Medical and/or Mental Health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the Detainee shall receive a health evaluation no later than two (2) working days from the date of assessment. When a referral for mental health follow-up is initiated, the Detainee shall receive a mental health evaluation no later than 72 hours after the referral." Interviews with two Intake staff indicated that

detainees receive a PREA assessment during intake and if the detainee is LEP staff will document the use of language line services or staff interpreters to complete the PREA assessment. Interviews with two Intake staff further indicated once the assessment is completed it is placed into a folder for the PSA Compliance Manager to review at a later time. The Auditor reviewed a completed SAAPI Risk Assessment and confirmed the assessment form indicates if there are three or more "yes" responses Intake staff are required to make notification to the PSA Compliance Manager and then complete a mental health referral; however, a review of the SAAPI Risk Assessment further confirmed the detainee had three "yes" responses and the assessment had been placed in an envelope for the PSA Compliance Manager without a mental health referral being completed. In an interview with the PSA Compliance Manager, it was indicated the assessment form was being revised to include if there are four "yes" responses notifications would be made. In addition, in an interview with the PSA Compliance Manager it was further indicated she reviews all assessments and will complete the mental health referrals if needed; however, the PSA Compliance Manager further confirmed for detainees who are booked into the facility late on Fridays or over the weekend, the assessment would not be reviewed until the morning of the following. In an interview with the HSA, it was indicated if a referral is received for follow-up the detainee would receive a health evaluation within two days of receiving the referral. An interview with a mental health practitioner indicated that each morning she will look at the intake folder and review all assessments to determine if a mental health follow-up is needed and will immediately make an appointment for the detainee to be seen within 72 hours and her review is usually completed before she receives the referral from the PSA Compliance Manager. However, the mental health practitioner further indicated her normal working hours are Monday through Friday; and therefore, detainees who arrive at the facility late on Friday evening or over the weekend would not be reviewed until the morning of the following Monday. The Auditor reviewed 23 detainee files of which five assessments indicated the detainee had experienced prior sexual victimization. The Auditor reviewed documentation included in all five detainee files and confirmed the detainee was received during working hours; and therefore, a referral was made for a mental health follow-up on the same day the detainee was booked into the facility; however, in interviews with the mental health practitioner and the PSA Compliance Manager the Auditor confirmed that detainees who are booked into the facility late on Fridays or over the weekend, are not referred to mental health by Intake staff and will not have their assessment reviewed by mental health or the PSA Compliance Manager until the following Monday morning. A review of the five detainee files that included detainees who experienced a history of sexual abuse further confirmed the detainees were seen by mental health within 48 hours of receipt of the referral.

**Corrective Action:**

The facility is not in compliance with subsection (a) of the standard. The Auditor reviewed a completed SAAPI Risk Assessment and confirmed the assessment form indicates if there are three or more "yes" responses Intake staff are required to make notification to the PSA Compliance Manager and then complete a mental health referral; however, a review of the SAAPI Risk Assessment further confirmed the detainee had three "yes" responses and the assessment had been placed in an envelope for the PSA Compliance Manager without a mental health referral being completed. In an interview with the PSA Compliance Manager, it was further indicated she reviews all assessments and will complete the mental health referrals if needed; however, the PSA Compliance Manager further confirmed for detainees who are booked into the facility late on Fridays or over the weekend, the assessment would not be reviewed until the morning of the following Monday. An interview with a mental health practitioner indicated that each morning she will look at the intake folder and review all assessments to determine if a mental health follow-up is needed and will immediately make an appointment for the detainee to be seen within 72 hours and her review is usually completed before she receives the referral from the PSA Compliance Manager. However, the mental health practitioner further indicated her normal working hours are Monday through Friday; and therefore, detainees who arrive at the facility late on Friday evening or over the weekend would not be reviewed until the morning of the following Monday. To become compliant, the facility must establish a process to ensure detainees who experience sexual abuse or perpetrated sexual abuse are immediately referred to a qualified medical or mental health practitioner for medical or mental health follow-up as needed. Once implemented the facility must submit documentation that confirms all Intake, medical, mental health staff, and the PSA Compliance Manager are trained on the new procedure. If applicable, the facility must

submit 10 detainee files that include detainees who have experienced sexual abuse or perpetrator sexual abuse and are processed on a Friday evening or during the weekend to confirm an immediate referral was made for a medical or mental health follow up as needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b): BTC policy 1.15 states, "Victims of Sexual Abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standard of care. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." An interview with the HSA indicated should a detainee be a victim of sexual abuse he/she would be triaged to address any emergency medical issues and, if necessary, be transported to the North Broward Hospital for a SANE exam. The HSA further indicated, the hospital would provide emergency medical treatment, including emergency contraception and sexually transmitted infections prophylaxis and the facility would continue follow-up care once the detainee is returned to the facility. During the on-site audit, the Auditor spoke with a victim advocate from the NJCC, and confirmed they would accompany the detainee for a SANE exam at the North Broward Hospital. The victim advocate from the NJCC further indicated victims of sexual abuse are not charged for SANE exams or advocacy provided by NJCC. In addition, the advocate from the NJCC indicated the facility utilizes a Victim Centered Care Checklist when an allegation is received that includes, but is not limited to: if sexual assault was reported within 96 hours of the alleged incident, victim was offered the option of having the exam; if victim refused forensic examination, provider discussed with victim their needs and options as appropriate to the circumstances of the case; victim was offered a medical referral, STD testing and mental health follow up; female victim was offered pregnancy testing if appropriate; victim was offered access to a victim advocate for confidential emotional support and counseling related to healing from sexual assault; all refusals for services, victim advocates, etc. were documented; all services were provided without financial cost to the victim; if victim was considered a vulnerable person under State Mandatory Reporting Laws, informed victim of duty to report. The Auditor reviewed seven investigative files and confirmed each detainee victim was seen by medical staff and mental health staff and each detainee victim was offered access to a victim advocate for confidential emotional support and counseling related to healing from sexual assault.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f)(g): BTC policy 1.15 states, "BTC shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of Sexual Abuse while in immigration detention. The evaluation and treatment may include follow-up services, treatment plans, and (when necessary) referrals for continued care following their transfer to, or placement in other Facilities, or their release from custody if determine by DHS. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community. Victims of sexually abusive vaginal penetration by a male abuser while detained shall be offered pregnancy tests. If pregnancy results from an instance of Sexual Abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services. Victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. BTC shall attempt to conduct a mental health evaluation on all known Detainee-on-

Detainee abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners. Note: "known abusers" are those Detainee abusers in which a SAAPI investigation determined either administratively substantiated or substantiated by outside law enforcement. All refusals for mental health services shall be documented." Interviews with the HSA and a mental health practitioner confirmed detainees would receive timely emergency access to medical and mental health treatment that includes as appropriate, pregnancy tests with information for all options of pregnancy related medical services, follow up tests for sexually transmitted infections, 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 in accordance with professionally accepted standards of care. In addition, all treatment is provided at no cost to the victim of sexual abuse. An interview with a mental health practitioner confirmed detainee perpetrators of sexual abuse would receive an evaluation immediately upon learning of such abuse history and a treatment plan would be established if the abuser is willing to participate. The Auditor reviewed seven investigative files and confirmed each detainee victim was seen by medical staff and mental health staff. The review indicated that one detainee-on-detainee investigation had been substantiated; however, the perpetrator had been immediately transferred to another facility; and therefore, no evaluation of the perpetrator had been conducted.

**Corrective Action:**

No corrective action needed.

**§115.86 - Sexual abuse incident review**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): BTC policy 1.15 states, "BTC will conduct a Sexual Abuse incident review at the conclusion of every Sexual Abuse investigation. Such review shall occur within 30 days of the conclusion of the investigation. The review team shall consist of upper-level management officials, the local PSA Manager, Medical and Mental Health Practitioners. The Corporate PREA Coordinator may attend via telephone or in person. A DHS Sexual Abuse or Assault Incident Review" form of the team's findings shall be completed and submitted to the local PSA Manager and Corporate PREA Coordinator no later than 30 working days after the review via the GEO PREA Database. BTC shall implement the recommendations for improvement or document its reasons for not doing so. Annually, BTC shall conduct a review of all Sexual Abuse investigations and resulting incident reviews to assess and improve Sexual Abuse during the annual reporting period, then the Facility shall prepare a negative report. Facilities shall document the review utilizing the "DHS Annual Review of Sexual Abuse Incidents" form. The results and findings shall be provided to the Facility Administrator, Field Office Director or his/her designee and Corporate PREA Coordinator upon completion." In an interview with the PSA Compliance Manager, it was indicated that the review team consists of upper-level management officials and allows for input from the security line supervisors, investigators, and medical and mental health practitioners. The PSA Compliance Manager further indicated that the facility would do an incident review utilizing a "Sexual Abuse or Assault Incident Review" form on all investigations, including those determined to be unfounded, within 30 days of the conclusion of the investigation. The Auditor reviewed the form and confirmed it contained all elements required by subsection (b) of the standard. The Auditor reviewed seven sexual abuse allegation investigative files and confirmed each investigation contained a Sexual Abuse or Assault Incident Review form completed within 30 days of the conclusion of the investigation. A review of the Sexual Abuse or Assault Incident Review forms further confirmed they included recommendations and indicated that the report and the recommendation's for improvement had been forwarded to the Agency PSA Coordinator. The Auditor reviewed the BTC 2022 Annual Review of Sexual Abuse Investigations and Corrective Action Plan and confirmed its completion. In addition, the Auditor reviewed an email provided by the facility that confirmed the report had been forwarded to the ICE FOD, GEO PREA Coordinator, and the Agency PREA Coordinator.

**Corrective Action:**

No corrective action needed.

**§115.87 - Data collection**

**Outcome:** Meets Standard

**Notes:**

(a): BTC policy 1.15 states, "BTC shall maintain in a secure area all case records associated with claims of Sexual Abuse, for at least five years, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling in accordance with the PREA standards and applicable agency policies and established schedules." An interview with the facility PSA Compliance Manager indicated that the facility maintains all case records associated with allegations of sexual abuse are maintained in her office under lock and key. During the on-site audit the Auditor toured the area and confirmed the area is secure under lock and key in the PSA Compliance Manager's office.

**Corrective Action:**

No corrective action needed.

**§115.201 - Scope of Audit**

**Outcome:** Meets Standard

**Notes:**

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

**Corrective Action:**

No corrective action needed.

**AUDITOR CERTIFICATION:**

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

*Robin Bruck* 10/17/2023

**Auditor's Signature & Date**

(b) (6), (b) (7)(C) 10/17/2023

**Program Manager's Signature & Date**

(b) (6), (b) (7)(C) 10/17/2023

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